

**Manchester Community Health Trainers:
Learning from Experience for the Second
Recruitment Process
January 2007**

Acknowledgements

Thanks to:

- All the interviewees for stimulating conversations
- The Health Trainers evaluation steering group who commissioned the work and for guidance and support

The findings are the responsibility of the research team – we hope they give helpful insights into this exciting, well executed and important project.

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Executive Summary

This report is a review of the early stages of the Health Trainer scheme in Manchester, and focuses on two issues in order to influence the next round of recruitment:

- the extent to which *'workless people from local communities'* were recruited
- what has been learnt so far from the Health Trainers scheme.

The findings are based upon evidence from:

- an examination of the recruitment processes, and a comparative analysis of the application forms for successful and unsuccessful applicants
- semi-structured interviews with the appointed Health Trainers and eight key stakeholders.

Initial achievements

The study also identified a number of the scheme's initial achievements, including:

- 17 Health Trainers started work in May 2006 and were still in post in December 2006, with the first Health Trainer moving on to a post within the type of career progression that the programme aspires to
- the first cohort had undertaken their training, and the process of obtaining formal training accreditation was underway
- a core team has been recruited
- placement supervisors have been identified and Health Trainers placed in projects
- the Health Trainers are working with clients, and their role is evolving
- whereas initially the scheme had struggled to find agencies willing to take on a Health Trainers, many agencies both inside and outside the NHS are now interested in having Health Trainers placed with them.

Main findings

- The scheme was very successful at recruiting people from local communities, especially from black and minority ethnic (BME) groups. However the majority of recruits were not workless, despite the fact that almost half of the applicants overall were unemployed. Most stakeholders were keen to try and target more men in the next recruitment round, particularly young men and Afro-Caribbean men. Other suggested target groups included disabled people; older and younger people; and lesbian, gay, bisexual and transgender people.

Most of those recruited had recent experience in a personal services occupation, including care assistants, home carers, teaching assistants and

child carers in the statutory, voluntary and private sectors. All of the recruits held formal qualifications, and just over a third were qualified to degree level.

- Stakeholders felt that the Health Trainers had a high level of support needs, some of which were associated with it being a new project and the nature of the work involved, as well as with the academic background of the recruits. There were mixed and strong opinions about whether minimum criteria should be introduced into the job description and person specification. This is an important decision as it could relate to significant differences about how stakeholders see the scheme developing.
- All of those interviewed were positive about both the application and interview stages. Overall stakeholders reported success in getting the scheme off the ground, which meant they had a greater understanding of the evolving Health Trainer role, the direction of the programme, and the qualities that they needed to look for in applicants in the next recruitment round.

However stakeholders did not have a shared vision about the future of the scheme, and this prompted concerns about its sustainability. Both of these issues need to be addressed as a matter of urgency.

- There was an in-depth exploration of stakeholders' views on the expectations of the national three-year programme: namely to recruit workless people who will gain accredited training and make a measurable impact within two-year contracts, after which they will progress to new careers. The evaluation concludes that these aims may be unrealistic.
- The Health Trainers are working in placement organisations. Placement supervisors have a great deal of experience in managing and supporting local people in new employment opportunities, and therefore have a good understanding of the issues involved in working with Health Trainers. This is a major asset to the scheme.

The current management/supervisory structure, with one overall Health Trainer manager and placement supervisors in each of the host sites, was generally thought to be unwieldy, however. Those most directly affected were open to a change in these arrangements.

- Stakeholders had different views about the speed at which the project should develop new areas of work. On the one hand, there was a feeling that it should consolidate and build on its initial successes; on the other, that it should respond to potential new placements in a range of agencies offering exciting opportunities to involve different communities e.g. with a football club or homeless people, or to base Health Trainers in health care settings.

Although good relations between Health Trainers and other health care workers had developed in certain areas, wider negative attitudes of some health professionals were perceived to be a major problem for the programme. Basing Health Trainers in health care settings was therefore seen to be potentially instrumental in breaking down professional barriers with other health workers.

- A perceived tension also became apparent between the Health Trainers' role as motivational interviewers, and the programme's initial focus on healthy eating and physical activity. A number of stakeholders found this focus frustrating, arguing that it was important to start with people's own concerns, particularly given the targeted client groups.
- Overall, the Health Trainers had similar views that the 'core' of the job would be about supporting communities and individuals to improve their health. However many of them said aspects of the role were very different from their initial expectations, and the importance of clarity in this context emerged as a key issue.

Notwithstanding this, the majority of Health Trainers were positive about their current role, and saw it as one that would enable them to develop their knowledge, skills and experience, and act as a 'stepping stone' into more advanced roles within the NHS or other health care organisations.

- Stakeholders felt that increasing clarity about the Health Trainer role would help to develop the credibility and effectiveness of the programme, as well as to tighten the recruitment process for new cohorts. This should include more specific information about the posts, and ensure that successful candidates *demonstrate* a range of relevant skills, experience and attitudes at the interview stage.

Recommendations

Recommendations to the steering group focused on building on the success of the scheme so far, and targeting a broadly similar group for the next recruitment process – while trying to attract more men, and possibly other groups, to the posts. It was recommended that good practice developed in the initial recruitment campaign, such as the open day and the additional support provided to applicants, should also be continued.

- The steering group should consider the advantages of placing new Health Trainers in the existing placement organisations, given their experience, skills, and commitment to the scheme. If new placements are identified, what criteria should be used to ensure they can offer the support that Health Trainers require? Consideration should also be given to whether there should be a minimum of two Health Trainers per placement, for peer support; and whether placement supervisors should manage the next cohort of Health Trainers.
- In terms of the Health Trainer role, the steering group should look at how to strengthen shared clarity about the role; the sustainability of the programme; and ways of developing greater understanding and positive working relationships between Health Trainers and other health professionals.
- The steering group should ensure that all aspects of the recruitment process are as accessible, participative and candidate-friendly as they were in the initial round. In order to do this they could: utilise and develop the existing routes into publicising with local communities; produce detailed information about the role –

possibly including a DVD for the recruitment pack in which current Health Trainers describe their jobs; repeat the open day, involving the current Health Trainers to talk to potential candidates; provide additional support to applicants in a similar format to last year; consider whether to include minimum criteria for the post; review the job description, person specification and interviews to ensure that successful candidates demonstrate the range of issues identified by the stakeholders as pre-requisites for the job; ensure that interviewers meet prior to interviews, to foster a shared understanding of what they are looking for in the questions, and standardisation in the scoring; review who should be on the interview panels to improve ownership of the project; repeat the good practice of offering feedback to unsuccessful candidates; and produce a Health Trainer information booklet for new post-holders.

Introduction

The Public Health White Paper *Choosing Health* (2004) introduced the concept of Health Trainers to help people in disadvantaged groups and communities adopt healthier lifestyles. They are charged with helping people develop personal health plans, giving practical support to carry out those plans, and identifying any potential barriers to achieving them. Manchester has become an early adopter site for that national scheme and 17 Health Trainers took up their posts in May 2006. The Health Trainers programme is funded for three years. The first cohort of Health Trainers has contracts until March 2008, and the second cohort will have contracts until March 2009.

