



HYNDBURN'S BIOPSYCHOSOCIAL PRINCIPLES TRAINING

Evaluation Report: January 2025



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THE INTRODUCTION

WHAT'S THIS PROJECT ALL ABOUT?



The Hyndburn Way is all about improving health and tackling inequality in Hyndburn. With support from the National Lottery, this project brings together people from the local council, healthcare providers, public health teams, and community leaders. A big part of this effort is creating a training program based on the biopsychosocial model, helping local practitioners better support people with complex needs.

The **biopsychosocial model** considers the interplay between physical health, mental wellbeing, and social factors, highlighting how these interconnected elements influence the overall health of individuals and populations. When this project started in January 2024, we knew there were already skilled practitioners in Hyndburn doing amazing work, even though they weren't all professionally qualified. We also saw examples of great biopsychosocial practices in some organisations, but they were often isolated. Recognising the importance of a skills mix to

maximise health and social care resources, this project aimed to unify these efforts by **creating an evidence-based training package** for Hyndburn's healthcare practitioners - one rooted in biopsychosocial principles, equipping them with consistent tools for holistic, high-quality support.

This evaluation report is aimed at the Hyndburn Way Steering Group, National Lottery funders, and other key stakeholders involved in this initiative. It reflects on the project's initial objectives, evaluates its progress, and addresses key questions like:

- * To what extent have we improved understanding of 'link workers' - non-professionally qualified health and social care practitioners - in Hyndburn?
- * To what extent has the project fostered stronger collaboration among link workers, and how has this impacted their practice?
- * Did we create a clear and actionable definition of 'biopsychosocial' that supports link workers in their roles?
- * What was the impact of the biopsychosocial training and support package on those who attended?
- * And, crucially, how has this project improved the experience and outcomes for patients accessing support in Hyndburn?

By reflecting on what worked well and what could improve, we hope this evaluation will guide future efforts to **make Hyndburn a healthier, more connected community**.

THE CONTEXT

WHAT DID THE PROJECT DELIVER?

This project has delivered two key outputs: a situational analysis report and a training and support package.

