London South Bank University

NHS
Health Education Wessex

Evaluation of Health Trainer Case Stories:

Dr Ava Lorenc & Prof Jane Wills, London South Bank University

February 2013

The role of a Health Trainer (HT) is to work with individuals on a one to one level to help them assess their health and lifestyle

Contents

1 Introduction

The role of a Health Trainer (HT) is to work with individuals on a one to one level to help them assess their health and lifestyle. Health Trainers provide support and motivation typically over a period of three months to enable people to set personal goals around making a behaviour change. The key priorities addressed by Health Trainers are healthy eating, physical activity, alcohol, smoking and stress management.

The Data Collection and Recording System (DCRS) provides substantial descriptive data for the Health Trainer programme with national reports providing data on client demographics, number of clients using services, behaviours targeted, goal setting and outcomes of personal health plans (PHP) i.e. achieved, part achieved, not achieved. Pre and post programme measures of weight, dietary intake, physical activity levels and emotional wellbeing are also recorded. National data for quarters 1 and 2 of 2011 show 48.57% of clients were fully successful and 24.17% partly successful with personal health plans[1]. At 3 months 83% of clients sustain change and at 9-12 months 89% of clients sustain change. The likelihood of sustaining change over 12 months reduces to 84%1. A secondary analysis of this data reports pre-post changes in body mass index (BMI), associated behaviours and cognitions among service users who set dietary or physical activity goals during a 12-month period (2008-2009; N=4418). 69% of clients were from the two most deprived population quintiles and 94.7% were overweight or obese. Mean BMI decreased from 34.03 to 32.26, with overweight/obesity prevalence decreasing by 3.7%. There were increases in fruit and vegetable consumption, reductions in fried snack consumption, increases in frequency of moderate or intensive activity and gains in self-efficacy and perceived health and wellbeing[2]

A review of the emerging evidence on the impact of the Health Trainer programme identified the evaluation evidence to consist of national data from the DCRS and a limited number of local evaluations. Local programme evaluations undertaken across the UK have used both quantitative and qualitative data collection methods, including secondary analysis of the DCRS, interviews with clients, stakeholders and focus groups with Health Trainers. Attree et al[3] suggest a weakness of these evaluations is with the generalizability of their findings because of the varying models of service delivery. However the value of the evaluations is that detail is provided about the processes involved in implementing health trainer programmes.

The DH Health Trainer Programme Central Team and British Psychological Society Consultants to the DH Central Team have identified a need for more qualitative data to capture the impact that a Health Trainer intervention has on individuals including the broader impact on the health of their families and communities. [4]Case story templates were developed to encourage the recording of client stories. Case stories can be written about the health trainer/health champion, client, or about a particular aspect of the service. The stories can be written by the people themselves, or can be written about them by someone else – so for example, a client story could be written by the client, by the health trainer/heath champion, or by the service lead.

[1]BPCSSA (2011) Health Trainers DCRS National Report, BPCSSA

[2]Gardner B, Cane J, Rumsey N, Michie S (2012) Behaviour change among overweight and socially disadvantaged adults: a longitudinal study of the NHS Health Trainer Service., Psychol Health. 27(10) pp 1178-93

[3]Attree P, Clayton S, Karunanithi S, Navak S, Popay J, Read D (2012) NHS health trainers: a review of emerging evaluation evidence Critical Public Health, 22,(1) pp. 25-38

[4]Health Trainer Programme National Implementation Team (2010) Health Trainer Service Case Stories A Tool for Local and Regional Use, London, DH

2 Methods

153 case stories had been collected by the Health Trainer lead from 2007 to 2012. The case stories consisted of reports from HTs and/or clients on what was done during the sessions and what was achieved, as well as personal reflection. 40 of the HT case stories and all of the client stories (n=23) used the templates provided by the Health Trainer Programme4 and given in Appendix One. Seven case stories used a different template and the remaining 83 were structured in various ways, often as a diary of the sessions (see examples in Appendix Two). Data provided on the templates were often very short and provided limited opportunity for in-depth qualitative analysis. Case stories were provided to the evaluation team in electronic files (n=143) or hand written case stories (n=10) from clients or HT case notes.