This report is a review of the early stages of the Health Trainer scheme in Manchester. It focuses on evaluating the extent to which the objective '*recruiting workless people from local communities*' has been met, and explores what has been learnt so far from the Health Trainers scheme. The intention is to influence the next round of recruitment. The report highlights aspects of the recruitment process to exemplify:

- good practice
- potential changes
- issues that may impact on the future direction of the project, including sustainability issues.

The findings are based upon evidence from three key stages:

- Stage 1: an examination of the recruitment processes and a comparative analysis of the application forms for both successful and unsuccessful applicants.
- Stage 2: semi structured interviews with the appointed Health Trainers to gather their experiences of the selection process and inform future planning for the next recruitment round. These took place in September 2006.
- Stage 3: semi structured interviews with 8 key stakeholders, which focused on the first recruitment process and what has changed as a result of the experience of stakeholders in relation to the first cohort of Health Trainers, including the educational and job related expectations of Health Trainers as the role has developed. These took place in December 2006 and January 2007.

The stakeholder interviewees

Interviewed stakeholders included the project workers and staff from placement agencies. 4 of the interviewees were part of the interviewing teams in the initial recruitment round, and 5 participated in organising the Open Day held to publicise the scheme and encourage people to apply. They all participated in the Health Trainers steering group or one of the sub-groups (delivery and evaluation), and some of them were members of all these groups. The stakeholders had a rich range of roles, skills and experience at an operational and strategic level, including several

having a lot of experience of community development and the attendant support and development needs of lay community people in health roles in a voluntary and paid capacity.

The interviews took the form of structured conversations. As content was analysed and conclusions reached these were checked back with interviewees. The majority of the recommendations were suggested by stakeholders and/or relate to continuing good practice. Many have been progressed during the period of the evaluation.

The evaluation team

Stages 1 and 2 of the research were carried out by Claire Devine, Jane Walker and Fran Roberts. Stage 3 and the report, findings and recommendations, were prepared by Claire Devine and Jane Walker, researchers at Manchester Primary Care Trust and Manchester Joint Health Unit and Judith Emanuel¹ with Barbara Drummond from Manchester Joint Health Unit.

¹ Judith Emanuel is an independent consultant with a background in health promotion. She has been based in Manchester for the last 28 years and works with voluntary and statutory sector organisations around public health issues and organisational development. For more information and contact details, see www.judithemanuel.co.uk

The Health Trainer Programme in Manchester: some initial achievements

The study illustrated the many ways in which the project has been successful in the first 8 months, which gives a different starting point for the next recruitment round.

- All the Health Trainers recruited started work in May 2006 and were still in post in December 2006, with the first Health Trainer moving on to a post within the type of career progression that the programme aspires to
- The first cohort had undertaken their training and the process of obtaining training accreditation is underway
- A core team has been recruited
- Placement supervisors have been identified and Health Trainers placed in projects
- The Health Trainers are working and their role is evolving
- Whereas initially the scheme had struggled to find agencies willing to take on a Health Trainer as a placement, many agencies both inside and outside the NHS are now interested in having Health Trainers placed with them, which may indicate growing credibility of the scheme with agencies
- One thing that came through all the interviews was a positive, person-centred ethos:

'The ethos of the whole programme is about treating people well, giving good experience. There is a real ethic of valuing and supporting people they work with.' (Stakeholder)

Targeting and Placements

These issues are being considered together, and before details of the recruitment process, because stakeholders stressed the importance of Health Trainers being matched to appropriate placements. The placements and who is targeted for recruitment are therefore closely linked, and require decisions to be made prior to the beginning of the recruitment process.

Targeting

The steering group were keen to recruit local people, especially those from black and minority ethnic (BME) communities to the posts. Prior to the interviews the steering group had been uncertain about whether they would be successful. Their concerns included the salary level, expectations and ability to target successfully. There had been a previous attempt to recruit local people as 'community health educators' which had resulted in recruitment of professionals from outside the area.

Recruiting workless people

The recruitment campaign succeeded in attracting a large number of workless applicants, with 170 (45%) being unemployed. A sizeable number (40) had not worked for over 24 months.

Table 1 shows the proportion of applicants reaching each stage of the selection process and their employment status. The proportion of workless applicants decreased at each stage of the recruitment process. Whilst 45% of the total applicants were unemployed, this dropped to 36% of those short-listed for interview, and 24% of those appointed. It should be noted that four of the appointed Health Trainers who are recorded as 'in post' were working on a voluntary basis at the time of applying.

The proportion of applicants that had not worked for between 6 and 24 months short-listed for interview was higher than the proportion in that category who applied, suggesting that workless candidates were less likely to succeed at interview than those currently or recently in employment.

Table 1: Employment status of applicants

	Last worked						Total
	In post	<6 months ago	6-12 months ago	12-24 months ago	>24 months ago	Never worked	
Not short listed	163	58	32	14	35	4	306
Short listed, not appointed	29	3	5	3	4	1	45
Appointed	13	2	1	0	1	0	17
Total	205	63	38	17	40	5	368

Applicants' work history

Table 2 shows the most recent occupations of all applicants, based upon the Standard Occupational Classification structure (ONS, 2000). The majority of applicants (32%) had recent experience in a personal services occupation, including care assistants, home carers, teaching assistants and child carers in the statutory, private and voluntary sectors. The majority of those both short-listed (46%) and appointed (82%) also came from this group.

Table 2: Most recent jobs held by applicants

Nature of most recent job											Total
	No Employment history	Mgrs/ senior officials	Prof Occ'S	Associate prof /technical	Admin & sec	Skilled trades	Personal services	Sales & Customer services	Process, plant & machine operative	Elementary Occ's	
Not short Listed	7	4	22	9	46	9	83	54	2	74	310
Short listed, not appointed	1	2	3	1	6	0	22	9	1	3	48
Appointed	0	0	0	0	0	1	14	1	0	1	17
Total	8	6	25	10	52	10	119	64	3	78	375

The second largest occupational group of applicants (21%) was elementary occupations, such as cleaners, postal workers and catering assistants. 95% of these applicants were not short-listed. This suggests that the recruitment advertising could provide a clearer profile of the type of candidate being sought. Although these occupations are unlikely to require formal qualifications and offer limited in-service training, one quarter of applicants were qualified to graduate or post-graduate level. These applicants were typically recently settled in the UK.

25 applicants worked in professional occupations, including medicine, dentistry and teaching, and a further 10 in associate professional and technical occupations such as nursing, therapies and other technicians.

Applicants' level of qualification

The pool of applicants was well qualified, with almost one third of candidates reporting that they held a bachelors or masters degree; a similar proportion was appointed.

22 applicants reported no formal qualifications; none of these were short-listed or appointed.