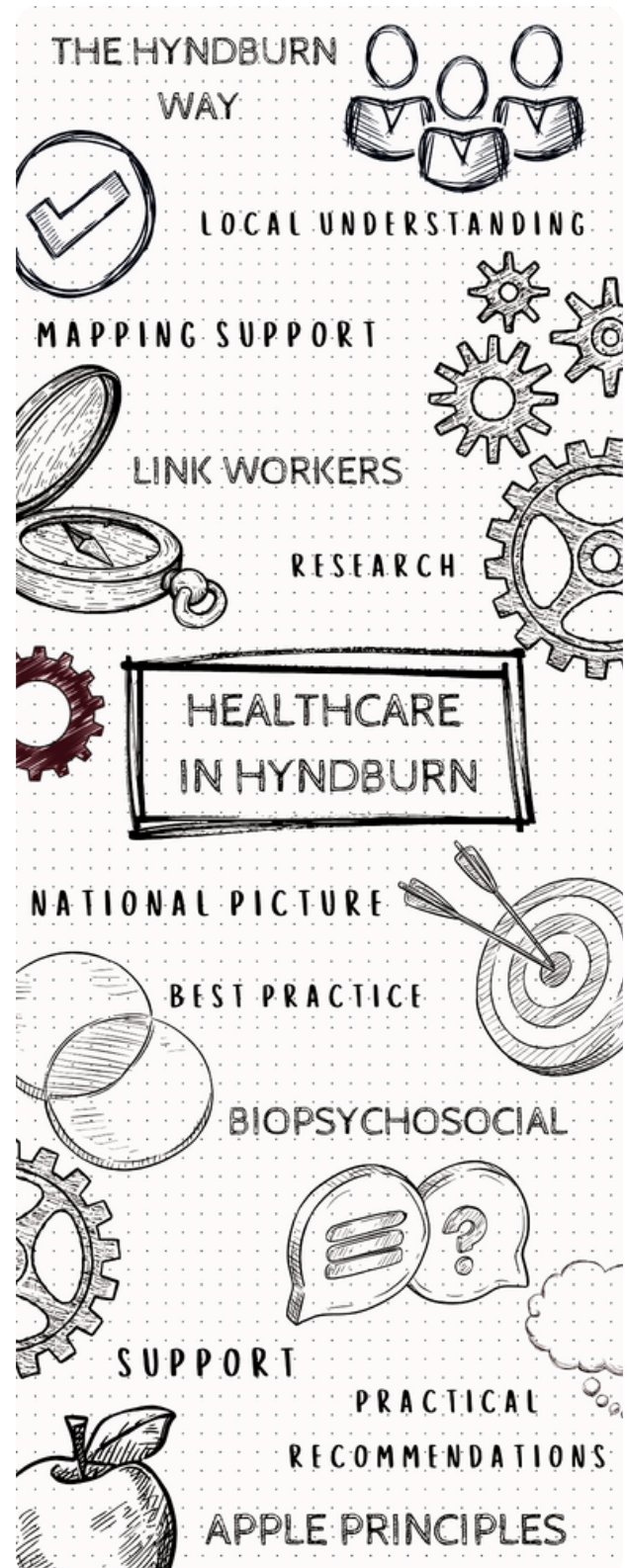
1. SITUATIONAL ANALYSIS

The situational analysis provided a critical foundation for the project, offering a detailed understanding of the existing landscape in Hyndburn.

Key achievements included:

- * **Mapping local link workers:** This exercise identified the roles, numbers, backgrounds, and training of link workers, highlighting gaps and opportunities for tailored support.
- * **Definition of the biopsychosocial (BPS) model:** A practical, research-informed definition was developed to ensure all practitioners could apply the BPS model consistently.
- * **Development of BPS principles:** As part of this project, the APPLE principles were developed, drawing on research into how health-based organisations across the UK successfully implement a BPS approach. This simple yet effective framework bridges theory and practice, supporting practitioners in integrating the BPS model into their daily work.

These outputs addressed the lack of a shared understanding and consistent practices, setting the stage for the subsequent training program.

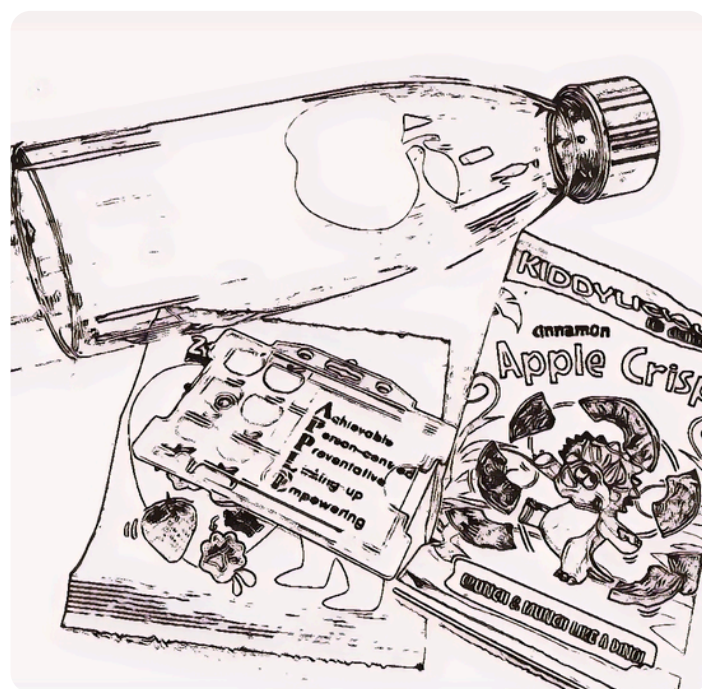


2. TRAINING PACKAGE

The training package brought the APPLE principles to life, equipping link workers with the knowledge and tools to better support service users. Key features included:

- * **Action learning:** Delivered to 16 attendees across three half-day sessions, these workshops focused on practical application of BPS principles. The month-long intervals between sessions allowed participants to practice and reflect on their learning before progressing.
- * **Expert facilitation:** Led by Rose Harvey, a qualified trainer, with contributions from guest speakers, the sessions offered a blend of expert guidance and diverse perspectives on the BPS model.
- * **Building bridges:** Designed to foster collaboration, the sessions included tasks that encouraged participants to connect with each other between workshops, helping to establish a peer network aimed at lasting professional support.