This evaluation focuses on the impact of the programme using the case stories. The toolkit for case stories identifies a simple framework for coding and presenting case stories that identifies the issue, actions, outcomes and any additional impact. Analysis was performed using Framework Analysis and Nvivo software. Content was coded according to a coding framework which was largely predetermined, and collated for each theme, see figure 1.

The credibility of the case stories was established by 'weighting' themes according to a number of criteria:

- Frequency (number of people) and extensiveness (length) of comments. The relevance of frequency counts in qualitative research is often debated, as reduction to numerical frequencies severely limits transferability as well as credibility[5]. However, given the brief nature of much of the case story data, in particular that which derived from the templates, frequency counting was a useful tool.
- Specificity. Quotes are used throughout to illustrate personal experience of client and HT
- Intensity or depth of feeling is indicated, e.g. where words are positive, negative, middling.
- Cases which do not fit the main theme are included as these can suggest alternative explanations and illustrate the wide range of experiences[6].

Fig 1: The Coding Framework

[5] Ritchie, J., Spencer, L., and O'Connor, W., 2003. Carrying out Qualitative Analysis. In: J. Ritchie and J. Lewis, eds., Qualitative research practice: A guide for Social Science students and researchers. London: Sage Publications, pp. 219-62

[6]Seale, C., 1999. The quality of qualitative research. London: Sage Publications.

3 Results

Case stories were analysed for a total of 153 clients as seen by a total of 47 HTs. 23 were from clients and 130 were from HTs. The majority of HTs focused on health issues but HTs were also working in Probation and in a Back to Work service (see Table 1). Some stories may have overlapped, i.e. a client and HT case story for the same client, but this was difficult to identify due to the data having been anonymised.

Table 1: HT Types

Type of HT	Number of HTs	Number of case stories
Health	34	102
Probation	12	30
Back to work	2	21
Total	**47**	**153**

One of the striking themes to emerge from the analysis was the concept of the client story or narrative as central to the HT programme. However, data illustrating this was limited as the frameworks for reporting did not allow for documentation of the story, rather they focussed on single goals and the achievement of these goals. Data which was reported in a more open style, for example a diary, illustrated a number client stories with components such as:

- Clear progression during the programme
- How the client's goals evolved and changed
- The complexity of the issues being addressed
- The wide-ranging impact of the programme and the results on the client, in particular effects which were not predicted or part of client's original goals (see section 3.6)
- Complex challenges and how these were overcome.

We have included four case stories in full in Appendix Two, to give examples of the extent of the progress, challenges and complexity of many of the clients' stories.

3.1 Client details

Not all reports included the history of the client, the following details were taken from various places in the case stories. For those who did provide this information, 42 clients had mental health issues, 38 had physical health issues, and 8 mentioned substance or alcohol misuse. Depression was the most common mental health issue, as well as anxiety and low confidence, and a few stories cited conditions such as schizophrenia or bipolar disorder. Physical health problems were very diverse but included back pain, diabetes, heart problems, injuries, overweight, and stroke. Many had more than one health problem.

Back to Work (WHT) clients had a wide range of previous jobs ranging from HGV driver to factory worker to nurse to chef. Clients had lost their jobs for various reasons including illness, accidents at work or redundancy.

3.2 Main goal or issue

142 case stories reported a main goal or issue. Most clients had one (70 people) or two (60 people) goals. Losing weight was the most common goal, often cited along with healthy eating and getting fit. Other issues including reducing alcohol/drugs use, stopping smoking, help with mental health issues and getting/changing jobs. A number cited stress, depression or anger as part of their main issue.