Table 3 gives a breakdown of the highest level of qualification reported by applicants, although this may not give an accurate picture of actual qualifications. Some candidates supplied very few details, for example 'degree' or 'BSc' without subject or institution; some of these were difficult to interpret as they had been gained abroad. Where candidates had equated a foreign qualification to a British one this has been recorded as such, e.g. 'equivalent to A-Level' is recorded as Level 3, although the Qualification and Curriculum Authority (QCA) framework does not recognise qualifications studied abroad, and there is no way of checking the accuracy of such comparisons.

Table 3: Highest level of qualification held by applicants

	Level of highest qualification								Total
	No formal quals	1	2	3	4	5	6	7	
Not shortlisted	22	25	93	44	23	6	66	30	309
Shortlisted, not appointed	0	4	15	7	4	3	11	4	48
Appointed	0	0	7	4	0	0	4	2	17
Total	22	29	115	55	27	9	81	36	374

N.B. see appendix 2 for explanation of qualification levels

Stakeholders' views on the recruitment process and the qualifications, work experience and support needs of the initial cohort

Interviews with stakeholders suggested that they felt the recruitment process had been very successful overall, especially:

- because it was a thought-out, efficient and effective process with the highest standards, which ensured that the jobs were accessible to interested people from the disadvantaged groups they were targeting
- in recruiting people from local communities, including BME groups, who between them spoke a range of 9 languages spoken by BME communities living in Manchester.

Stakeholders mostly felt that they should do the same again with minor changes, and aim to recruit a similar cohort of people.

All but one of the stakeholders thought that those recruited in the first cohort had been predominantly workless and had a low level of qualifications, which was not the case. All had previous work experience and over 75% were in post when they applied. All had qualifications over level 2, and 6 had qualifications at levels 5 and 6. The reason stakeholders thought recruits were workless and did not have academic qualifications was because of their high level of support needs. On further exploration, the suggestions in the Table 4 were made to explain why the needs may have been so great.

Table 4: Stakeholders' explanations about the high level of support and development needs

<p><i>Work experience and qualification levels</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Work experience – most Health Trainers have come from support/volunteer/entry level positions; did not have as much autonomy <input type="checkbox"/> Qualifications - certificates not checked and levels may vary with different awarding bodies <input type="checkbox"/> Many have not been in a learning environment for a long time <input type="checkbox"/> Over 50% know English as a second language
<p><i>Factors relating to Health Trainers being new posts</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> High expectations and lack of shared understanding amongst all stakeholders of likely level of support and development needs of lay health workers recruited from community (other projects have had similar experiences, e.g. TAPS) <input type="checkbox"/> Lack of clarity, e.g. <ul style="list-style-type: none"> * Accreditation for study only recently decided so Health Trainers did not know what they were working towards and what they needed to do to get there; * Health Trainers were informed that the role would develop over time which some Health Trainers have understood as 'the role is undefined'. Role has required some ability to assist in supporting the development and implementation of the role; * Key post-holders started after Health Trainers, leaving some Health Trainers feeling confused and unsupported in the initial period.
<p><i>Other factors which may lead to high support needs</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Most are doing well; but some have high support needs

<ul style="list-style-type: none"> <input type="checkbox"/> NHS is bureaucratic; hard to get used to procedures if not familiar with these <input type="checkbox"/> Should not underestimate impact of lack of confidence
<p><i>How the situation may be different next time because the scheme has been running for several months</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Should be easier next time as manager and tutor in place to support Health Trainers and placement supervisors <input type="checkbox"/> Clearer understanding of role
<p><i>Actions that can be taken as a result of learning from the experience so far</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Job Description needs to be clear so that Health Trainers are clear what is expected and what is not eg about written contracts, clear objectives within KSF and probation criteria <input type="checkbox"/> May be ways to offer the learning which might make it more relevant, easier to absorb and put into practice more efficiently <input type="checkbox"/> KSF process can be used to clarify NHS demands in terms of accountability, administrative systems and processes <input type="checkbox"/> Include a learning and development assessment at interview or early on in employment to ensure additional learning needs are supported sooner <input type="checkbox"/> Re-written and administrative work - review induction and study support and introduce study skills <input type="checkbox"/> Re-look at application forms to consider how support needs relate to previous qualifications and experience

Table 4 highlights:

- that other similar projects have also had high support needs;
- that the reason for high support needs may be very complex;
- how the situation may be different next time because the scheme has been running for several months;
- actions that can be taken as a result of learning from the experience so far.

There were mixed feelings about whether there was a need for minimum qualifications and work experience. Some stakeholders felt that it was necessary to include minimum qualifications and/or work experience in the person specification.

'The job requires people to be quite skilled; recruiting without any skills, qualifications and experience does not match up.' (Stakeholder)

Arguments for the introduction of minimum criteria assumed that people without qualifications and work experience had higher support needs which:

- has large resource implications for training and development
- may mean the service will suffer; it was therefore important to get a balance between staff and service needs.

There was a view that the scheme should therefore target suitable people who already had professional qualifications but were unable to get jobs, and that with the existing level of resources, in order to ensure competence at Band 3 level, candidates would need to show evidence of:

- ability to work with people to make long lasting change
- literacy and IT skills
- openness to positive change
- experience of managing a workload in both academic and work settings.

Other stakeholders felt that the programme was about the development of lay people as health workers, and it was important that there should not be minimum criteria.

'The programme is about bringing people in from communities, skilling up and moving on, we should not 'weed out' people who need a lot of development.'
(Stakeholder)

All were agreed that the recruitment process should effectively identify that candidates had appropriate qualities.

'It is a good idea that people demonstrate their understanding of involvement with the community. It's important to get the best person for the job.' (Stakeholder)

Some thought, however, that some recruits would have high support needs for this type of post whether or not people recruited had minimum qualifications and experience, and one stakeholder suggested trawling the application forms from the first cohort to see how much support needs related to previous work experience and academic qualifications. All were hopeful that action could be taken on the basis of the experience gained from the first cohort which would make it easier for both Health Trainers and other staff next time.

Stakeholders who had extensive experience of working with lay people in a voluntary and paid capacity tended to be more confident and committed to the view that minimum criteria might bar people who had the potential they wanted to encourage, and confident that they could address their development needs.

An additional factor that should perhaps be considered is that some stakeholders reported that some Health Trainers were frustrated with the high level of commitment demanded of them for a low level qualification. Would this be exacerbated if recruits had to have a minimum qualification to access posts?

There was some discussion amongst stakeholders about targeting workless people, which the Department of Health favours, and who as previously discussed were not successfully targeted in the first recruitment round. In general stakeholders were not confident that this group could or should be more effectively targeted. Reasons included:

- the target failed to acknowledge the lack of confidence of people from workless backgrounds
- how difficult and challenging the role of Health Trainer might be because of people's complex needs
- barriers such as performance at interview, and governance issues.

This group may require more time and resources to develop and this may conflict with the pressure on the programme to have measurable impact within 3 years, and for Health Trainers to move on after 2 years.