Both deliverables were created to support link workers in Hyndburn with the tools, knowledge, and networks needed to better support their communities. The following sections of this report evaluate the impact of these initiatives and explore how well they achieved the intended outcomes.



THE BIG PICTURE

IMPACT AT A GLANCE

16

Hyndburn link workers were identified and invited to attend the training, equipping them with practical tools to better support the local community

TANGIBLE OUTCOMES

Every participant could describe concrete examples of how the training positively impacted their service users. For more details, see page 8.



The training has left the team

GENUINELY INSPIRED

and I can see it in how they now interact with patients. They're taking more time during initial assessments, really diving deeper into the broader aspects of health.

100% GAINED NEW SKILLS

Initially, participants rated themselves as 'not at all' or 'somewhat familiar' with the BPS model; by the end, all rated themselves as 'very confident.'

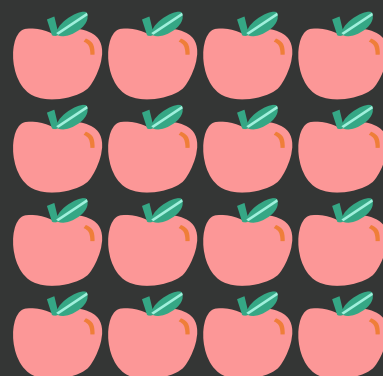
IMPROVED REFERRAL PATHWAYS

The training fostered meaningful relationships between participants, leading to ongoing meet-ups and the creation of a peer network for continued collaboration.



RELEVANT + SCALABLE

Every participant agreed that the APPLE principles were highly relevant to their roles, with 100% advocating for this training to be shared more widely with other healthcare professionals



THE METHOD

HOW DID WE EVALUATE THE PROJECT?

To evaluate the impact and effectiveness of the Hyndburn Way's biopsychosocial training program, we adopted a **mixed-methods approach**, gathering both quantitative and qualitative data from multiple sources:

PRE-COURSE SURVEY

Administered to all participants before the training began, this survey assessed their initial understanding of the biopsychosocial (BPS) model. The results established a baseline for measuring changes in knowledge and perspectives following the training.

SESSION FEEDBACK

After each of the three training sessions, participants completed structured questionnaires to capture their immediate reactions, learning experiences, and suggestions for improvement. These provided real-time insights into the program's effectiveness.

STAKEHOLDER INTERVIEWS

Conducted three months after the training, these 1-2-1 interviews explored how the training had influenced practice and allowed us to examine longer-term impacts. Using the 'Most Significant Change' method (Appendix 1), we identified key shifts in practice and outcomes.

By triangulating data from these sources, we aimed to bring together participant experiences and broader stakeholder perspectives to **identify patterns and assess the program's effectiveness**, reflecting on the extent to which the following original desired outcomes have been achieved:

- * **A better understanding of BPS theory and practice:** Enhancing knowledge among health and social care organisations in Hyndburn and creating a shared understanding of BPS practice for non-professional health and social care workers.
- * **Improved knowledge of the link worker cohort in Hyndburn:** Gaining a understanding of the roles, backgrounds, and skills mix.
- * **A training and support package:** Developing a training framework in BPS principles that could be adapted for use in a variety of settings in the future.
- * **Participation by Hyndburn's link workers:** Engaging multiple link workers across Hyndburn.
- * **A more engaged, confident, and supported cohort:** Building a network of link workers who feel equipped, confident, and supported in their roles.
- * **Sharing and supporting best practices:** Facilitating the exchange of best practices for engaging and treating patients with complex needs through the BPS model.

THE IMPACT

IN THEIR WORDS

THE TRAINING GAVE US A FRAMEWORK OF HOW TO APPROACH OUR JOBS. IT CREATED SHARED KNOWLEDGE AND UNDERSTANDING BETWEEN US - AND WE NOW USE IT AS A LANGUAGE TO TALK TO ONE ANOTHER.