Table 2: Main Goal and Personal Health Plan

Main goals	Number of clients citing (n=142)	%
Weight loss	81	52.9
Fitness/exercise/mobility	55	35.9
Healthy eating	37	24.2
Return to work	20	13.1
Mental health	17	11.1
Drugs/alcohol	17	11.1
Stop smoking	7	4.6
Stress	5	3.3
Other (mainly complex and multiple health and/or social issues)	10	6.5

Losing weight was the most common goal, often cited along with healthy eating and getting fit

3.3 Access to HT service

Not all HTs/clients reported how they found out about the service; 109 reported this information

Table 3: Main Goal and Personal Health Plan

Table 3 : Access to HT service	Number of clients citing (n=109)	%
Referral		
From GP	25	23%
From practice nurse	8	7%
From CMHT/IAPT	5	5%
Other referral	9	8%
Self-referral		
After hearing from friend/family	7	6%
Other	16	15%
Leaflet/event		
At community centre or NHS setting	10	9%
At leisure centre	4	4%
At supermarket	2	2%
Probation officer	6	6%
Other	6	6%

3.4 Intervention/action

Most HTs used a number of different methods within their 'intervention', as illustrated by the case stories in Appendix Two.

The majority of the Health Trainers' interventions consisted of health education through offering advice and information on e.g. healthy eating. Most reported using various tools such as a food activity or alcohol diary or pros and cons charts to help to discuss current behaviour and options for change.

HTs reported setting goals and making plans, helping clients to understand their issues and obviously providing support and encouragement.

In addition, for 61 clients, the HT reported referring them to, or giving them information about, another service. This included a wide range:

- Gold Challenge[7]
- Exercise classes/facilities such as a gym/Zumba/tai chi
- Weight loss support groups (Slimming World/Weight Watchers)
- Quit smoking groups

[7]http://www.goldchallenge.org/

- Local services such as alcohol/substance misuse services
- Counselling/psychiatry or the Community Mental Health Team (CMHT)
- NHS clinical specialist services such as a specialist neurofibromatosis advisor
- Occupational therapy/health
- Nutritionist/dietician
- Age Concern
- Local authority services such as the benefits agency
- Expert Patients Programme
- Shaw Trust
- Next Step
- PALS
- Education courses such as literacy and numeracy or CV-writing courses

Many HTs reported acting as an advocate or companion or support. 36 stories give accounts of going on walks, going to exercise facilities/classes, to the supermarket, to see health professionals such as counsellors or GPs, and to support groups such as quit smoking or substance misuse.

> "We agreed that I would attend the first sessions with him to offer any extra support he would need. This seemed to work very well as he felt more comfortable with the process having a friendly face around" (HT)
>
> "[client] had a date to see a psychiatrist in ten days' time. He asked if I could go with him because he was really anxious about it and didn't think he would go without my support" (HT)

This is reported as helping clients feel more confident and achieve more.

Some HTs also cited doing research between sessions, for example finding out about medical conditions or identifying organisations which could help the client. A few HTs (10) reported longer term support and saw their client for a follow up session between a month and 3 months after their initial set of appointments.

3.5 Outcomes related to goals

The vast majority of clients (134) achieved their goals at least fully or partially. In only 5 cases did clients not achieve their goals, although a further 14 stories did not provide any information on achieving goals so may not have. Client stories could all give examples of how their goals had been reached.

The vast majority of clients (134) achieved their goals at least fully or partially

3.5.1 Outcomes in relation to weight loss/improving fitness/ eating more healthily

- Being more active – exercising regularly, often 3/4 times a week or daily – in particular walking, exercise classes, gym
- Having a healthier diet – eating more fruit and vegetables, eating more regularly, drinking more water, making meal plans, less snacking, eating regularly, cooking meals more
- Losing weight – examples included 8kg, ½ stone, 2 stone, 4 stone, 2 dress sizes. Also mentioned was greater intention to lose weight and breaking a cycle of dieting.
- Being fitter
- Feeling healthier
- Being aware of a healthy lifestyle
- Improved mobility, able to do more

3.5.2 Outcomes in relation to mental health problems

- Received counselling/psychiatric help
- Took up activities which mental health problems were preventing e.g. anxiety re going to the gym, going out regularly, cycling, employment, studying, household/financial management
- Improved social life e.g. talking to people when out and about
- Looking forward to the future and making plans/exploring options
- Enjoying work
- Improved sleep

3.5.3 Outcomes in relation to substance use

All the clients who sought help with alcohol or substance misuse problems (n=17) made progress towards stopping drinking/using drugs, with some stopping altogether (n =3). Many also made other life changes such as starting studying, finding accommodation, healthier eating, and volunteering.

