The current and potential contribution of allied health support workers to public health

End of study report

Funded by Public Health England

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Particular thanks go to the AHP managers who helped to disseminate the surveys.

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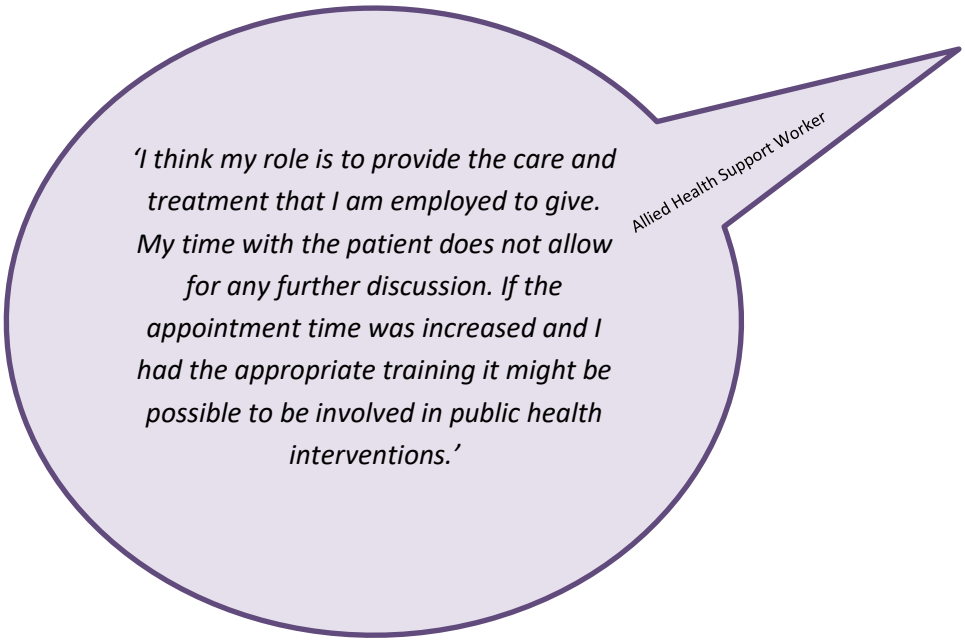
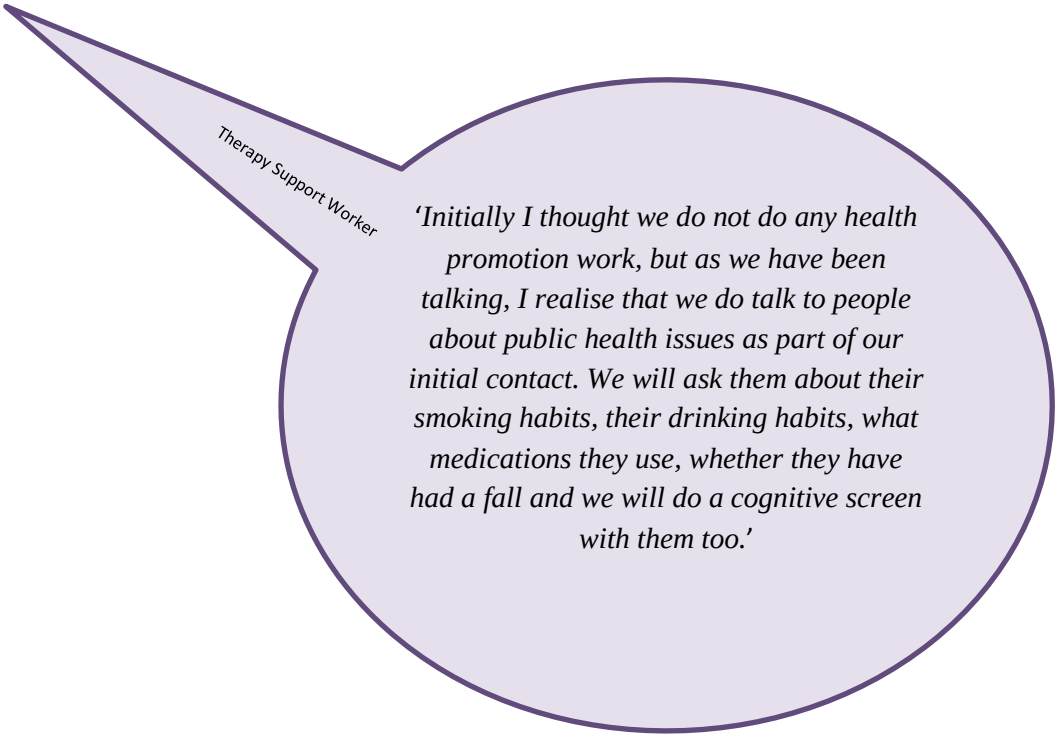

Allied Health Support Worker
'I think my role is to provide the care and treatment that I am employed to give. My time with the patient does not allow for any further discussion. If the appointment time was increased and I had the appropriate training it might be possible to be involved in public health interventions.'


Therapy Support Worker
'Initially I thought we do not do any health promotion work, but as we have been talking, I realise that we do talk to people about public health issues as part of our initial contact. We will ask them about their smoking habits, their drinking habits, what medications they use, whether they have had a fall and we will do a cognitive screen with them too.'

Executive Summary

The increase in evidence of the contribution that allied health professionals make to the public health agenda, and the upsurge in recognition of the importance of the support workforce to delivering care, led Public Health England to commission this small study. The aim of the study was to develop a greater understanding of the current and potential contribution that allied health support workers make to public health. Most of the data was collected from allied health support workers and allied health professionals employed in England, although some data was collected from these staff groups working in the other three Home Nations, particularly Wales.

The study included two surveys: one completed by 244 allied health support workers and the other completed by 193 allied health managers. Two focus group workshops were held and additional information was sourced from Allied Health Professional Bodies.

The study found

- **There is considerable potential to increase allied health support workers' engagement in public health activity, particularly in supporting patients with chronic conditions; providing advice on falls prevention, diets and smoking cessation;**
- **Allied health support workers lack awareness of their current engagement, or potential for engagement, in this type of work;**
- **Less than half of the allied health support workforce are engaged in healthcare public health activities;**
- **The main health protection activity that allied health support workers are engaged in is infection control;**
- **Fewer than 30% of the allied health support worker respondents are engaged in promoting health improvement;**
- **Allied health support workers perceive promoting healthy environments as a mainstream component of their work;**
- **Many regulated allied health professionals, and many allied health support workers, do not fully appreciate that the allied health support workforce has a role in delivering public health messages;**
- **Less than a quarter of the support workers had received any education and training, either about public health priorities, or when and how to give a public health message.**

The allied health professionals and allied health support workers identified several barriers, which currently limit more allied health support worker engagement in public health activities, including time constraints, lack of capacity, limited funding and resource constraints.

The authors have drawn the following recommendations from the study in the hope, that if adopted, the potential for the allied health support workers to more effectively engage in and deliver public health messages will be realised.

1. **Allied health support workers should be encouraged to fully recognise their existing contribution to the public health agenda; the importance of sharing, with their colleagues, their current level of engagement in public health activities, and also their potential to become more involved in public health activities.**
2. **Allied health professionals working with allied health support workers should gain a greater understanding of which public health activities the allied health support workers are already engaged in, and which ones they could be involved in**.
3. **Public Health England, trusts and clinical departments should take a strategic approach towards identifying which opportunities allied health support workers have, and potentially could have, to engage in public health activities.**
4. **All allied health professional bodies should review the guidance they give their members about effective engagement in the public health agenda.**
5. **Health service provider organisations, that have a strategic commitment to public health, should ensure that their allied health support workers are enabled to develop the knowledge and skills to competently and effectively engage in this agenda.**

1.0 Introduction

This report presents the findings of a Public Health England (PHE) funded small scale study into the contribution that allied health support workers (AHSWs) currently make to public health and the potential to increase their involvement. It has been written specifically for the Lead Allied Health Professional at PHE. However, the authors believe it will also be of interest to managers of allied health services and allied health professional bodies.