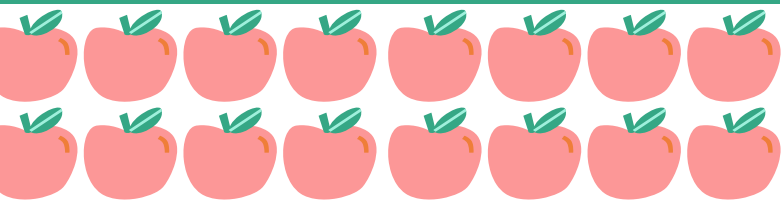
IT'S GIVEN US THE CONFIDENCE TO DELVE INTO THE EMOTIONAL OR SOCIAL ASPECTS THAT MIGHT BE AFFECTING PHYSICAL HEALTH AND TO PRIORITISE THESE AREAS.

THIS HAS SPARKED A GREATER APPETITE FOR LEARNING AND DEVELOPMENT WITHIN THE TEAM, AND THEY'RE EAGER TO CONTINUE GROWING THEIR SKILLS.

IT'S MADE THINGS CLEARER TO ME - HOW IT'S REALLY IMPORTANT THAT WE LINK ALL DIFFERENT SERVICES TOGETHER TO FULLY SUPPORT SOMEONE'S HEALTH.

THIS TRAINING HAS IMPROVED MY JOB SATISFACTION AND REAFFIRMED THAT I'M DOING A JOB THAT MAKES A DIFFERENCE

I'VE NOTICED MY TEAM ARE FAR MORE CONFIDENT IN THEIR ROLES AND THE TYPE OF CARE THEY'RE ASPIRING TO PROVIDE. THIS TRAINING HAS GIVEN THEM THAT CONFIDENCE.



THE FINDINGS

WHAT CAN WE LEARN FROM OUR EVALUATION?

UNDERSTANDING THE BPS MODEL

The evaluation revealed significant improvements in participants' understanding and application of the BPS model. Pre-training surveys indicated that 75% of participants were either "not at all familiar" or "somewhat familiar" with the model. **Post-training, 100% reported feeling "very confident"** in applying BPS principles. Moreover, 100% of participants reflected that the APPLE principles were helpful to their roles, with specific examples demonstrating their practical use to address patient needs.

CONNECTING THE COHORT

A key achievement of the training was the development of a cohesive cohort of link workers in Hyndburn. Among the 16 participants, 90% highlighted the **peer network established through the project** as one of the program's most valuable outcomes. Post training, **this network has evolved** into regular meet-ups and sharing of resources, promoting ongoing collaboration and shared learning across organisations. Participants reported that this collective support has enhanced their confidence and ability to address complex cases effectively.

TRANSFORMING PRACTICE

Evidence from post-training interviews demonstrated **practical changes in participants' approaches** to patient care. For example, 80% of participants shared instances where they had integrated social and emotional factors into their assessments, alongside physical health. One participant stated, "The training helped me address the social aspects that were impacting my patients' physical health, **which led to better outcomes.**" These shifts indicate a tangible transformation in practice, emphasising holistic care.



COLLABORATION ACROSS SECTORS

The training facilitated stronger cross-sector collaboration. 85% of participants reported **improved referral pathways** and a clearer understanding of available resources. For example, participants noted enhanced partnerships between link workers, local charities, and healthcare providers, which directly benefited patients by streamlining access to comprehensive support services.

IMPROVING PATIENT OUTCOMES

The training's impact on patient care was substantiated by participants' feedback. 100% of participants provided **examples of improved patient outcomes**, such as helping individuals re-engage with community activities or addressing previously overlooked barriers to health. One participant shared, "After introducing a patient to a community crafting group, they reported feeling more connected and optimistic about their health." These outcomes underscore the program's ability to drive positive, **measurable changes in patients' lives.**

INSIGHTS FOR SCALING AND SUSTAINABILITY

While the training was highly effective, scaling it will require strategic adaptations. Feedback emphasized the importance of skilled facilitators, with 95% of participants noting that the facilitator's expertise significantly enhanced the learning experience. Additionally, the reliance on guest speakers was highlighted as a strength, but one that may be difficult to replicate without additional resources. **Moving forward**, regional tailoring and sustained funding will be critical to ensuring the program's scalability and long-term impact.