"Three months on Mr Y now lives with his new partner in a house, he is looking to a happy future in which alcohol plays no part. He has re-gained his confidence, self-esteem and has great hopes for the future" (HT)

Of the 7 whose goal was to stop smoking, 4 stopped altogether and 2 took steps towards stopping.

3.5.4 Outcomes in relation to employment

Many of those who sought help with employment (mainly those seeing the back to work HT) (n =19) had complex and multiple issues including health, housing, mental health and substance misuse problems. They cited the following results:

- Seeking help such as counselling
- Studying/training/literacy courses
- Being offered employment/interview
- Taking up a voluntary position
- More positive in outlook
- Improvements in the 'readiness to return to work' scale
- Improved physical health through exercise and diet

"[client] got a job but only lasted a few days as he realised he was under qualified for the post. However, he reported that the experience had 'made me know that I really wanted to be back at work'. He has made some changes to his life; he goes to the gym regularly" (HT)

"[client] has made a new friend who has been encouraging her to get out and about and has boosted her confidence enormously. She has applied to return to college to do 2 A levels with a view eventually to returning to work in catering but as a manager. She has applied too to be a volunteer at the local counselling service" (HT)

3.6 Additional outcomes

In addition to the outcomes related to their stated goals, most case stories cited at least one additional outcome, many more than one (as illustrated in by the examples in Appendix Two). For many these additional outcomes were as important as their main goal.

3.6.1 Empowerment

In addition to the outcomes related to their stated goals, most case stories cited at least one additional outcome, many more than one (as illustrated in by the examples in Appendix Two). For many these additional outcomes were as important as their main goal.

60 (39%) of cases suggested that clients also experienced improved empowerment, control or confidence. The frequency of this outcome did not appear to vary with main goal. This included:

- Increased confidence in their own abilities and improved self-esteem
- Confidence to attend group activities and speak to others
- Feeling empowered to achieve and to set and achieve goals in the future
- More in control of their lives and feeling positive about the future
- Better self-discipline
- More independent
- More willing to try new things
- Increased independence due to improved mobility/strength
- Able to deal with challenges and overcome obstacles

"I look in the mirror and I see the same old same old. BUT when I'm out and about I see this person doing things that make me think who is she and what has she done with Wendy!... things are a-changing, your work is paying off, is your manager pleased with what you've achieved with me?"" (client)

"When the client realised he was the only one in control of his own body and the one capable to make his own decisions, life is full of choices and sometimes we just need that person to help us realise this. This client was able to regain his life back and most important of all, not to live in fear of having a heart attack and not been able to see his grandchildren grow" (HT)

3.6.2 Mental health

30 clients (20%) reported experiencing improved mental or emotional health impacts from taking part in the HT programme:

- Feeling much happier, more positive
- Impact of the other changes made, for example finding employment reducing stress, walking as an antidote to depression, improved mental health due to improved nutrition
- Staying positive in times of crisis; less likely to react negatively to situations
- Able to see situations in a new light
- More alert
- Positive outlook
- Better focus on tasks
- Better self-discipline
- More independent
- More willing to try new things
- Increased independence due to improved mobility/strength
- Able to deal with challenges and overcome obstacles

"For many years I have lived in a foggy haze, lacking motivation. The support given has revitalised my enthusiasm to enjoy life" (client)
"It has lifted my spirits and made me much happier" (client)

3.6.3 Physical health

20 clients (13%) reported physical health improvements.