The allied health support workforce

The NHS employs over 340,000 support workers[1]. This is 40% of the total NHS workforce[2] which provides at least 60% of the patient facing care. Since the publication of the Francis Inquiry report[3] there has been a growing realisation that, with the correct investment in their development, the support workforce has even greater potential to contribute to the provision of health and social care. It is recognised that support workers play a key role in promoting and maintaining the health, safety, independence, comfort and wellbeing of individuals and their families[4].

The AHSWs are the group of unregulated support workers who help Allied Health Professionals (AHPs)[a] deliver the services they are responsible for. Recent studies[5, 6] have shown that this support workforce has an increasingly important role across the NHS, social care, independent and voluntary sectors in supporting a wide range of health professionals. It is also acknowledged that AHSWs spend most of their working day with patients and that the support workers' role is vital to the patients' recovery[7].

The allied health approach to public health

In March 2015, The Royal Society for Public Health and Public Health England jointly published Healthy Conversations and the Allied Health Professionals[8]. This report of a study of 1016 AHPs found that: *'over three quarters agree that their role does provide opportunities for healthy conversations; over four fifths said that health improvement or preventing ill health was already incorporated into their daily practice.* It also noted that *'almost 9 out of 10 of the 2106 members of the public who responded to the Populus poll would trust such advice if it came from AHPs.*

Later that year Public Health England and Allied Health Professions Federation (AHPF) jointly published a strategy[9] based on the four domains[b] of the Department of Health's Public Health Outcomes Framework. This strategy was designed to support the engagement of allied health professionals in public health. It highlighted the fact that AHPs contribute to the public health agenda '*through their work on physical, mental and social health with individuals, communities and populations* across these domains. In this strategy, the AHPF provided examples of the different ways that AHPs can contribute to public health (figure 1). Despite the importance of this strategy to the AHPs and the services they provide there was no mention in this document about the AHP support workforce.

This study

This six-month study aimed to develop a greater understanding of the current and potential contribution that AHSWs make to public health as part of their daily work with individual patients. The focus of the

[a] AHPs included in this work are Arts (Art, Drama and Music) Therapists, Dietitians, Occupational Therapists, Orthoptists, Paramedics, Physiotherapists, Podiatrists, Prosthetists and Orthotists, Radiographers (Diagnostic and Therapeutic) and Speech and Language Therapists.

[b] The four domains of Public Health Outcomes Framework are: healthcare public health, health protection, health improvement, wider determinants of health.

study was England, although some information was sourced from the other three Home Nations, particularly Wales. The team elected to use the AHPF suggested public health activities (figure 1) as a framework to gather data for this study.

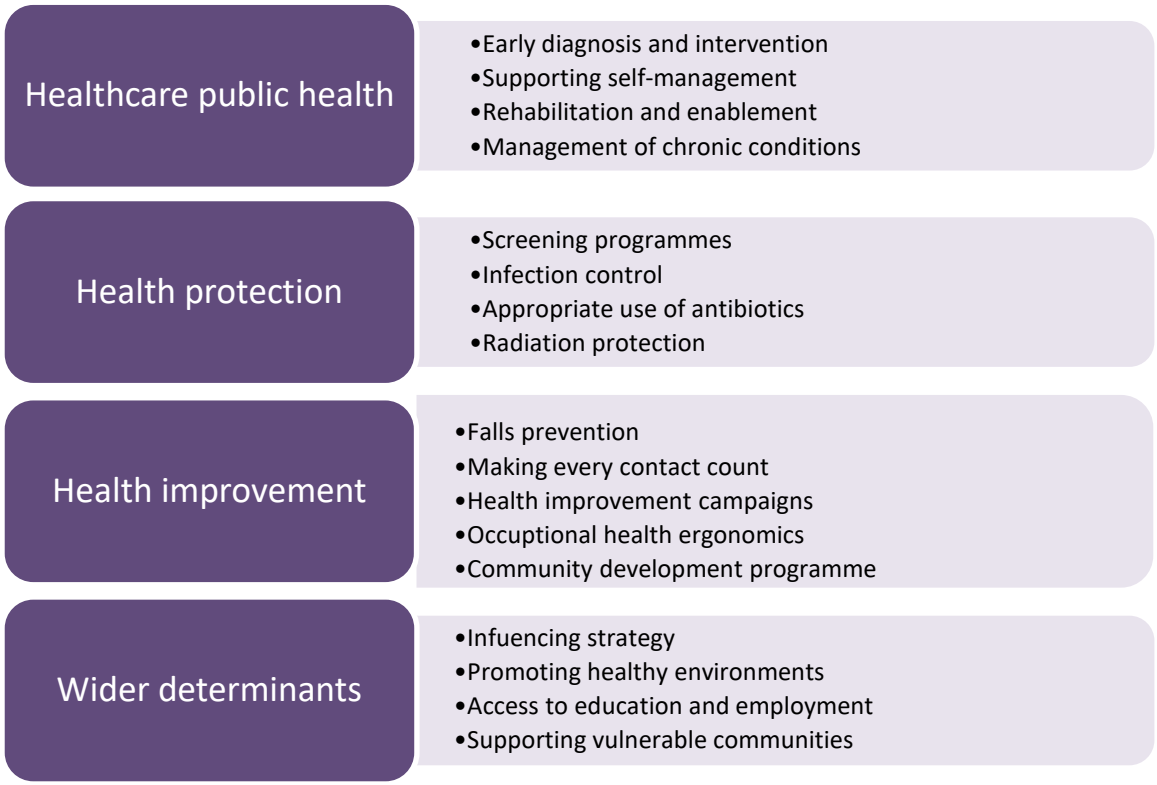


Figure 1 AHPF suggested activities by Public Health Domain

2.0 Methodology – developing our understanding of the contribution that allied health support workers make to the public health agenda

The approach to collecting the data was pragmatic and based on the assumption that the findings would give an insight rather than develop a comprehensive understanding. There were three separate data collection activities (figure 2): online surveys - one to AHSWs and one to AHP managers; workshops (one in London and one in Manchester) and a review of professional body guidance, about public health. These activities are described below and the specific questions asked are included in the appendix (section 7).

The data collected from the AHSWs was supplemented by data collected from a separate group of AHSWs who attended focus groups, during the same period, set up as part of a Health Education England North Central East London funded project (SWAP)[10].

Figure 2 Data collection activities

2.1 Surveys

The two online surveys were distributed via AHP manager networks. The managers were asked to forward the **Support Workers' Survey** link to AHSWs employed in their department . They were also invited to complete the **Managers' Survey**. This was followed up by a request to two AHP professional bodies (British Dietetic Association and Society and College of Radiographers) to promote the survey amongst their support worker members. These two professional bodies were asked to help in this way as the information they provided under 2.3 below stated that they actively communicate with support workers and maintain an up to date contact list.

The focus of the surveys was to capture a) the AHSW's engagement in public health and b) their managers opinions about the AHSW's level of engagment and the opportunities for further engagement in public helath activities. Information was sought about:

- **Current AHSW involvement in public health messaging**
- **Education and training for AHSWs to deliver public health messages**
- **Opportunities and barriers for AHSWs to be engaged in the public health agenda**

Some of the activities explored in the Support Workers' Survey were adapted to the make the questions as relevant as possible to the potential respondent. For example, influencing strategy and occupational health ergonomics were not included, but making every contact count was expanded to include dietary advice concerning excess weight in adults; promoting the value of smoking cessation; promoting the value of physical activity; support for those with diabetes, and support for those with alochol related problems.