THE END RESULT

ONE PARTICIPANT'S STORY



When I first met this patient, it was clear she wasn't in a good place. At 69, she was new to the area and recovering from a recent hospital stay, but with no family or friends nearby to lean on. **A home visit revealed the extent of the challenges she was facing.** She didn't have a washer or cooker, and trips to the launderette were physically exhausting and eating into her limited budget. Her meals were restricted to what she could prepare with a slow cooker or microwave.

THE BPS TRAINING HELPED ME SEE HER SITUATION HOLISTICALLY, GIVING ME A FRAMEWORK TO THINK ABOUT HER HEALTH - NOT JUST HER PHYSICAL NEEDS BUT THE PSYCHOLOGICAL AND SOCIAL FACTORS IMPACTING HER WELLBEING.

The first thing I did was help her **apply for emergency funding** to ease her practical burdens. Within a week, thanks to the Household Support Fund, she had a washer, cooker, and heater. The relief on her face when I told her was unforgettable.

Next, I thought about how to rebuild her confidence and help her reconnect with the world. **I took her to a local community café** where she could meet new people in a warm, welcoming space. The volunteers were incredible and introduced her to a group of women who invited her to join their weekly meet-ups. One of them even arranged a haircut for her—something she hadn't been able to do in months. It's amazing how small gestures like that can make such a big difference.

Over the weeks, I saw her transform. It's not just about fixing practical issues—it's about seeing the person as a whole and helping them thrive. **By addressing her physical, psychological, and social needs, I could help her regain independence and a sense of belonging.**



Achieve
Personal
Prevent
Linking
Empower

“YOU’VE CHANGED MY LIFE,” SHE TOLD ME - AND MOMENTS LIKE THAT REMIND ME WHY I DO THIS WORK.

THE CHALLENGES

WHAT CAN WE LEARN FROM OUR EVALUATION?



We aimed to develop a BPS training package that could be "used in a variety of settings in the future." However, the challenges we encountered all centered on effectively scaling the training to ensure its success in diverse contexts:

01 ► MAPPING LINK WORKERS

The situational analysis showed that link workers in Hyndburn are employed across various organisations, not just directly through the NHS. This is likely the case in other regions too, meaning that thorough mapping of healthcare workers in these areas will require **separate, focused efforts** to ensure accurate and comprehensive understanding.

02 ► THE ROLE OF SKILLED FACILITATORS

At the outset, we anticipated creating training resources that could be shared freely with organisations across the UK. However, participant feedback highlighted a key reality: the role of the facilitator is central to the training's success.

Delivering this training effectively required more than a theoretical understanding of the BPS model. It demanded advanced facilitation skills and the ability to foster a psychologically safe environment where participants felt supported and engaged. One line manager reflected: "I'd be cautious in how this training is rolled out further. Not everyone has the same way about them or skills that [this facilitator] does, and I believe that's been key to delivering the training so effectively."

This insight has challenged the initial plan to rely solely on standalone resources. It emphasises the **importance of facilitators** who can balance subject matter expertise with the interpersonal skills necessary to create meaningful learning experiences. We therefore recommend that **further funding** is needed to expand this training to additional cohorts.

03 ► SCHEDULING

Coordinating in-person workshops was another significant challenge. While link workers are spread across multiple organisations within Hyndburn, a key aim of the project was to bring these workers together into a cohesive ‘cohort’ – and feedback shows that participants overwhelmingly valued the relationship-building and peer network created during the training. However, coordinating schedules to suit everyone proved difficult, with participants often balancing competing commitments alongside their training sessions. In some cases, participants were unable to attend certain sessions, requiring flexibility to catch them up outside workshops and adapt subsequent sessions to accommodate their needs. This underscores the importance of designing **flexible training solutions** to maximise participation and engagement.