- Stronger muscles
- Lowered blood pressure and cholesterol, reduced blood pressure medication
- Reduced pain
- Reduced IBS, acid reflux
- Improved mobility
- General health rating improved
- Improved control of diabetes
- Asthma improved

3.6.4 Impact on family/social life

24 cases (16%) reported benefits to their family or their social life. This was mainly from clients who had sought help with healthy eating or drugs/alcohol. The most common benefit was the family eating more healthily or exercising more and having a better understanding of healthy eating.

"This client changed her life and most important of all, the lives of the entire family as she was in control of the cooking and doing her weekly shopping" (HT)

"The family are on board now. There has been only one meal with chips in the past fortnight rather than several times per week, they are having jacket potatoes, boiled potatoes and rice" (HT)

Others had improved their relationships, for example spending more quality time with their children/grandchildren, re-establishing contact with family or embracing being a positive role model for grandchildren.

"[client is] clearly really enjoying the closer contact he is having with his family" (HT)

Others met new people, including friends or partners, for example through exercise groups, feeling more able to trust people, increased involvement in the community

"Client has agreed to come along to an organised Xmas walk where he will meet other clients. This will be a big achievement as client does not usually socialise with other people" (HT)

3.6.5 Impact on personal development

A few case stories discussed client's learning in relation to new skills such as cooking and learning or how to make healthier choices that had health outcomes. Three clients felt the impact was sufficient to prompt them to want to become HT buddies/champions, and another asked about getting a job as an HT.

3.6.6 Benefits for HT

Five HTs cited benefits for themselves – being proud of clients, finding the job rewarding and a pleasure and feeling a sense of achievement.

"It's truly uplifting to see people improve their lives, no matter how little, against all odds." (HT)

"I am so proud that the efforts that Mr X has made in his life and glad to be a part of his process of change" (HT)

3.7 Challenges

3.7.1 Mental health and emotional issues

Clients and HTs reported specific barriers to clients taking up the HT service. These are organised by theme below. In addition, one HT reported language as a barrier

"I wonder if we as WHT trainers should have insisted that JK see a Punjabi speaking WHT or not taken part in the project" (HT)

Challenges predominantly related to psychological barriers of the client that made it difficult to engage with them (36 mentions). HTs described a range of thoughts, behaviours and emotions that meant clients were not able or not willing to change. HTs reported that some clients were 'stuck' in habits/cycle and unwilling to change or not ready to engage. Clients were also described as:

- Shy, nervous, anxious or reluctant to meet new people
- Having a diagnosed mental health condition which affected their motivation
- Lack of self-belief, low self esteem
- Lack of confidence due to previous bad experiences
- Lack of focus
- Emotional concern re fear of losing control
- Does not like new things
- Undiagnosed mental health problem which made it impossible to work with client

"Motivation from the client due to depression can be an issue with arranging to meet but it has improved the more times we meet. Overcoming emotional barriers within the client is the hardest challenge" (HT)

"I am not convinced that she really wants to put in the work to change her thought processes long term" (HT)

"The client was stuck, she knew what she needed to do but felt in a complete muddle of uncertainty about her health" (HT)

3.7.2 Time/commitments

15 clients cited barriers related to lack of time or other commitments. Most of these related to not being able to exercise or eat healthily due to working, cooking for the family or care of children/elderly relatives. Others included a lack of engagement by important family members, or being too busy to attend appointments or to fill in diaries.
15 clients were reported as having missed appointments for a range of reasons such as illness, injury, no money to travel, or forgetting. This sometimes meant the contract had to be terminated, which was disappointing for the HT. This appeared to be more common for the 'back to work' HTs (WHT) than the others.

3.7.3 Physical health barriers

13 clients experienced physical health issues which reduced their ability to exercise which included pain, COPD, asthma, poor mobility and joint problems. Four cited that their attempts towards healthy eating were limited by a gastric band or IBS.