A total of 244 Allied Health Support Workers and 193 AHPs responded to their corresponding survey. The profile of respondents by country, region of England and service/department is summarised in the appendix in section 7.

2.2 Workshops

AHSWs and AHPs were invited to attend one of two project workshops, one in Manchester and the other in London. The three AHPs and ten AHSWs were invited to discuss their level of engagement in the AHPF suggested activities[9].

2.3 Professional Bodies' guidance

All twelve of the AHP professional bodies were invited to comment about the public health guidance they provide their members. Nine professional bodies provided information for this study (section 7).

2.4 Limitations

Although a large amount of data was collected from this small-scale study, a high percentage of the respondents were working in dietetic services, therapy services or diagnostic imaging. This response profile is attributed to the robust networks that support these groups. Some of the AHP professions and services were either under-represented or not represented at all amongst the respondents. Nonetheless, this report provides useful background to the contribution that allied health support workers make to public health.

3.0 Summary of the main findings

3.1 AHSWs' current and potential engagement in public health activities

This section presents the summary of the key findings from the study. Of the 244 AHSWs who responded to the support worker survey 5% are employed at Band 2, 46% are employed at Band 3, 46% at Band 4 and 3% at Band 5. 34% work part-time, the majority of whom work four days a week or five shorter days. As there is no standardised job title for this workforce, service provider organisations apply locally determined titles. However, 68% of the respondents' job titles include the word assistant. Some of the titles are very generic e.g. Assistant Practitioner and some very specific e.g. Assistant Practitioner in Mammography. This workforce is reported to remain in post for a relatively longer period than their registered colleagues. 24% of the AHSWs reported being in post for more than 11 years, 43% five to ten years and 33% less than a year.

The departments that the AHSWs work in are listed in the appendix (section 7). The activities that they undertake are wide ranging and vary by department. Some of the AHSWs are primarily employed in a solely clinical role and the tasks they perform are delegated by a registered AHP, others have a role that combines administrative tasks and clinical work.

The ASHWs were asked to identify which public health priorities, listed under the four domains of the Public Health Outcomes Framework[8] (healthcare public health, health protection, health improvement, improving wider determinants of health), they have the opportunity to contribute to. Added to these findings are those from the Managers' Survey and the workshops. A key point that was raised during the workshops was the AHSWs' lack of awareness of their current engagement or potential for engagement in this type of work and often the simple fact of asking them about their level of engagement raises their awareness of the many opportunities that they do have.

Another general observation made by the participants was that often the qualified AHP staff do not appreciate that the support workers have a role in public health. However, the support workers noted they may be rather more willing to be engaged, and more importantly, the patients may be more willing to discuss some of these issues with them rather than the registered practitioner.

Healthcare public health

Under the healthcare public health domain, the AHSWs reported being more engaged in supporting self-management, and rehabilitation and enablement, rather than supporting those with chronic conditions or those who have recently been transferred into the community to reduce the risk of readmission (figure 3). However, it was disappointing to note that the overall response count for this domain reveals that more AHSWs are **not** engaged in healthcare public health activities than are. Nonetheless, those who are engaged identified a number of healthcare public health activities that they would normally carry out as part of their routine work, illustrated in figure 4.

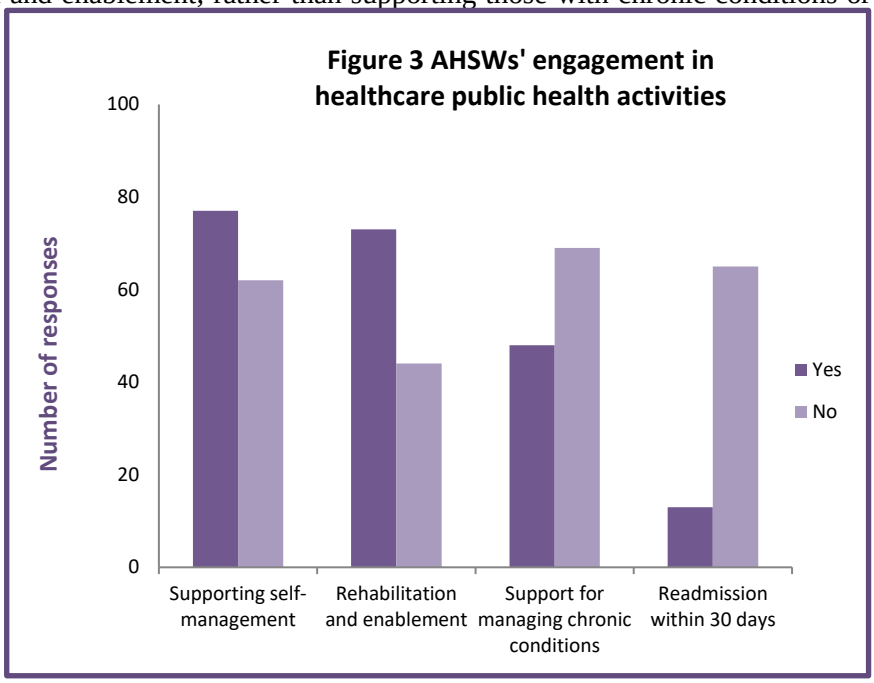


Figure 4 Examples of healthcare public health activities that AHSWs are currently engaged in

Supporting self-management

- *Advice about weight management for adults and children and those with learning disabilities*
- *Support with practical cooking*
- *Support for activities of daily living including those with osteoarthritis*
- *Support for behaviour change (e.g. reduce screen time and use of dummies) including relaxation and meditation*
- *Support for those with dysphagia and other swallowing difficulties*
- *Support for volunteers who support others to self-manage*

Rehabilitation and enablement

- *Cardiac rehabilitation*
- *Community rehabilitation*

Support for managing chronic conditions

- *Support patients with chronic conditions*
- *Support patients who have suffered a stroke to reduce the risk of a further stroke*
- *Facilitate attendance at health appointments*
- *Support for children with chronic renal disease*
- *Support patients who are having home enteral feeds*

The AHPs, who responded to the Managers' Survey, provided information about the opportunities that AHSWs who work in their department, have to engage in healthcare public health activities. The AHPs responses are illustrated in figure 5 (page 15). Their opinion is that opportunities regularly occur in the areas of supporting self-management, rehabilitation and enablement, and management of chronic diseases.

Allowing for the fact that naming this workforce is an ongoing challenge, the AHPs reported that AHSWs who have the greatest opportunity to deliver healthcare public health messages are Dietetic Assistants, Physiotherapy Assistants, Therapy Assistants and Occupational Therapy Assistants. One senior therapist provided a very detailed comment about how they use AHSWs to engage in healthcare public health activities.

All workshop participants advised that supporting self-management is a large part of their daily work and their services are more consultative than they used to be, that the AHSWs are very engaged in this activity and have been trained in-house to undertake this work. As one therapy support worker explained, '*a big part of our role is making recommendations and advising people on how they can manage aspects of their daily lives'*.

The occupational therapy support workers suggested that three categories in this domain: supporting self-management; rehabilitation and enablement and management of chronic conditions are all inter-linked as rehabilitation teams are *'all about enabling people to self-manage their chronic conditions'.*

The AHSWs working in A&E, and speech and language therapy support workers, who are employed in children's services, reported that early intervention is very important for their patients.

It was noted that AHSWs who have been in post for a long time feel confident to offer self-management advice but often the clinical leads argue that this is a Band 5 role.

'The whole purpose of my role is early intervention.'