One stakeholder suggested that targets should depend on what Health Trainers have been doing, which might require an audit of their activity so far. The majority of stakeholders were keen to try and target more men in the next recruitment round. Suggestions for involving men included having men on interviewing panels, and focusing on placements which involved men e.g. football. Young men and Afro-Caribbean men were identified as particular groups that might be targeted. Other ideas for targeting included disabled people, and older and younger people; and linking with the Lesbian and Gay Foundation or advertising in Out Northwest for a Health Trainer placement to work with isolated and elderly lesbian, gay, bisexual and transgender people.

Placements

The interviewed placement supervisors were very experienced and committed to managing similar groups of staff to the Health Trainers, and therefore had a very good understanding of the issues. They were very positive about the scheme and the Health Trainers they were supervising, who included people they – and other stakeholders – reported had high support needs. They were keen that Health Trainers were part of their staff teams and got support from other workers, and felt that they could enhance credibility of the Health Trainers by promoting them as part of their services.

While there was a management view that smaller numbers of Health Trainers should be placed in different projects, some stakeholders felt strongly that there should never be less than 2 Health Trainers per site, as on-site peer support was essential.

The current management/supervisory structure was generally thought to be unwieldy, with one overall Health Trainer manager and placement supervisors; those most directly affected were open to change in this structure so that placement supervisors become managers and the project manager supports supervisors.

Initially it was quite hard to find placement agencies. Now a number of agencies are keen to have Health Trainers, illustrating developing credibility of the scheme.

There was a variation in opinion about the speed at which the project should develop new areas of work. On the one hand, there was a feeling that:

'The scheme should consolidate and get better at doing what they are doing, build on success, rather than do new things. It is a young programme and it was hard for Health Trainers to make the leap to start work.' (Stakeholder)

A contrasting view was keenness to respond to potential new placements in a range of agencies offering exciting opportunities to involve different communities, e.g. a football club and homeless people, or to base people in health care settings, which

was seen to be potentially instrumental in breaking down professional barriers between Health Trainers and other health workers.

Many felt strongly that Health Trainers need to be based in organisations where they can be supervised or managed by people with experience, time, resources, and commitment to the Health Trainers development needs. Current placement supervisors thought criteria for placements and placement supervisors essential. This is to ensure that Health Trainers are placed in organisations that are aware of their development needs, can prioritise that they have access to the support they need, and have the resources to enable this to happen.

The Health Trainer role

Health Trainers' expectations

There was a wide variation in people's expectations of the job. Those applicants who were used to working in personal service-type roles had a good idea of the kind of tasks the job would entail on a day-to-day basis. However despite efforts to clarify roles and responsibilities throughout the recruitment processes, many of the Health Trainers said that aspects of the job were nothing like they had thought they would be, in some fundamental ways.

There was some confusion about how potential clients were to be recruited. While the stated aim of the programme is for contact with clients to be made by referral, at the time the research was undertaken the referral base was not fully developed. In addition, many Health Trainers anticipated that they would be working with groups of people rather than with individuals, despite group work having been promoted as a minority part of the role. Misunderstanding was also evident in that many Health Trainers said they had expected to join an established scheme, despite efforts to emphasise that the scheme was new, including at the interview stage.

'At the moment we are in placements and not getting any referrals. We are having to do our own outreach work.' (Health Trainer)

'I thought there would be clearer boundaries, it's confusing in reality – we are not allowed to work with groups or do home visits. We are still not settled!' (Health Trainer)

When asked what kind of things they thought that they would be doing from day to day, the Health Trainers had similar views that the 'core' of the job would be about supporting communities and individuals to improve their health. Expectations included:

'Promoting health'; 'helping people to change their lifestyles'; 'breaking the barriers'; 'seeing what the problems are and telling other health professionals'; 'gathering information and helping people to access services'; and 'working in areas of high need' (Health Trainers)

Five Health Trainers said they didn't really know what to expect. Some Health Trainers understood that 'community' could mean a group with which they themselves identified, rather than a geographical community.

The developing nature of the scheme was a source of enthusiasm and excitement for many. One commented:

'So far it's more than meeting my expectations. It's varied and involved, you can't put a lid on it! It's about how you utilise your training and the role and being flexible.' (Health Trainer)

However for others, the lack of established systems in the early stages, including a permanent work base and computer access, was unsettling and caused uncertainty.

'I thought it would 'take off' and we would have immediate referrals but there is no structure – they are still developing.' (Health Trainer)

'What I'm doing now is totally different to what I thought I'd be doing. It's more of a development role.' (Health Trainer)

Despite the extensive commitment by management to the Health Trainers training programme, a few Health Trainers said that they thought the scheme would be improved if more weight was given to the training, and less to work placement, during the first year (or two). One said: 'it could be more like a college course with a day release for your placement', while another said 'it would be good to train 4 days a week, and do the action one day a week at first – it would ease us in'. Another suggestion was to integrate practical training with the placements, i.e. going into the placement once a fortnight while in initial training to make it feel more 'real'.

The majority of Health Trainers were positive about their current role, and expected to stay for at least the duration of their present contract:

'I think week to week. It's so varied and evolving, there are so many issues to tackle.' (Health Trainer)

'I can see a lot of needs in the community that are not currently being met – I want to fill that role and be the bridge that connects people to services.' (Health Trainer)

Most of the Health Trainers saw this as a role that would enable them to develop their knowledge, skills and experience, acting as a 'stepping stone' into more advanced roles within the NHS, other public or charitable organisations.

'The job itself is fabulous but the salary isn't enough to live on.' (Health Trainer)

'I would like to stay for the 2 years, get more experience in health promotion and working in the community. I see being a Health Trainer as a stepping stone, as I would like a career in the NHS.' (Health Trainer)

'I want to be an excellent Health Trainer and communicator. I'm a community-orientated person. I may continue with that at a higher level ... maybe managerial. I'm an educational person – I'd like to do talks, be a trainer.' (Health Trainer)

'In two years after the training has finished I could be anywhere.' (Health Trainer)

Stakeholders' perspectives

The importance of clarity of role emerged as a key issue and the types of questions raised may illustrate what needs to be clarified.

'It was never quite clear what the Health Trainers would do day to day. Would there be caseloads? How many people would they work with at any one time, would they be different in different localities?' (Stakeholder)

'We need to be very clear about their roles, I am not sure if we are yet, I have heard conflicting messages. They are not the same people as they were at the beginning. There was uncertainty about whether GPs and others would refer, who can refer, what they would do.' (Stakeholder)

Stakeholders felt clarity would not only lead to improving recruitment but develop the credibility and effectiveness of the project as well. Most stakeholders understood the role to be evolving and becoming clearer. In order to get an understanding of how stakeholders were currently thinking about the role, their interviews included discussion of definitions of a Health Trainer and visions of the programme.

Most stakeholders mentioned:

- that a Health Trainer was a local person, some specifically mentioned that they were from a disadvantaged community
- the specific skills and qualities that they brought to the job were a lay perspective, links with, an understanding and ability to engage with the local community
- in Manchester they worked on healthy eating and physical activity
- that their role involved signposting, and motivating

Some mentioned one-to-one work and 'buddying'. One said that an interest in health was important, and another that they had a role in shaping services for the future by identifying gaps and duplication.