3.8 Facilitators: Health Trainer skills and qualities

Some HTs (n= 13) cited skills or qualities which they felt were important in achieving outcomes in these cases. These were:

- Communication skills e.g. active listening skills, asking the open questions,
- Setting boundaries and being clear about the role of an HT e.g. what they can and cannot deal with
- Working collaboratively e.g. with GP, Offender manager , voluntary sector
- Relationship with the client e.g. respecting and believing in the client, building trust and making the client comfortable, Importance of client taking ownership, allowing them to process thoughts and reach conclusions themselves
- Planning e.g. using SMART goals, giving information and suggesting options the client may not have considered
- Signposting and referral e.g. dietician, mental health services, voluntary organisations
- Flexibility e.g. being able to work outside the office, i.e. accompanying clients on activities
- Information e.g. in- depth understanding of risk of harm issues , clinical judgment, psychology skills

Many stories privileged the client relationship and how the client-HT relationship had benefited the client. This included:

- Support
- Motivation
- Encouragement, congratulations, highlighting achievements
- Monitoring progress
- Advice
- Patience
- Reassurance
- Feeling comfortable in the relationship
- Constructive comments
- A non-judgemental relationship
- Having a one-to-one service, giving more time to discuss surrounding issues

"I walk with him a part of the way until he could walk by himself" (HT)

"I worked hard and made a lot of adjustments, came right out of my comfort zone more than once, and backed down on my refusals, but none of that would have been possible without you. And you went beyond your job description in your support; I'm not that stupid to not know when someone goes above and beyond. I've worked for civil service too long to not recognise the signs" (client)

Only one HT described negative relationships where they felt they had not communicated successfully with the clients, describing 'failing to get through to them'.

4 Lessons learned

Many of the skills and qualities that HTs highlighted as important were mentioned as part of their learning:

4.1 Building the relationship takes time

Many HTs referred to the need to be patient and to give the client plenty of time when exploring barriers and anxiety and their client's past experience (positive and negative) of health behavior change to build confidence.

"At times particularly the beginning I had found it quite challenging to work with the client as she did not seem engaged. It took time and in the end the client has shown positive changes in her lifestyle" (HT)

"[I learnt] that everyone is different. They work in different ways and have different priorities and sometimes people take longer than others to achieve their goals because of life issues and personalities" (HT)

Many also realized that change is always a possibility.

"I was apprehensive due to multiple problems but learnt I should not judge ability to succeed on disabilities" (HT)

"No client is a lost cause" (HT)

"I learned that age is no barrier to change if the person has a positive mental attitude and is willing to try" (HT)

"I learnt that with kindness, support and information if someone wants to make a change they can" (HT)

4.2 Planning for change

Many HTs had learned that change occurs in small steps and the pace of change may be slow.

> "You need to go at client's speed and accept if they don't want to explore certain things" (HT)
>
> "I have learnt that persistence is key and that it can take a long time to set routines into place as well as seeing the desired results" (HT)
>
> "It is frustrating when a client doesn't want to engage but you have to respect their decision" (HT)

Understanding how to focus an agenda for change was also an aspect of learning.

> "With hindsight I believe he had a mental health problem beyond depression which neither he nor I recognised until the last meeting. Perhaps if he had returned to his GP earlier the outcome might have been different" (HT)
>
> "What a client comes with is not necessarily the problem" (HT)

Many HTs referred to learning how best to use the repertoire of tools.

> "The usefulness of using specific confidence building tools to help clients overcome setbacks such as barriers/facilitators, pros and cons of change and confidence scales" (HT)
>
> "That not everyone enjoys filling in worksheets, I now ask how they felt about worksheets and which approach they prefer" (HT)

4.3 Importance of support

Most HTs mentioned the need to support the client and that this can be through praise, through the achievement of goals and through the involvement of family.

> ""The main thing learnt was that even very keen clients need realistic goals and praise" (HT)
>
> "The importance of having the support from others and how this can change a person's life" (HT)

4.4 Clarity about the HT role

Several HTs stressed the importance of explaining their role at the outset so that clients know what they can expect.