Speech and Language Therapy Assistant

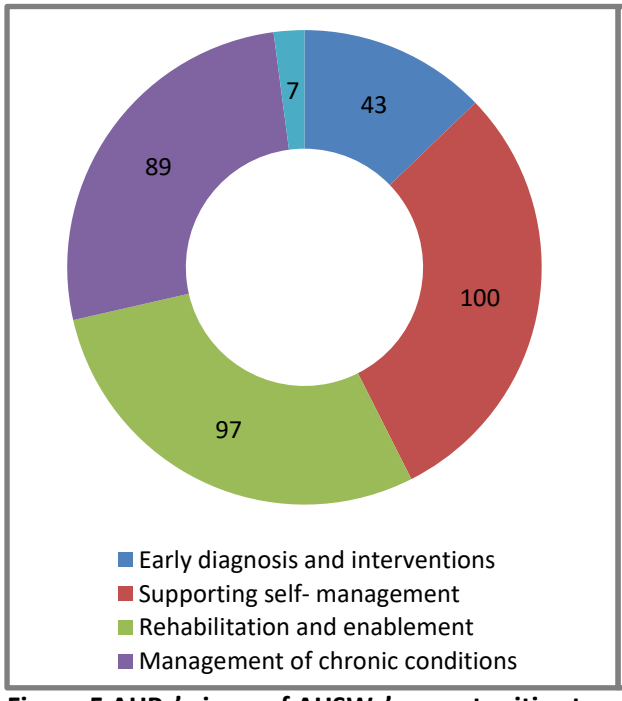


Figure 5 AHPs' views of AHSWs' opportunities to engage in healthcare public health activities

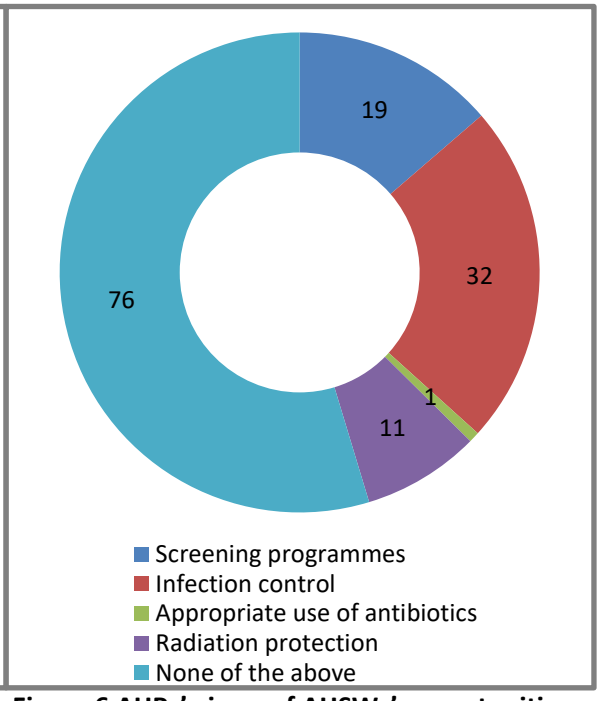
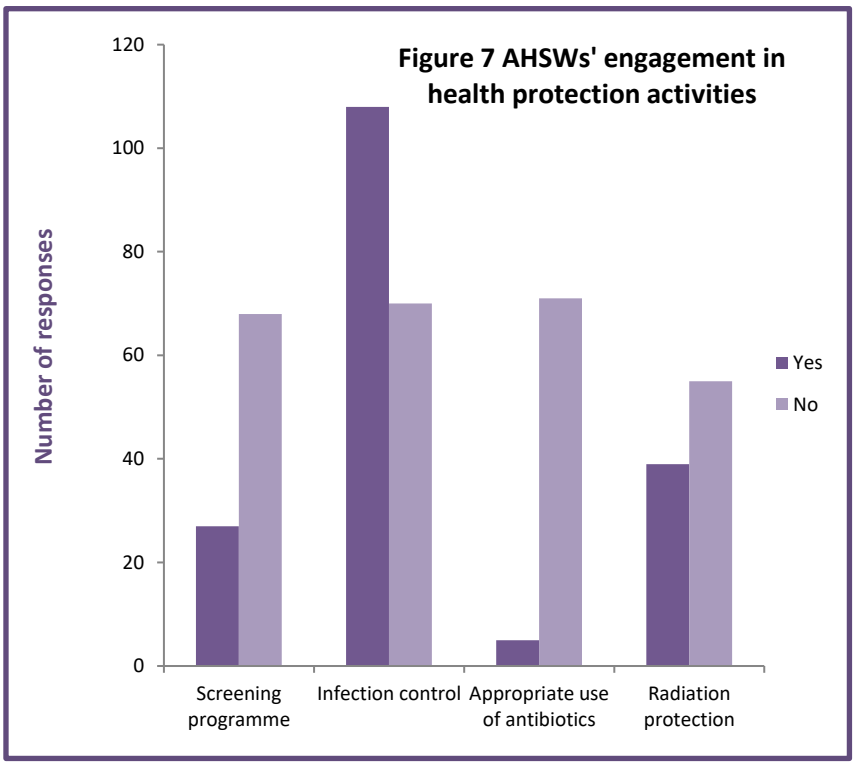


Figure 6 AHPs' views of AHSWs' opportunities to engage in health protection activities

Health protection

The main health protection activity that the AHSWs are engaged in is mandated infection control (figure 7). They reported some level of engagement in screening programmes particularly '*breast awareness campaigns, the Malnutrition Universal Screening Tool (MUST), publicity to engage in screening programmes and training for other staff to encourage uptake of screening programmes'.*



The respondents observed that they could be more involved in health protection activities. For example, giving advice about screening programmes and appropriate use of antibiotics.

More than half of the AHP respondents stated that AHSWs have no opportunity to engage in health protection activities. The remainder, however, agreed with the AHSWs in that infection control and screening programmes are the main health protection activities for this workforce (figure 6).

The workshop participants stated that the AHSWs are ideally placed to engage in screening activities for example:

- Falls screening
- Screening for malnutrition using MUST (Malnutrition Universal Screening Tool) or equivalent
- Frenchay Aphasia Screening Test, screening for communication skills following a possible stroke
- Screening for dementia using 6CIT (Six item Cognitive Impairment Test)
- Language development

They would either do this routinely with all patients, on a particular pathway, or they would make the decision to carry out the screen. If they had a concern about any of the findings then they would refer the patient to a qualified clinician, who in some cases would be a GP.

The workshop participants observed that AHSWs working in the community setting are more likely to have the opportunity, to conduct screening assessments than those working on an acute ward. It was noted that malnutrition is a problem for elderly patients and that AHSWs could do more to promote this message.