'Maybe services are not right for the hard to reach, Health Trainers can contribute and inform our understanding.' (Stakeholder)

Some stakeholders also described what they thought were the unique features of a Health Trainer. These included bringing different skills to health promotion e.g. language, the specific community related skills mentioned above, and motivational interviewing:

'The unique knowledge and skill is motivational interviewing, not advice on issues such as healthy eating and physical activity but in helping people to identify relevant changes to their lifestyle and helping them to identify the best way to make that change.' (Stakeholder)

This line of questioning illustrated:

- the complexity of the role
- that although some core elements were seen by most stakeholders, there were some aspects that some stakeholders highlighted that others did not.

A further description of how one stakeholder thought the Health Trainers should work gives more specific clarity to the role:

'It's not just signposting and support, people may have tried and not been able to sustain change or lack confidence to go somewhere new. They [Health Trainers] identify barriers; develop strategies. They do action planning, they look at what has worked for them in the past and take a creative look at possibilities. They are enabling and supporting people to make change.' (Stakeholder)

It was clear from the discussion about vision that stakeholders did not have a shared view about the medium or long term future of the project. There were different views on where the Health Trainers might be based, where they would get referrals from, the degree to which they might be absorbed into their placement agencies and the relationship of the programme to the NHS. A simple vision by one stakeholder suggests that the Health Trainers are both effective and credible:

'They will be seen by people they work with as people who can help people to help themselves if they want to change.' (Stakeholder)

It may be appropriate to develop a shared vision which could ensure a greater understanding of the role and be of help to both recruiters and recruits.

Discussion of vision also brought up discussion of fears for the programme, some of which were also very relevant to the recruitment process. While nearly all the stakeholders were very committed to the Health Trainers as a concept, and some clearly thought they could make a difference given the right support, focus, model and sufficient time to develop the role, concerns about the sustainability of the programme were expressed. It is a three year programme which was felt is a short time to establish the programme, ensure that the Health Trainers are working in the most effective ways, with the right focus and the right groups, and identify whether their work can make a measurable impact.

Some thought that developing clarity about the role and purpose was very slow, and that getting other health professionals to value the skills, knowledge and abilities of Health Trainers was a major problem that needs addressing.

The issue of sustainability raised questions about where the Health Trainers are expected to be after their contracts finish. One stakeholder, not a placement

supervisor, hoped that they would be mainstreamed in their placement projects, while another pointed out that a scheme recruiting similar people (TAPs), which involved a 3 year trainee period where trainees get placements at no cost to the placement organisation, is finding great difficulty finding posts for the trainees now they have qualified and agencies are expected to pay them.

One stakeholder favoured having a themed focus and felt that food and physical activity was a good place to start, but could see the focus changing – for instance to mental health and screening – in the future. There was some discussion about what issues it is suitable to work on at which band, with drugs and alcohol and chronic mental health being considered inappropriate at Band 2 and 3; but one stakeholder pointed out that volunteers do work on such issues.

Some others were less comfortable with the focus, or having a focus at all, and this again does relate to the role. One argument by two people from different backgrounds was a concern that if people had already identified that they wanted to do something about these issues, they could not see why they would need a Health Trainer. Others felt the focus was frustrating as it was important to start with people’s own concerns; indeed one suggested that given the targeted client groups it is likely that you would have to work on a range of motivational and other issues:

‘It is difficult to engage people on those 2 issues; you may need to do lots of self esteem building, signposting e.g. re benefits, building relationships.’ (Stakeholder)

This illustrates a perceived tension between the Health Trainers’ role as motivational interviewers and the focus on healthy eating and physical activity.

The recruitment process

The response rate for the post was extraordinarily high. Following 813 enquiries about the post, a total of 375 completed applications were received for the Health Trainer positions (see Table 5).

Table 5: Numbers involved at different stages in the recruitment process

Stage	Number
Registered at Open Day held on 12 January 2006	143
Requested job details	813
Applications received	375
Offered interviews	66
Attended interviews	61
In post at start date 2 May 2006	17
Still in post 31 December 2006	17

The field of applicants

- 67% of all applicants were female
- 16% had previous experience of working within the NHS in some capacity

- 55% of applicants were in employment at the time of applying. Of these, the majority (38%) were employed in personal services occupations. 20% were employed in elementary occupations, 16% in administrative and secretarial and 16% in sales and customer service roles
- Of the 45% who were unemployed at the time of applying, the majority (38%) had worked within the preceding 6 months, but a significant number (25%) were long-term unemployed, having last worked over 24 months ago
- 1% of all applicants had never worked.

On reflection, all of the Health Trainers were positive about both the application and interview stages.

Publicising the posts

Table 6: Knowledge of vacancy

Source	No. of applicants
M.E.N	132
Metro News	68
Word of Mouth	49
Job Centre	28
Jobs Fair	27
Internet	8
Jobs Northwest	6
Vacancy Bulletin	6
Open Day	4
Job Centre Website	3
Jobs Update (City Council)	3
Manchester Online	3
E-recruitment	2
Magazine Article	2
Local Free Paper	1
News Northwest	1
Oldham Advertiser	1
Stockport Express	1
Undefined	30

A job advertisement was placed with the Manchester Evening News (M.E.N.) and other local newspapers (including free publications) in the Greater Manchester area. The majority of applicants (132) had seen the vacancy in the M.E.N. or free Metro News (68), or heard about it through word of mouth (49). Table 6 gives a full breakdown of sources.

Stakeholders believed that in the initial round most people found out about the posts informally by word of mouth, although application forms revealed that most found out through the M.E.N. Initial publicity successfully reached people in the communities through the Healthy Living Networks, Sure Start, Local Area Groups and Community Network for Manchester, Black and Minority Ethnic Group Networks. The Job

Centres, Job Centre Plus and Connexions also promoted the posts. Eight of those appointed said in application forms that they found out through word of mouth.

There was no formal information about the role because it was not possible to describe it, as it was new, and the stakeholders were not sure what direction the programme would take. Stakeholders felt that with the experience gained of running the programme since May 2006, it was not only possible but important to produce a role description to improve clarity of information. One stakeholder suggested that Health Trainers should be involved in promotional activities through a DVD describing the role, and at the Open Day, where they could chat to potential recruits about the job.

While on the one hand the enormous interest in the posts was a sign of great success, some stakeholders reflected that casting the net so wide could also have a negative impact. The breadth of the job description and person specification may have suggested to some people that anyone could do the job. They felt that this may have raised expectations inappropriately amongst some people and in turn led to disappointment, which may then impact on how they and their networks feel about the Health Trainers project and the NHS.

'Recruitment can work like treatment. If people have a positive experience they will tell others and come back. 'Hard to reach' people are often those that that have had a bad experience in the past.' (Stakeholder)

This suggests that recruitment should be more focussed and clarity about the role may help this. This is discussed in more details in the section the Health Trainer role (page 14).