04 ► BUY-IN FROM LINE MANAGERS

Buy-in from line managers was a key factor in the success of this training. In organisations where line managers actively supported their staff’s participation, the benefits were clear. Staff in these settings attended all sessions consistently, fully engaging with the training and taking away valuable insights to apply in their roles.

However, this experience was not universal. In some cases, while line managers appeared supportive in principle, their actions didn’t always align with this. Participants shared that they often faced challenges in attending sessions, struggling with competing priorities or a lack of active encouragement from their managers. This highlights the **critical role line managers play**—not just in approving attendance, but in championing the training as a priority for their teams. Moving forward, clear communication with line managers about their role and practical strategies to support their teams’ participation will be essential to overcoming these barriers.

05 ► KNOWLEDGE OF HYNDBURN

Guest speakers were another key feature of this training, with each session including at least one speaker from the healthcare sector. Session feedback consistently rated these speakers as a highlight, often describing them as ‘inspirational.’ However, due to demands on their time, these guest speakers may not be available if the training is rolled out more widely. Participants specifically valued the opportunity to meet these speakers in person and ask questions, making solutions like filming less effective in replicating the experience.

One potential approach could involve **location-focused training models**. This would entail supporting facilitators in conducting situational analyses tailored to their regions and designing sessions—including identifying guest speakers—informed by local needs. While this approach could maintain the personalized impact, it would require **additional funding** and resources to enable facilitators to take on this responsibility effectively.

THE OUTCOMES

HAVE THE INITIAL OUTCOMES BEEN MET?

BETTER UNDERSTANDING OF BPS THEORY AND PRACTICE

The situational analysis established a **clear definition of BPS**, drawing on theoretical research and best practices from healthcare organisations across the UK. It also identified key principles tailored for link workers, creating a foundation for shared understanding. The training deepened participants' knowledge of BPS. Pre-training surveys revealed that most participants were either "not at all familiar" or "somewhat familiar" with the BPS model, whereas post-training feedback showed **100% felt "very confident"** in applying BPS principles. Additionally, participants reported using a shared language to discuss BPS concepts within their teams, fostering consistent integration of the approach. Everyone interviewed post-training identified specific instances where the BPS APPLE principles **improved their interactions** with patients.

KNOWLEDGE OF HYNDBURN'S LINK WORKERS

The situational analysis conducted at the outset provided **detailed insights into the link worker cohort**, including their roles, training backgrounds, and organisational affiliations. This mapping exercise helped identify key gaps and opportunities, informing the design and delivery of the training program.

A TRAINING AND SUPPORT PACKAGE

The training package was developed and delivered as planned, comprising **three in-person workshops for 16** link workers identified in Hyndburn. The sessions introduced the APPLE principles as a practical framework for applying BPS concepts in practice. As discussed on page 11, scaling this package to other settings will require additional resources and careful consideration of regional needs. Participant feedback emphasised the importance of skilled facilitation and the inclusion of guest speakers, both of which were key to the program's impact.

PARTICIPATION BY HYNDBURN'S LINK WORKERS

16 link workers from various organisations within Hyndburn were **identified and invited to participate** in the training. Attendance rates were high, with most participants completing all sessions. Flexible scheduling and follow-up sessions ensured that even those who faced scheduling conflicts could benefit from the program.

A MORE CONFIDENT AND SUPPORTED COHORT

Participants overwhelmingly reported feeling more confident in their roles following the training. They appreciated the **peer network created** through the sessions, with many continuing to meet regularly for support and collaboration. This sense of connection and shared purpose has fostered a stronger, more cohesive cohort of link workers in Hyndburn.

SHARING AND SUPPORTING BEST PRACTICES

The training facilitated the exchange of best practices for engaging and supporting patients with complex needs. Participants **shared concrete examples** of how they applied BPS principles to improve patient outcomes, emphasising the holistic integration of physical, psychological, and social factors. These examples underscore the training's role in advancing patient-centered care across Hyndburn.

THE NEXT STEPS

WHERE DO WE GO FROM HERE?

This project has shown the value of a biopsychosocial approach. To build on this, we propose five key recommendations for expanding and sustaining its impact.