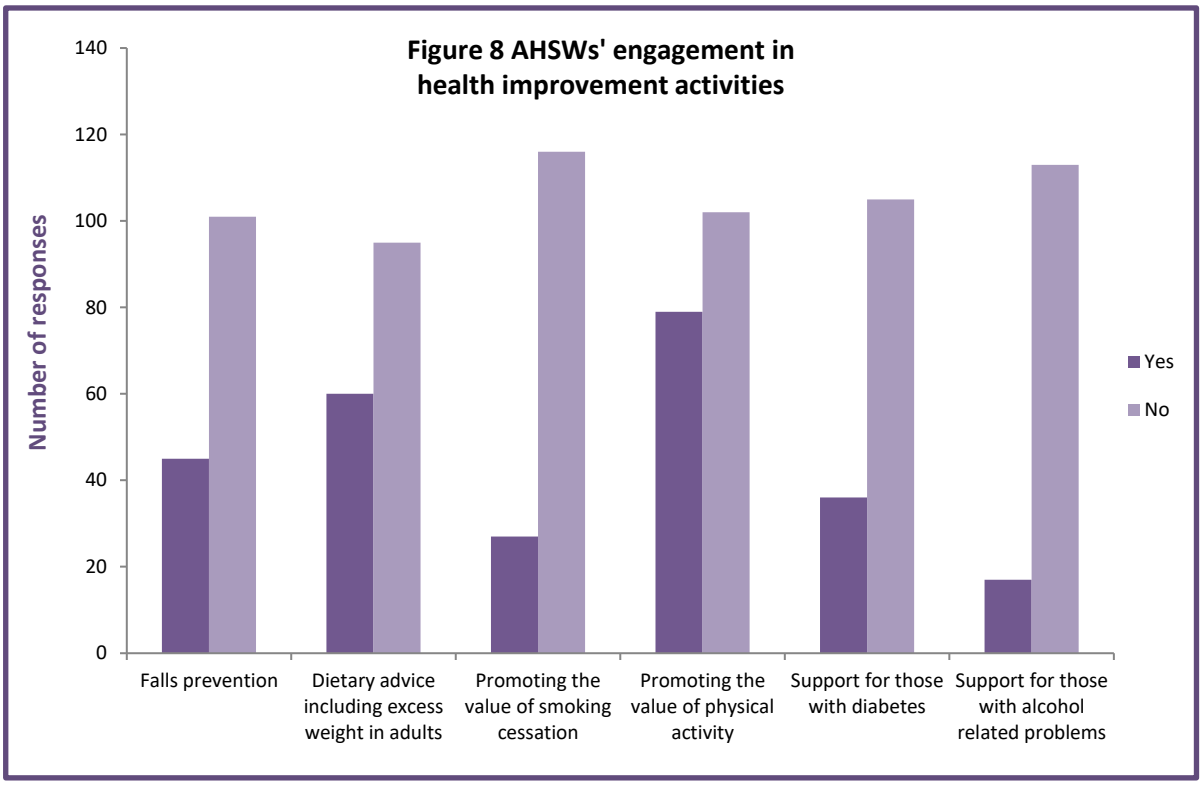
Infection control is a very interesting area. Depending on where they work the AHSWs reported that they either work under strict infection control guidelines, i.e. when working in an acute setting, or they have to adapt infection control procedures when working in the community. As one occupational therapist explained '*people choose the way they live in their own homes and sometimes infection risk is the least of their problems'.* Some of the AHSWs interpreted this category as helping patients to cope with an infection.

For example, they mentioned the use of red beakers on the ward to help staff identify those patients who need to increase their fluid intake.

Health improvement

Surprisingly, fewer than 30% of the AHSWs' responses, about their involvement in health improvement activity, reported that they are actively engaged in promoting health improvement. The range of reported health improvement activities (figure 8) suggests that currently there is a greater focus on promoting the value of physical activity, and giving dietary advice than on promoting smoking cessation, supporting those with alcohol related problems and discussing approaches to preventing falls.

The level of interest in the health improvement domain indicates that there are more opportunities for the AHSWs to be involved in health improvement activities that benefit patients, carers and their families, and this equally applies to support for those with alcohol problems as it does to giving advice about falls prevention.



The AHPs reported that AHSWs, particularly dietetic assistants, occupational therapy assistants and physiotherapy assistants, have opportunities to be involved in health improvement activities; predominantly falls prevention, making every contact count and health improvement campaigns (figure 9 page 19). As one therapist explained, *'physio/OT assistants, therapy assistants, assistant practitioners have a responsibility along with all staff for making every contact count'.*

Examples of health improvement programmes and campaigns that the AHPs reported the AHSWs are involved in include:

- Health promotion campaigns
- Mobility and walking programmes
- Promoting physical wellbeing of those with mental health problems
- Rehabilitation and development programmes
- Weight management programmes

Reassuringly all therapy support workers, including the occupational therapy and physiotherapy support workers, who attended the workshops, recognised the increasing incidence of falls in their patient population and commented on the national data about risks of falling. As one community occupational therapist remarked, '*everyone you go to see has had a fall. I couldn't tell you one patient in the past three months who hasn't had a fall'*. The support workers reported giving advice about falls prevention rather than referring patients to a falls clinic as the waiting lists are very long (box 1).

Box 1 Example of an AHSW's falls prevention intervention

'There was a project looking at following up people who had had falls. The podiatry assistants follow up with the patients and they had set up a slipper exchange so they assess the slippers and give them a new pair of slippers, if the slippers were the likely cause of the fall. Slippers are quite cheap compared to an emergency admission.'

Two of the AHSW workshop participants are actively involved in falls prevention, one runs a falls prevention class and another is part of a multi-disciplinary group with responsibility for reducing falls in the acute setting where they work.

There was a mixed response, from the support workers who joined the workshop sessions, about making every contact count (MECC). Some reported that it is mandatory for all clinical staff in their trust to attend MECC training and others that there is no training available for them. A speech and language therapist who works in children's services noted that they take every opportunity to advise parents to '*dump the dummies and reduce the amount of time the young children spend in front of a screen'.*

Other participants commented that although they do not consciously think about MECC they do take the opportunity, if appropriate to do so, to discuss basic health improvement activities such as exercise, smoking cessation and reducing alcohol intake. They observed that although some of their patients will have been seen by five or six different clinical staff (doctors and nurses) they will still not understand their health problems so the AHSW will spend the first two sessions with the patient trying to educate them about their general health and lifestyle.

The workshop participants agreed that health improvement campaigns are important and that more could be done to engage the AHSW workforce. Although the opportunities to get involved in community development programmes exist, only one of the AHSWs commented they are actively involved in this type of programme, and cited as an example a brain rehabilitation community development programme.