A Health Trainers 'Open Day' event was in January 2006 (see Appendix 3). Stakeholders thought the open day was very successful and should be held again even though it required a lot of planning and effort. They thought the interest indicated that many people are interested in employment and volunteering opportunities in the NHS.² The inclusion of childcare was critical and a city centre site on bus routes worked well, but possibly did not attract people so well from the extremes of the city.

'People who came included foreign doctors, dentists. There were opportunities for people to find out about the NHS. People came from groups that are totally socially excluded. We need to be aware of what it took to go to the day. The day presented opportunities for people. It was non-threatening. A lot of people have aspirations, want to progress and it was accessible to them; a gateway.' (Stakeholder)

Additional support was given to help people to apply, which included:

² Piloting work to identify a community baseline for the above evaluation also indicated that knowing about work opportunities in the NHS was a major interest of amongst those interviewed who were all from BME communities in Central Manchester. Emanuel J & Young A & with Allen M (2004) **Evaluating the "Race for Health" Transformational Change Programme in Central Manchester Primary Care Trust**. Second report from the evaluation: Further baseline findings and points for learning Institute for Public Health Research and policy, University of Salford.

- application packs were sent to everyone who came to the Open Day and requested one
- the pack included a dummy completed form
- the programme manager was available on the telephone to help people complete forms
- all written information was written in straightforward language.

All the Health Trainers said that they found the application form straightforward and that they had drawn on their past experience of recruitment processes to help them with the selection procedure in some way.

Stakeholders felt that the process had been successful in enabling people to apply who might not otherwise have done so.

'It was the best planned and executed recruitment. Really equitable. Should do it again.' (Stakeholder)

Short-listing

The person specification proved to be too vague given the large number of applicants. As a result, short-listers prioritised broad experience of community groups and interest and involvement with local people. Increased confidence that people will be interested in the posts and greater clarity about the role should mean a clearer more specific person specification is produced in the future, which will make it easier to short-list. All candidates who were not short-listed were sent a feedback letter saying they had been unsuccessful and explaining three general reasons why people had not been shortlisted.

Interviews

The interviews involved:

- on arrival candidates, were met and greeted
- 5 questions which took 30 minutes, which was considered short but expedient given the large numbers
- language skills were tested
- all unsuccessful candidates received verbal feedback from the programme manager.

On the whole, the interview stage was seen as a positive experience. All of the Health Trainers found the questions asked to be relevant and clearly related to the job description. Interviewers were described as welcoming, and the Health Trainers commented that this made them feel relaxed.

'The interviewers were nice, I felt very comfortable.' (Health Trainer)

'Interview was a positive experience – interaction was good.' (Health Trainer)

Some of the Health Trainers said that they found being given a scenario and a copy of the interview questions on arrival unusual:

'On arrival I was given a scenario and questions – I'd never had anything like that before – I'm not sure if I found it off-putting.' (Health Trainer)

'The initial questions threw me a bit, as there was no pre-warning of this in the letter.' (Health Trainer)

Nevertheless overall the Health Trainers seemed to like this style of interviewing, and commented on how much they had appreciated the fact they were given the questions beforehand to prepare.

'I liked the fact we were given questions beforehand to read through and prepare.' (Health Trainer)

'In hindsight it gave us something to talk about in the interview.' (Health Trainer)

'It was very relevant and fine.' (Health Trainer)

While stakeholders were keen to maintain the relaxed and informal approach, there were some concerns that the recruitment process had been weaker at this stage than others, and they presented ideas for making interviews more effective, as follows.

Panels

Because of the large number of interviews, 15 interviewers were involved with 2 panel chairs. While interviewers participated in agreeing the questions they had not met prior to interviews to develop a shared understanding of what they were looking for and how to score the questions, and some stakeholders felt as a result they may have been influenced by their own preconceptions. The panel chairs *did* have a shared understanding. Stakeholders felt that interviewers need to meet beforehand, to ensure they have shared understanding of what they are looking for in the questions and to ensure standardisation in the scoring.

In order to ensure that suitable candidates are recruited for placements, interviews for specific or similar placements might be considered.

Stakeholders made a number of suggestions about who should be on panels, including:

- placement supervisors were willing to be on panels, but did not consider it essential
- involve community nurses as one way of trying to reduce professional barriers to Health Trainers
- involve men if you want to recruit men
- community members should be on panels.

What stakeholders want interviews to achieve

Stakeholders suggested a range of things that they wanted the interviews to achieve. A lot of the suggestions focused around the difficulty last time of teasing out interpersonal skills. One suggestion was to include an assessment day – like the Bolton Health Trainers scheme does – within the interview process. This could be used to:

‘... observe whether they can engage in small groups rather than rescue or tell people what to do.’ (Stakeholder)

The interview was also considered the forum which could assess how people cope with stress, their motivation, expectations, attitude and potential in relation to work. One stakeholder felt that a question on outreach was important, as the first cohort had not been clear about their outreach role. Another recommended that there should be an English assessment:

‘Not to root people out but to ensure that they can access classes when they start work’. (Stakeholder)

Post interview

All interviewees who were unsuccessful received verbal feedback from the programme manager.

A large number of Health Trainers said that after the interviews had taken place, there was confusion about when they would be told the outcome of their interview. One described this time as ‘horrific’, and said it felt as though ‘there wasn’t much commitment ... we knew a lot of people had applied, and it was like they hoped some of us would leave’. Another commented ‘After the interview there was a lot of confusion regarding when we would find out if we had been successful, if you’re not used to that then it is worrying.’

The originally anticipated start date of 1st April had to be put back to 2nd May due to the length of time it took to carry out Criminal Records Bureau and occupational health checks. Some Health Trainers felt this delay to their start date was a particularly negative experience, causing confusion, disappointment, worry, and financial difficulties:

‘We were a month late starting which caused difficulties, and there was no apology for the distress caused, it was just glossed over.’ (Health Trainer)

‘When I was offered the job I was told I would start in April but then it was moved to May and I’d already handed in my notice.’ (Health Trainer)

‘I had a letter about employment and then there was a big gap, then a week before the start date I got a call putting it back a month.’ (Health Trainer)

“The month of April where we were told we’d be employed but we weren’t was awful – waiting was awful and not knowing what was happening. Money became a huge issue.” (Health Trainer)

There was a general feeling that there needed to be more forward planning, including for the training phase of the induction. Some Health Trainers stated that they knew it would be for 3 months but didn’t know it would be on a part-time basis.

A number of stakeholders felt that Health Trainers had been justifiably frustrated by the delay in start dates and the way this was handled.

It is planned that next time a booklet will be available from the first day to new recruits, which will include information on the job, the training part of job, and the type of work they will do, including outreach work. It is hoped that this will improve the understanding of the second cohort of recruits of the demands and expectations of their new posts.