> "You need to be clear from beginning about our role" (HT)
>
> "I was concerned about how the HT role was explained to the client as she offloaded a lot of heavy content in the first session" (HT)

4.5 Benefits of behavior change

Several HTs mentioned learning about the benefits of health behavior change especially the impact of exercise on stress and walking as "a great way to keep the sessions interesting."

Most HTs mentioned the need to support the client

5 Summary and discussion

The template for client and HT case stories encourages brief responses and does not provide a rich insight into the HT experience. 153 case stories were analysed and this relatively large number of cases is the strength of this report.

The report provides a useful account of the impact of the HT programme as it is based on diverse cases of clients with a range of health problems who accessed the programme through different routes.

It provides a convincing account of the impact of the HT programme not only in relation to health behavior change but also its impact on personal development and confidence, which allowed clients to try new things and overcome challenges in their lives.

This project has emphasized the importance of the HT approach in addressing the client's issues in a holistic way, through the client's stories (as reported in Appendix Two).

Additionally the report provides an insight into what HTs regard as important when working with clients and the particular importance attached by HTs and clients to the support provided simply by talking through issues, and in some cases, acting as a companion and advocate.

This highlights the wide range of skills and qualities a successful HT needs such as the ability to build trust, communication skills, as well as up to date knowledge of health messages and the contribution other agencies can make.

Lessons learned by HTs relate to the building of the client relationship and ways of working. Mentioned also was the need for HTs and also referring agencies to explain clearly the role of the HT and what the service can offer in order to pre-empt false expectations and disappointment.

This evaluation was subject to a number of limitations, and provides recommendations for future work:

- From the analysis conducted for this project, we suspect that the outcome of the HT programme may vary depending on client's goals, individual HTs, the local area or other factors such as the client's stage of change. However, due to the lack of background data for each case story, we were unable to examine these potential differences.
- Analysis using a narrative approach may be useful in exploring the case stories further, however this was limited by the structured and brief nature of many of the stories
- The templates, although useful for providing structured feedback, were limited in their scope for in-depth responses; further evaluation using interviews and more unstructured written feedback would likely further illustrate the extent of the impact of the HT programme.

Appendix One: Case story templates

Health Trainer Service Case Stories – About the Client

Name _____

Contact details (phone/email) _____

Date _____ Health Trainer Hub _____

Which Health Trainer service do you work for? _____

Describe your client, e.g. age, gender, ethnicity, special needs etc, and how you made contact with this person? _____

_____

What did they want help with (primary issue and any other issues)? _____

_____

How did you help this person and what worked well? _____

_____

What difficulties did you have and how did you overcome them? _____

_____

What did this person achieve, including changes to their lifestyle? _____

_____

What did you learn from helping this person? What would you do differently next time? _____

_____

In 50 words or less, please tell us how the client benefitted from working with you _____

_____

_____

_____

_____

_____

_____

	Yes	No
Would you be happy for this information to be used in future analysis of the Health Trainer service?	◯	◯
Would you be happy for this information to be used to publicise the work of Health Trainers?* (* No personal information or individuals' names will be used)	◯	◯

Signed _____

Health Trainer Service Case Stories – In their own words

Client's name _____

Health Trainer's name _____

Which Health Trainer service did you attend? _____

Contact details (phone/email _____

Where did you first hear about the Health Trainer Service? _____

_____

Why did you get in touch with the Health Trainer service? _____

_____

What did you want help with? _____

_____

What did the Health Trainer do to help you with this? _____

_____

_____

Did the Health Trainer help you achieve what you wanted? _____

_____

_____

What did you personally achieve from working with the Health Trainer _____

_____

_____

In 50 words or less, please tell us what difference this has made to you _____

_____

_____

_____

_____

_____

	Yes	No
Would you be happy for this information to be used in future analysis of the Health Trainer service?	◯	◯
Would you be happy for this information to be used to publicise the work of Health Trainers?* (* No personal information or individuals' names will be used)	◯	◯

Signed _____

Appendix Two: Case stories

From a Health Trainer using an alternative template

Gender: Female **Age:** 47

How did they find out about the service?
Heard of service through GP

Additional Client Info
- Under Rape Crisis
- On medication for depression (more than one medication)
- Unemployed
- Alcohol dependant

What were their goal/goals?
Main goal was to reduce and stop alcohol altogether.