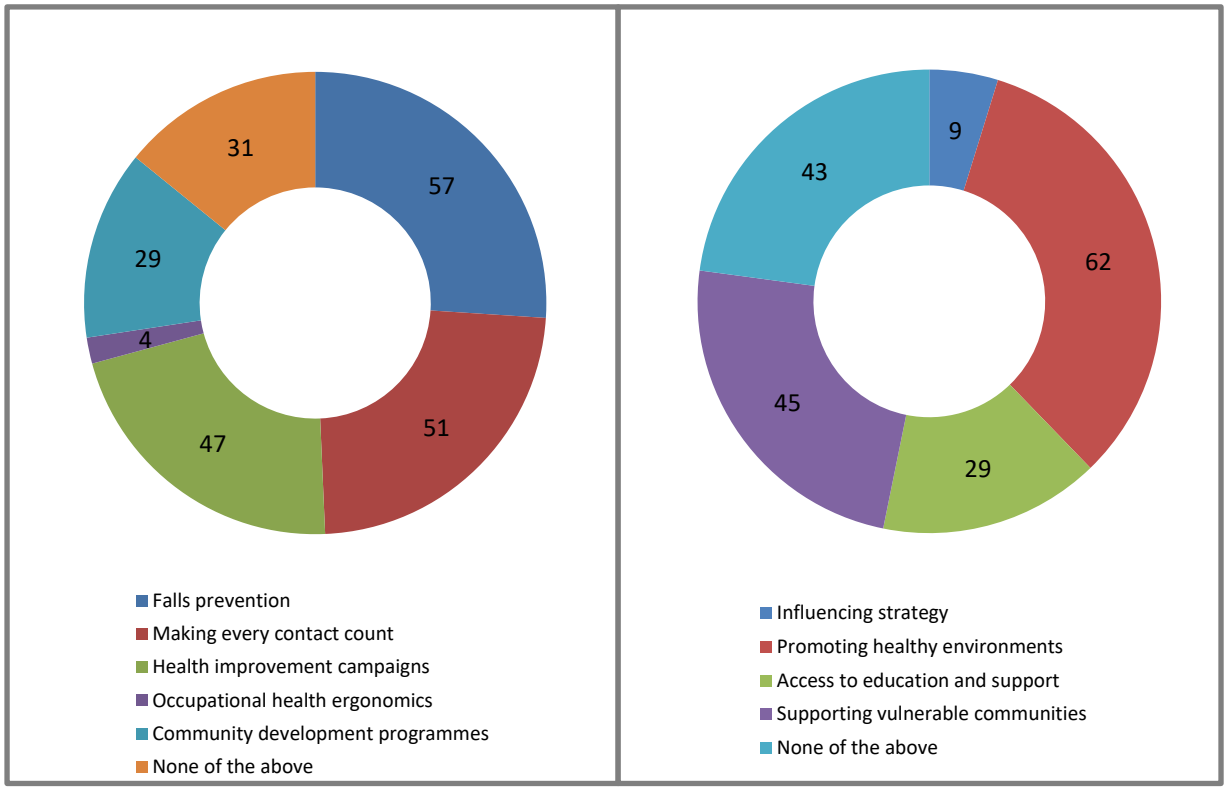


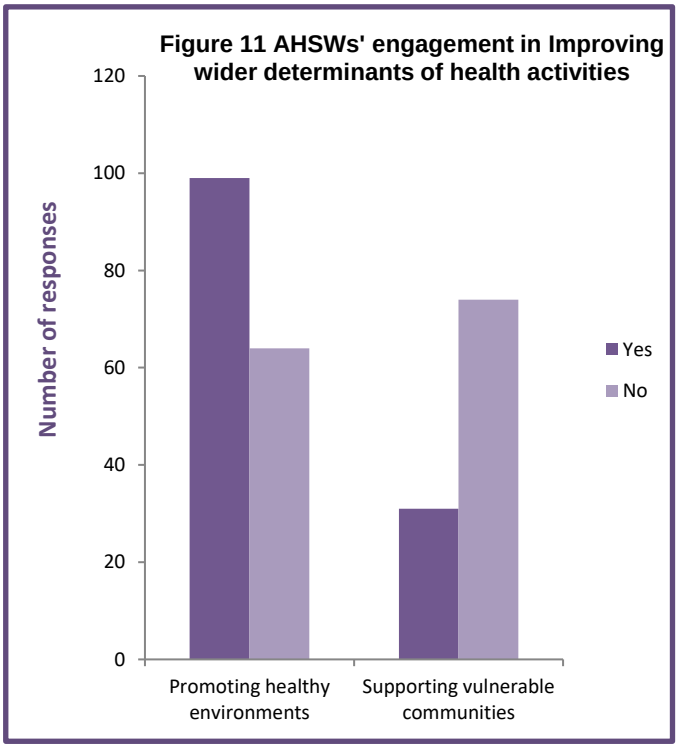
Figure 9 AHPs' view of AHSWs' opportunities to engage in health improvement activities

Figure 10 AHPs' view of AHSWs' opportunities to engage in improving wider determinants of health activities

Improving wider determinants of health

The AHSWs were only asked two questions under the improving wider determinants of health domain: promoting healthy environments and supporting vulnerable communities (figure 11). Over three quarters of the reported activity relates to promoting healthy environments. The AHSWs perceive this activity as a mainstream component of their work. For example: health and safety risk assessments; assessment and provision of adaptations and adaptive equipment.

The AHSWs who participated in the workshops remarked on the opportunities they have to influence the environments in which people live, and promote a healthy environment. They pointed out that some of the housing is in a very poor state of disrepair (see box 2), and they are able to report such



situations to the local housing department or environment agency. They also reported making recommendations that would make life at home safer.

Box 2 Community occupational therapy support worker's experience of a poor living environment

'I was in a patient's home recently and the state of the property was so poor. I could put my hand through the wall. There were rats and mice. There was a hole in the toilet floor. I reported this to the environment agency which put an order on the house for £50,000 worth of work needed. That is not an unusual case'.

They also chose to give examples of how they support vulnerable groups either by "*giving nutrition advice to families who are living in social deprivation"* or "*training for staff who support the homeless, those living in temporary accommodation and those working in care homes"*. They also commented on the fact that they "*provide support to help improve the lifestyle of those with a mental health illness".* The workshop participants pointed out that the problem for support workers, who care for patients from vulnerable groups, is who to refer them on to and whether the service users want any type of support.

The AHPs recognise the significant contribution that AHSWs already make to promoting healthy environments and supporting vulnerable communities (figure 10), most notably those working in dietetic services and occupational therapy services have the greatest opportunity to contribute to this agenda. For example, the occupational therapy support workers enable service users to attend therapy sessions and may act as a role model to those living in vulnerable communities.

3.2 Overview of AHSWs' engagement in public health activities.

A summary of the reported level of public health related activity, routinely undertaken by AHSWs, is shown in table 1 (overleaf). The AHSWs reported medium to low level of engagement in all domains. This scenario suggests that there is considerable opportunity for AHSWs to be further involved in public health activities, particularly in the Healthcare Public Health and Health Improvement domains.

Table 1 AHSWs' reported public health related activity by domain

Domain	Reported level of activity routinely undertaken	Examples of activities
Healthcare Public Health	Supporting self-management	• Advice about weight management • Support for activities of daily living • Support for behaviour change
	Rehabilitation and enablement	• Cardiac rehabilitation • Community rehabilitation
	Support for managing chronic conditions	• Support for patients who are at risk of a further stroke • Support for children suffering from chronic renal disease • Support for patients who are having home enteral feeds
	Readmission within 30 days	• Support independence
Health Protection	Screening programmes	• Breast cancer awareness • Malnutrition Universal Screening Tool (MUST) • Training other staff to encourage service users to engage in screening programmes
	Infection control	• Handwashing audits • Hand hygiene • Health Equalities Framework (HEF) standards
	Appropriate use of antibiotics	• Advice on completing a course of antibiotics
	Radiation protection	• Screening of lead rubber aprons
Health Improvement	Falls prevention	• Advice about falls prevention
	Dietary advice	• Nutrition advice for older adults, young children and pre-school children
	Promoting the value of smoking cessation	• Engagement in health promotion campaigns
	Promoting value of physical activity	• Promoting physical activity for those with mental health problems
	Supporting those with diabetes	• Dietary advice for those with diabetes
	Support for those with alcohol related problems	• Lifestyle advice about alcohol consumption
Wider determinants	Promoting healthy environments	• Health and safety risk assessment • Assessment and provision of adaptations
	Supporting vulnerable communities	• Nutrition advice to those living in social deprivation

Key: Level of activity

Medium (30 - 49% of respondents)	
Low (10 -29% of respondents)	
Very low (< 10% of respondents)	

3.3 Education and training available to support AHSWs' engagement in public health activities

Less than a quarter of the AHSWs who responded to the survey reported that they had received any education and training relating to public health. Examples of public health related courses that some of the AHSW respondents had attended are listed in table 2

Table 2 Examples of public health related programmes studied by AHSWs

Postgraduate courses (e.g. MSc Nutrition and Public Health Management)	Infection Control course	
Undergraduate programmes (e.g. BSc Health, Nutrition and Lifestyle)	Making Every Contact Count course	
Healthcare foundation degree	Smoking Cessation course	
NVQ Level 3 healthcare	Safeguarding Vulnerable Adults course	
Care Certificate	Others:	Active lifestyle
		Nutrition and Health in the Community
		Fitness training

A few suggested short courses, directly related to their work, that they thought would be instructive: lifestyle training, diabetes training, smoking cessation, and care and development of young children. Annual updates about current public health priorities were also thought to be of value. One respondent helpfully suggested that a programme of study could include: "*background information regarding nutrition, smoking, hydration, alcohol consumption, an outline of the risk factors, the health benefits of improving lifestyle and government guidance".* Online short courses were the preferred mode of study.