1. SECURING FUNDING FOR EXPANSION

The facilitator role has been critical to the success of this training, and expanding it will require additional funding. While a small portion of funding has been secured to extend the training to some VCFSE workers in Hyndburn, further investment is essential for a broader impact.

Recommendation: Seek funding for a ‘train the trainer’ program, enabling others across the UK to deliver the training and scale it efficiently without compromising quality.

2. EXPLORING SKILLS MIX WITHIN THE NHS

Link workers often come from varied professional backgrounds with limited access to CPD opportunities, underscoring the need for this type of training. Expanding the training to link workers across Lancashire would enhance their skills and foster a larger, connected cohort capable of delivering more coordinated support.

The Integrated Care Board (ICB) is best placed to lead this effort, given its role in integrating health and care services and its oversight of workforce development. Supporting this initiative aligns with the ICB’s goals of improving personalised, community-based care and fostering collaboration across NHS providers, local authorities, and VCFSE organisations.

Recommendation: Collaborate with the Integrated Care Board to secure support and resources for expanding the training to link workers across the region.



3. RAISING AWARENESS OF THE TRAINING

Broadening awareness of the training and its benefits is critical for encouraging uptake by other organisations and securing additional funding.

Recommendation: Develop a communications strategy to share the project’s successes through reports, webinars, and conferences. Highlight case studies, such as this project’s outcomes, to demonstrate the practical application of the BPS model.

4. INTEGRATING TRAINING INTO LOCAL STRATEGIES

Embedding the training into local strategies will ensure ongoing support and alignment with broader health and social care goals.

Recommendation: Advocate for the inclusion of the training within new local plans such as Hyndburn’s Health and Wellbeing Strategy, ensuring it complements key policy priorities.

5. APPLYING THE MOST SIGNIFICANT CHANGE METHODOLOGY

The Most Significant Change (MSC) methodology has proven effective in identifying and demonstrating the impacts of this project. It offers a structured way to capture meaningful outcomes.

Recommendation: Encourage the application of the MSC approach to other projects commissioned by The Hyndburn Way and local organisations. (See the appendix for further details on implementing this methodology.)



APPENDIX

WHAT IS THE MOST SIGNIFICANT CHANGE EVALUATION MODEL?

The Most Significant Change (MSC) model is a qualitative evaluation method that captures significant changes experienced by individuals affected by a project. Stakeholders share impactful stories, which are reviewed and selected by a panel to highlight key outcomes. MSC is useful for understanding complex, multidimensional impacts, promoting stakeholder engagement, and guiding organizational learning through real-world experiences.

WHAT'S THE RESEARCH BEHIND THIS APPROACH?

Davies and Dart (2005) formalised the MSC method as a qualitative evaluation approach, establishing its foundation in participatory evaluation. Subsequent studies have highlighted its strength in engaging stakeholders to capture real-world outcomes, while research by Borrell-Carrió et al. (2004) underscores the importance of incorporating subjective experiences to complement quantitative data. Additionally, MSC's iterative story-selection process aligns with reflective learning theories, fostering deeper organizational insights and adaptability. Together, these elements make MSC highly effective for capturing complex and unexpected impacts, particularly in sectors such as health and development.

HOW DO I USE THIS APPROACH TO EVALUATE MY OWN PROJECT?

- 1. Define Domains of Change:** Identify key areas where the project aims to create impact. In this case, we focused on improving biopsychosocial awareness, enhancing practitioner skills, and fostering collaborative approaches to support complex service users' needs.
- 2. Collect Stories:** Ask stakeholders to share stories of significant changes they've experienced due to the project. For example I engaged with social prescribers who had engaged in the training and their line managers to gather stories of their successes, beginning with broad questions such as *'Reflecting on your work before and after the training, what is the most significant change you have noticed in how you approach patient care, and why is this change important to you?'*.
- 3. Select Stories:** Form a review panel to evaluate and select the most significant stories, discussing why they matter.
- 4. Analyse and Reflect:** Identify common themes and lessons from the selected stories to understand project outcomes. For an example of how to do this, see page 9.
- 5. Share Findings:** Communicate the stories and insights with stakeholders to demonstrate impact and guide future decisions.

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