Client is entitled to service and a PHP was put together regarding healthy living & wellbeing, this also included support in maintaining a better standard of living at home in regards to cleaning and organising her home.

Referred to Oasis / SMART to reduce the alcohol and provide the correct medication in the future to stop the alcohol consumption altogether. This programme also includes counselling which the client, who wanted their Health Trainer involved in the first two sessions for support.

Healthy Lifestyle
Client is on the right track to maintaining a better healthy lifestyle. She is eating a healthier diet and exercising with a neighbour's dog. Also she has stopped using alcohol since November 2012.

The counselling with Oasis and Rape crisis is still on going.

Two further sessions have been arranged. The Health Trainer has been able to in more than one way. Building trust and giving the best support they could. This included providing relevant information when necessary.

Any challenges faced?
The challenge faced was building trust and not letting the client down. There were initial problems with SMART in regards to appointments BUT the Health Trainer was able to get things back on track.

From a Health Trainer without a template

Brief outline: In May 2011 I embarked on my role as a health trainer. I was introduced to a client who wanted to improve his physical activity by one of the probation officers. I introduced myself to the client and explained my service. We built up a good rapport and he engaged well. He disclosed the circumstances around his offence and we came to the conclusion that he needed to channel his negative energy more positively. He came across a very angry, frustrated man. We agreed to meet at a later date and I took him to a local gym that I have built up a good relationship with where I can get clients a free one day gym pass and also cheaper rates for casual users. After a brief induction, we were allowed access to use the gym. My client had never used free weights before so I taught him how to warm up correctly and use muscle resistant techniques. After our first encounter he enjoyed the experience and proceeded to join the gym.

Actions: Since Mr X has increased his physical activity his self esteem and outlook on life has improved. He is less frustrated and now looks at his part in his offending behaviour and now he is able to forward think when confronted with situations which he may have otherwise reacted negatively. On our last meeting he disclosed to me that since joining the gym he has reduced his drinking and drastically reduced his smoking to only when drinking which is only on the weekends when he is not working. Due to financial difficulty he cannot afford his membership but has joined the local lacrosse team which keeps him positive and active.

Conclusion: I am so proud that the efforts that Mr X has made in his life and glad to be a part of his process of change. He is now able to address the consequences of his actions and it is very rewarding to have made an impact on someone else's life in my role as a health trainer.

From a client using a template

Where did you first hear about Health Trainers? Friend recommended

Why did you get in touch with the Health Trainer service? Feeling old and sluggish - overweight

What did you want help with? Weight loss but mainly mobility

What did the Health Trainer do to help you with this? Gave advice and leaflets on diet. Accompanies on walks, came swimming with me to boost confidence. Generally got me involved in more sport

Did the Health Trainer help you achieve what you wanted? She was excellent in her advice and encouragement. My home life does not help as commitments to elderly family

What did you personally achieve from working with the Health Trainer? A greater feeling of worth, a desire to do more as I feel better for it

In 50 words or less, please tell us what difference this has made to you? It has lifted my spirits and made me much happier. I now want to feel and be healthier and if I flag Alison will get me back on track. Taking up cycling and looking into green bowling starting in Sept.

From a client using a template

Where did you first hear about Health Trainers? Through my workplace

Why did you get in touch with the Health Trainer service? Because I had been before and I got really good results

What did you want help with? Weight loss, healthy eating

What did the Health Trainer do to help you with this? She gave me information and motivation

Did the Health Trainer help you achieve what you wanted? Yes, I lost 10lbs in 8 weeks

What did you personally achieve from working with the Health Trainer? I learned to use strategies that helped me plan for days that I may be tempted

In 50 words or less, please tell us what difference this has made to you? I feel confident and motivated and feel able to continue with the advice after I have finished the HT session