Examples of the type of information the AHSWs suggested would help them to engage in public health activities included: an introduction to public health; what public health is and what is involved. In addition, they suggested including specific information that would be useful for service users, especially a list of services available to support them. Similarly, less than one fifth of the AHP respondents reported that the AHSWs had received any education and training about public health priorities. They noted that any education and training about this subject had been delivered by the trust (MECC) or in a department (smoking cessation).

'I have received training on how to give public health messages and when and where it is appropriate to use them e.g. through one to one sessions with clients, through workshops and service promotions. This training has been delivered as part of an NVQ Level 3 Health Trainer training programme.'
AHSW

Very few of the AHSWs reported receiving any training about how to give a public health message. The respondents suggested a short course explaining what a public health message is, how it is devised and when and how to promote it. Similarly, only a quarter of the AHPs advised that the AHSWs they work with had received education and training about when and how to give a public health message.

3.4 Opportunities and potential enablers for AHSWs to be more engaged in public health activities

Hardly any of the AHSW respondents suggested opportunities to be more engaged in public health activities. Those who did suggested the following:

- More engagement in community and public engagement events e.g. health promotion stands, posters and handouts.
- More direct engagement events with the public when they visit the hospitals.
- Establish AHSW public health champions to help develop connections with the public.
- Engagement on a daily basis while visiting clients, including visits to schools, hubs, nurseries, and day centres.
- In-house training for other staff.
- Review how best to disseminate information e.g. insert relevant information into discharge packs; focus on websites, readily available literature that backs up clinical advice.

> *'It would be good to have a connection with services in the community and a website for each borough about different activities that promote public health that can be signposted to patients.'*
>
> AHSW

The AHPs concluded that the support and supervision that the AHSWs get from their colleagues are the most important enablers for greater engagement in public health activities. Formal training programmes were highlighted as they often provide access to training materials and guidelines. The third sector, such as Age Concern, was recommended as a source of information and support to enable the AHSWs to be more involved in public health. However, there was no mention of digital support.

3.5 Barriers to AHSWs being more engaged in public health activities

Very few AHSWs commented on the barriers to them being more engaged in public health activities, those that did noted the following barriers:

- funding
- waiting lists
- patient's clinical condition.

As one respondent observed '*my time with the patient does not allow for any further discussion'.*

Many more AHPs, however, reported barriers that prevent the AHSWs from being more involved in public health activities. They suggested the main barrier is lack of time (figure 12).

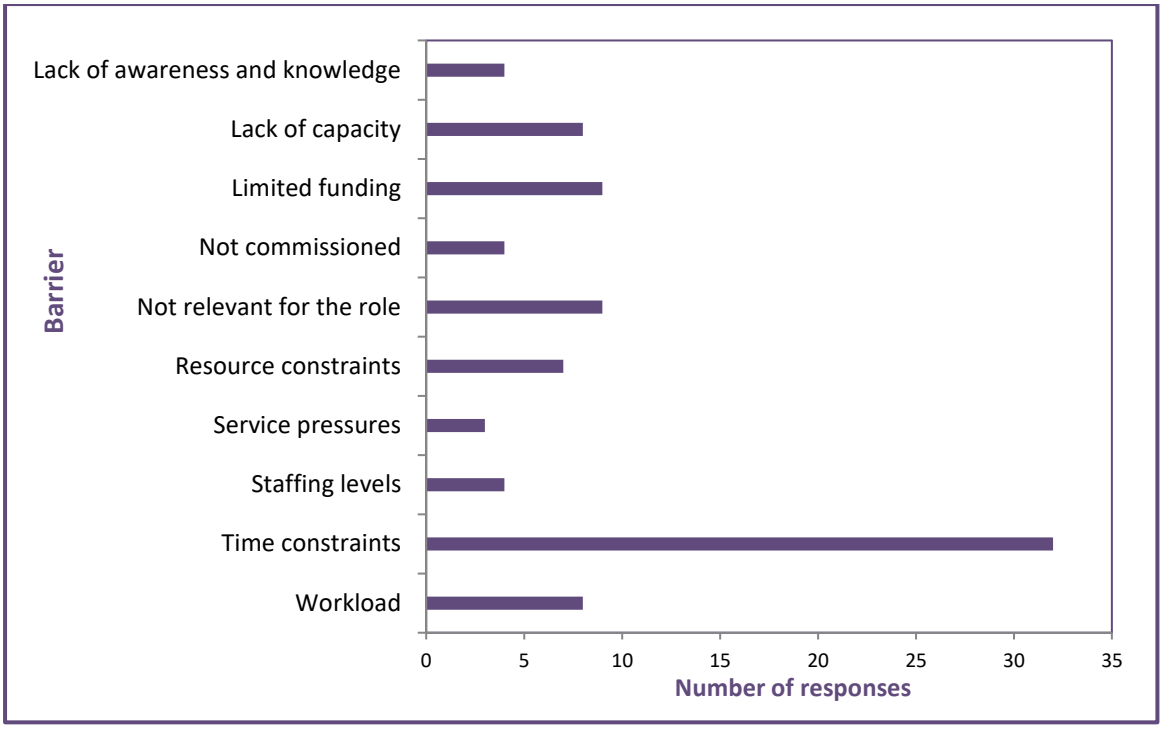


Figure 12 AHPs' list of barriers to AHSWs engaging more in public health activities

An unexpected finding was that some of the AHPs do not consider public health activities relevant to the work of an AHSW. Although they frequently made reference to how hard the AHSWs work (box 3).

Box 3	**In praise of the AHSW**
'*We work with a very specific client group who are generally marginalised by their communities anyway (disabled access, awareness from the general public in regard to behavioural issues, communication etc). Our physiotherapy technician works tirelessly to encourage and engage community access for health promotion as far as feasibly possible'*. Advanced Physiotherapist	

3.6 Organisational strategic approach to promoting public health messages

Nearly half of the AHP respondents reported that the organisation, where they work, has a strategic approach to promoting public health messages either through the institution's website or the more traditional cascade approach of training and team meetings. Healthy lifestyles, MECC and smoking cessation are the frequently promoted messages. Examples of the approach some trusts are taking to promoting public health messages are illustrated in box 4.

Box 4 Examples of how trusts approach promoting public health messages

'MECC training for staff is health board priority. A national MECC co-coordinators group with representation from all health boards in Wales has been established and is delivered through the local public health team. Consultant Dietitian Public Health Wales leads work with Wales Therapies Adviser encouraging AHPs to develop PH role and MECC.'

All-Wales Nutrition Training Facilitator Dietitian

'There is a public health action plan which is updated annually. The Trust has developed best practice e-learning programmes for alcohol, smoking, obesity and this year physical activity. We have about 50 health champions and this number is to be increased to 150 linked to Better Health at Work award.'

Community dietitian

'Regular communication via the Trust Intranet, links with London Service Programmes on public health, public displays in departments and open areas, support and advice on smoking cessation, obesity, etc., Trust annual open days for the public.'

MSK Therapy Services Manager & Physiotherapy Professional Lead

The AHPs pointed out that dietetic support workers (DSWs) have a large role to play in public health messaging and they could have a greater role in training other clinicians about public health. They also acknowledged the challenge faced by the acute sector when it comes to public health activities, as it is not the core activity of an acute service. There is concern, in the sector, that the current approach to public health messaging is a bit of a *'hotchpotch'* but with a more formal strategic approach this could change.