Summary

The recruitment process was very successful at recruiting people from local communities, especially Black and Minority Ethnic groups, but the majority were not workless people. Evaluation participants were positive about both the application and interview stages. Overall stakeholders reported significant success in getting the Health Trainer programme off the ground which meant they had a greater understanding of the evolving Health Trainer role, the direction of the programme and therefore the qualities that they need to look for in recruits for the next round of recruitment. Stakeholders did not share a vision of the programmes future and discussion of this rose concerns about sustainability, both of which should be addressed.

The evaluation explored stakeholders views on the expectations of the national scheme to recruit workless people, who will gain accredited training and make a measurable impact within contracts of under two years after which they will progress to new careers, within a three year scheme, and concludes that this may be unrealistic.

To a large extent stakeholders advocated targeting similar groups and using a similar process but recommended some changes in the light of learning from the recruitment and early stages of the life of the programme.

Learning from the first 8 months of the project about the evolving role of the Health Trainers and having staff, systems and training accreditation in place will hopefully ensure things are clearer and easier for the second cohort.

Placement supervisors include people who have a great deal of experience in managing local people in new employment opportunities successfully, which is a great asset to the project.

Stakeholders felt that the Health Trainers had exceptionally high support needs and that this was associated with it being a new project and the work and academic

background of the recruits. The reason may be complex and not only related to previous experience of work and academic qualifications. There are different and strong opinions about whether minimum criteria should be introduced into the job description and person specification. This is an important decision as it could relate to significant differences about how stakeholders see the project developing. It was therefore explored in depth to inform decision making on this issue.

Overall, the Health Trainers had similar views that the 'core' of the job would be about supporting communities and individuals to improve their health. However, despite efforts to clarify roles and responsibilities throughout the recruitment processes many of the Health Trainers said that aspects of the job were nothing like they had thought it would be. Challenges have been unmet expectations that Health Trainers would make contacts with clients through a referral system; would be working with groups of people rather than individuals; and that the scheme would be established when they started. As for future expectations, the majority were positive about their current role, however, most of the Health Trainers saw this as a role that would enable them to develop their knowledge, skills and experience, acting as a 'stepping stone' into more advanced roles.

Although good relations between Health Trainers and other health professionals had developed in some placements, wider negative attitudes of some health professionals towards Health Trainers were perceived to be a major problem for the programme

A perceived tension became apparent about the Health Trainers role as motivational interviewers and the focus on specific health areas.

The majority of all applicants had seen the vacancy for the Health Trainer scheme in the Manchester Evening News or Metro News or had heard about it through word of mouth. Successful candidates said that they had drawn on their past experience of recruitment processes to help them with the selection procedure in some way; and that problems with the recruitment process were not being kept fully informed/up to date, and the delayed start date.

With increasing clarity about the role, stakeholders felt that the recruitment process could be tighter for the next cohort of Health Trainers, include more specific information about the posts, and be more effective in ensuring that successful candidates *demonstrate* a range of specified skills, experience and attitudes than in the initial interviews, including:

- specific details in the job description about what is expected and what is not, e.g. about written contracts, clear objectives within KSF and probation criteria, including the level and demands of training, and what happens if people fail the training
- demonstration of communication skills including interpersonal skills, e.g. ability to empower others, openness to work with rather than at people, engage rather than rescue people or tell them what to do, amount of writing and ability to take notes
- outreach skills
- personal qualities including passion, initiative, and common sense.

Recommendations

Targeting and placements

The steering group need to address the following:

- What the targets for recruitment should be and how this relates to the availability of placements
- Some excellent placement supervisors have been recruited who have the necessary experience, skills, commitment and vision to support and manage the Health Trainers well at this initial stage. Would it be best for Health Trainers to continue to be placed in these agencies over the next 12 months?
- If new placements are to be identified, what further criteria for placements should be developed to ensure that all placements can offer the support and development needs that Health Trainers require?
- What other criteria should be used to identify appropriate placements? Should they include consideration of:
 - equity of service
 - ability of agency to manage workers with high development needs
 - sustainability issues – it may be easier to find placements when it is a free post but what will happen when contracts end in March 2009?
 - the role in increasing credibility of service e.g. with primary care and community health professionals
- Whether there should be a minimum of 2 Health Trainers per placement
- Whether placement supervisors should manage the next cohort of Health Trainers

The Health Trainer role

The steering group should consider:

- how to strengthen shared clarity about the role – it may be helpful to identify a shared definition which can be widely used, for instance a strap line
- the sustainability of the programme as soon as possible
- ways to develop understanding and positive working relationships between Health Trainers and other health professionals.

The recruitment process

The steering group should ensure that all aspects of the recruitment process are as accessible, participative and candidate-friendly as last year. In order to do this they could:

- utilise and develop the good routes into publicising with communities which have already been established
- produce detailed information about the role, possibly including a DVD where current Health Trainers describe their jobs for the recruitment pack, to enable people interested in applying for the job to identify if they have the qualities that the programme is looking for
- repeat the Open Day, in a similar format to last year and involving Health Trainers so that they can tell interested people about their jobs

- provide additional support in a similar format to last year
- consider whether to include minimum criteria for the post, bearing in mind that this may have major implications on the direction of the project
- review the job description, person specification and interviews to ensure that the range of issues identified by the stakeholders as pre-requisites for the job are demonstrated by successful candidates. These include: relevant communication skills; the need to undertake and successfully complete the in-service training programme; the amount of writing involved; and the demands of working in the NHS
- interviewers should meet prior to interviews, to ensure that they have a shared understanding of what they are looking for in the questions, and to ensure standardisation in the scoring
- in order to ensure that suitable candidates are recruited for placements, interviews for specific or similar placements might be considered
- review who should be on panels to improve ownership of the project and reduce barriers, e.g. by involving community nurses; and to help meet targets by involving people with the qualities of those you wish to recruit e.g. men and community members.
- review questions, assessment framework and format of the interview in the light of stakeholders suggestions
- repeat the good practice of offering feedback to unsuccessful candidates
- review how information on start dates is given in the light of last year's experience
- produce a Health Trainer information booklet for new postholders.

Appendix 1

Standard Occupational Classification 2000 (SOC2000) Summary of Structure

Managers and Senior Officials

Including corporate managers; senior officials in local government, health and social care; functional managers and proprietors; police officers; senior officers in fire, ambulance and prison services.

Professional Occupations

Including doctors, dentists, pharmacists, teachers, statisticians, science, engineering and ICT professionals, teaching, research and legal professionals.

Associate Professional & Technical Occupations

Including nurses, midwives, allied health professionals, therapists, youth and community workers, counsellors, advice workers and artistic and literary occupations.

Administrative and Secretarial Occupations

Including administrative roles in government, finance (e.g. bank clerks and cashiers), data entry clerks, clerical assistants and supervisors.

Skilled Trades Occupations

Including agricultural, metal and electrical trades, skilled construction and building trades, textiles, printing trades, and chefs.

Personal Services Occupations

Including nursing auxiliaries, care assistants, dental nurses, wardens, home carers, childcare workers, nursery nurses, teaching assistants, sports and leisure assistants.

Sales and Customer Services Occupations

Sales assistants, retail cashiers, customer service occupations.

Process, Plant and Machine Operatives

Plant, machine and process operatives, transport drivers and operatives.

Elementary Occupations

Including labourers, cleaners, packers, postal workers, hospital porters, kitchen/catering assistants, bar staff, shelf-stackers, lunchtime organisers, office juniors.

Office for National Statistics (2000)

http://www.statistics.gov.uk/methods_quality/ns_sec/downloads/SOC2000

Appendix 2

National Qualifications Framework Level Indicators

Level 1

NVQ 1; GCSE grades D-G

Level 2

NVQ 2; GCSE grades A*-C; Diploma for Beauty Specialists

Level 3

NVQ 3; A-levels

Level 4

Certificates of Higher Education; Diploma in Sport & Recreation; Certificate in Early Years Practice

Level 5

Diploma; Foundation Degree; bachelor degree without honours.

Level 6

Bachelor degrees with honours, graduate diplomas.

Level 7

Masters degrees, postgraduate certificates and diplomas.

Qualifications and Curriculum Authority (2006)

www.qca.org.uk

Ever thought about a job in health?

Then now might be the time to find out more about what's on offer. A new scheme called 'Health Trainers' will offer jobs to local people who may not have considered it in the past.

As a Health Trainer, you will work with local people to help them improve their health and well being. You will be someone who is interested in health and who has some understanding of the difficulties people can face in making healthier choices.

You do not need any experience of working in the health service. In fact, you may not have worked at all for some time. We will provide you with lots of training and give you all the support you need to develop your skills.

*To find out more about Health Trainers and other opportunities, please call in and see us at the **Open Day**, details overleaf...*

NHS Opportunities: Open Day

Thursday 12th January 2006
1pm – 7pm Friend's Meeting House,
Mount Street, Manchester (behind Central Library)

A buffet lunch will be served at 1pm,
refreshments throughout the day.

Information stalls

Volunteering in the NHS

Employment in the NHS

Advice on benefits

Part-time and flexible working

Childcare support

Call in any time and find out more!

Appendix 4

Job description and person specification

Manchester NHS Health Trainers Programme

DRAFT JOB DESCRIPTION

Job title:	Health Trainer
Contract:	Two year fixed term
Grade:	First 12 month training period: Band 2 starting salary £11,879. Based on full-time hours, £990 per month; £6.17 per hour After completion of 12 months training: Band 3 starting salary 13,694. Based on full-time hours, £1,141 per month; £7.12 per hour
Accountable to:	<i>Employing body</i>

Summary:

This is a great opportunity to develop your skills, knowledge and understanding of health issues whilst supporting others to improve their health and quality of life.

As a Health Trainer, you will work with local people to help them improve their health and well being. You will be someone who is interested in health and who has some understanding of the difficulties people can face in making healthier choices.

You do not need any experience of working in the health service. In fact, you may not have worked at all for some time. We will provide you with lots of training and give you all the support you need to develop your skills and experience. Initially, we will do this over a twelve month period and you will be paid (*see above for details*), unless you would prefer to get involved on a voluntary basis.

Being a Health Trainer will give you a wide range of skills and abilities which will be valued by employers, not just in the health service but elsewhere. When you feel ready, we will help you identify new job opportunities which interest you and support you to achieve your goals.

The main aspects of the Health Trainer’s role are as follows:

- To identify and make contact with individuals and/or groups from agreed target communities;
- To support people to make healthier lifestyle choices;
- To guide people in finding and using the services they need;
- To provide people with accurate and reliable information about a range of health issues;
- To keep a record of all work undertaken;
- To undertake all training relevant to the Health Trainer role;
- To work within the policies and procedures of the employing organisation.

DRAFT PERSON SPECIFICATION

Requirements	Essential	Desirable
Education		
Willingness to undertake all training required by the role	X	
Basic literacy and numeracy skills	X	
Experience & knowledge		
Good knowledge of English	X	
Experience of being active within a team or group	X	
Experience of working with local community groups	X	
Knowledge and understanding of own local community	X	
Ability to speak and understand a community language other than English		X
Broad understanding of what makes people healthy and unhealthy		X

Skills & abilities		
Good communication skills	X	
Ability to record information accurately	X	
Ability to relate to people from a wide variety of backgrounds	X	
Supportive and encouraging approach	X	
Respect for confidentiality at all times	X	
Respectful of people regardless of their background	X	
Ability to find information which will be of help to people	X	
Ability to draw on own experience and learning to help and support others	X	
An interest in helping others to help themselves	X	
Willingness to work occasional unsociable hours	X	

Appendix 5

Health trainers interview score sheet

February 2006

Date

Venue

Panel members:

Candidate name:

Area of residence:

Preparation time for all candidates: 20 mins

Language assessment where appropriate: 10 mins

Scenario (5 minutes) – max 5 points

You meet a woman who would benefit from your support as a Health Trainer. She does not speak fluent English (or any other of your spoken languages). She has expressed an interest in signing up to work with you with the aim of losing weight.

This person lacks confidence and has little knowledge of the facilities in her area. She is a full time mother of a young family and does not have a great deal of time on her hands. She is generally very inactive at the moment.

How would you begin to work with this person? Include reference to issues around communication and trust. Tell us which of your personal strengths you would draw on to support this person, and what past experiences of working with people will help you to fulfil your role effectively.

Skill	Notes	Score
Communication skills		/1
Trust / respect		/1
Approach / personal strengths		/1
Motivating / encouraging		/1
Monitoring		/1

Questions (5 minutes each) – max 5 points

1	<p>What experience do you have of being involved in some kind of community activity? In what way do you think this has prepared you for the role of health trainer? <u>Two part question: prompt if necessary</u></p>		
	<input type="checkbox"/> Range of experienced <input type="checkbox"/> (2.5) <input type="checkbox"/> Relevant skills (1.5) <input type="checkbox"/> Understanding of HT role (1.0)		
2	<p>What are your thoughts on what makes people healthy or unhealthy? <u>Two part question: prompt if necessary</u></p>		
	<input type="checkbox"/> Lifestyle (2.5) <input type="checkbox"/> Wider determinants (2.5)		
3	<p>What kind of difficulties do you think people can face when trying to access activities which will help them improve their health? <u>Prompt if necessary: for example health eating classes or a leisure activity</u></p>		
	Economic barriers (1) Physical barriers (1) Cultural barriers (1) Confidence (1) Motivation (1)		
4	<p>Can you describe to us an area of Manchester which you consider to be 'deprived'? What's good about the area and what's not so good? <u>Two part question: prompt if necessary</u></p>		
	Local knowledge (3) Deprivation as multi-faceted (2)		
5	<p>If you were appointed: a) can you commit to the full training programme? (<i>Mon, Tues, Weds 9:30 am-2.30pm 20th Feb to the end of June 2006, except Bank Holidays - Mechanics Institute, City Centre</i>). b) would you be looking for full or part time employment? c) Do you have a preference for where you work? d) What transport will you use to get around at work?</p>		

Overall score:

Would you appoint?

Yes ___

No ___

If no, please state

reasons:.....