The support workers who commented on strategy were very clear that they do not directly influence strategic developments but they may do so indirectly. For example, support workers report incidents. These incidents, in turn, are converted to data which may be used to influence a trust's quality agenda and strategic plan.

3.7 Professional bodies' guidance on public health activities

Nine AHP professional bodies responded to the request for information on the guidance they issue to their members about giving public health messages (appendix-section 7); four do not currently issue any guidance.

'In our orthoptic rooms we have put up a board of helpful leaflets such as stop smoking, healthy eating advice, drug addiction advice and alcohol advice.'

Orthoptist

The British and Irish Orthoptic Society (BIOS) encourage all their members to 'make every contact count'.

The British Dietetic Association (BDA) provided the most comprehensive response. They advised that all the dietetic support workers (DSWs) are involved in public health, particularly those involved in nutritional support, where the messages help to prevent the public health problem of malnutrition. In 2016 two DSWs were recognised for their outstanding achievement for their work on the All Wales Nutrition Skills for Health.

The BDA has an active information work stream called BDA Food Facts, which the support workers routinely use. In addition, the BDA's DSW curriculum guidance[11] includes specific reference to public health (appendix-section 7).

The Chartered Society of Physiotherapists (CSP) advised that the duties of physiotherapy members and physiotherapy support workers include public health roles. However, the CSP acknowledged that '*they may not always be recognised as such'*. Many of the CSP's resources include aspects of public health for example resources on obesity, fit for work, falls prevention.

The College of Occupational Therapists (COT) advised that when they produce briefings and guides they ensure that public health issues are highlighted and the implications for occupational therapy practice, for example:

- Working with people who are overweight, implications for occupational therapy practice (2016) - extracts in appendix (section 7)
- Falls prevention and management (2015)
- Reablement (2015)
- Age friendly communities (2013)

The Society and College of Radiographers (SCoR) regularly publishes guidelines about scope of practice for radiographers and assistant practitioners. These guidelines do not specifically mention public health; however, they do refer to the work that assistant practitioners do in services that support some of the domains of public health, in particular health protection. The SCoR refers to the responsibilities of the assistant practitioners in the breast screening service and the use of radiation protection.

4.0 Assisting allied health support workers to be more effectively engaged in public health activities

This study has prompted the AHSWs and AHPs to reflect on the extent to which AHSWs are engaged in public health activities, and how they could be more effectively involved in reinforcing and delivering public health messages.

ASHWs engagement in public health activities

The AHSWs reported varied levels of engagement in the different activities associated with the four public health domains[9]. Those who are involved in promoting healthcare public health activities stated that they are primarily involved in self-management, and rehabilitation and enablement. The consensus was that with the appropriate level of support they could be more engaged in these public health activities, particularly those working in the community.

Under the health protection domain, the AHSWs who responded to the survey advised that they are more engaged in infection control than the other health protection activities. They did acknowledge that they have a role in screening programmes, for example breast screening and MUST. Notably only those who attended the workshops made specific reference to active engagement in falls prevention. Nearly two thirds of the AHPs stated that the AHSWs have no opportunity to engage in health protection activities.

A surprising finding of this study was that the AHSWs did not report being extensively engaged in health improvement interventions with the patients, although conversely the AHPs reported that support workers are extensively engaged in activities associated with this domain. However, the AHSWs who are currently engaged in health improvement activities reported giving advice on physical activity and nutrition. Nonetheless, the AHSWs do believe they have many opportunities to be involved in activities that result in health improvement. They recognise that health improvement campaigns are important and that as a workforce they could do more to promote healthier lifestyles.

The AHSWs who chose to comment on their engagement in promoting healthy environments and supporting vulnerable communities recognise the important role they currently have in promoting healthy environments, particularly those working in the community. They also observed that opportunities exist for them to be more involved in supporting vulnerable groups. The AHPs shared these views. It is interesting to note that the small number of focus group participants pointed out that AHSWs could be more engaged in helping elderly service users' access education and training, which has the added benefits of the social interaction and mental stimulation.

Recommendation 1

Allied health support workers should be encouraged to fully recognise their existing contribution to the public health agenda; the importance of sharing, with their colleagues; their current level of engagement in public health activities, and also their potential to become more involved in public health activities.

Recommendation 2

Allied Health Professionals, working with allied health support workers, should gain a greater understanding of which public health activities the allied health support workers are already engaged in, and which ones they could be involved in.

Not all the AHSWs who responded to the survey thought that getting engaged in public health activities was the role for a support worker and that this type of work was the responsibility of the regulated practitioner.

Clinical service opportunities

It is very difficult to make direct comparisons about the clinical opportunities different groups of AHSWs have, that will enable them to engage in public health activities. This is partly because of the trust specific approach to naming, employing and deploying AHSWs and partly because of the diverse range of services that they are employed in.

Approximately half the AHSWs reported being employed at Band 3 and half at Band 4. Two thirds work full-time and 53% have been employed in that post for six years or more. This level of experience, and the evidence of their commitment to the job that they do, suggests that AHSWs gain respect from the patients and their families that use their services. This scenario indicates that a large number of AHSWs are therefore well placed to advise service users about opportunities to engage in public health activities.

The study identified that fewer than half of the employees' trusts have a strategic approach to promoting public health messages. Either the trusts need to review their public health strategy or they need to ensure that their public health strategy is disseminated and understood by the workforce.

Recommendation 3

Public Health England, trusts and clinical departments should take a strategic approach towards identifying which clinical opportunities allied health support workers have, and potentially could have, to engage in public health activities.

Professional bodies' guidance

The guidance, about public health, provided by some of the AHP professional bodies is very informative and regularly used by their members; unfortunately, the evidence collected for this study suggests this level of guidance is not readily available to all AHSWs. It is concluded, and the evidence from this study

reaffirms this view, that some AHPs e.g. dietitians, have a greater appreciation of their role, and that of the AHSWs working in their service, in promoting public health than some of the other AHPs.

Recommendation 4

All allied health professional bodies should review the guidance they give their members about effective engagement in the public health agenda.

Development of the support workers to enable them to engage in public health activities

Having up-to-date knowledge about public health priorities and being able to deliver public health messages, are equally important issues for any AHSW involved in public health activities. Less than one quarter of the AHSWs who took part in this study had received any education and training about either public health priorities, or about delivering the message. However, some had attended university programmes and are consequently knowledgeable about public health priorities. Those who have not had the opportunity to attend courses about public health requested that they should be given the opportunity to formally develop basic knowledge and skills to work more effectively in this field.

Only 14% of the AHSWs recounted having received any training that would give them the competence and confidence to deliver public health messages. The reported high level of engagement of some AHSWs in certain key public health activities indicates that is an area of potential development that could result in whole system improvement.

Time constraints, lack of funding and lack of capacity were cited by the AHSWs and the AHPs as the main barriers to enable the AHSWs to develop their knowledge and skills to further engage in public health interventions.

Recommendation 5

Health service provider organisations, that have a strategic commitment to public health, should ensure that their allied health support workers are enabled to develop the knowledge and skills to competently and effectively engage in this agenda.

5.0 Summary conclusion

The allied health support workforce is currently involved in the public health agenda, although the extent to which they are involved varies by service and by employing organisations. The study has shown that this workforce has significant potential, and is willing and eager, to engage further in delivering public health messages.

However, to ensure that this can happen, healthcare provider organisations, professional bodies and Public Health England will need to demonstrate a greater commitment to developing the potential of the AHSW workforce to enable them to effectively engage in the public health agenda. Organisations will also need to issue clearer strategic guidelines about the extent to which it is appropriate for the allied health support workforce to deliver public health interventions. In addition, they will need to provide the education and training to support this workforce to engage more effectively in contributing to public health.

6.0 References

1. NHS Employers (2014) Developing your support workforce. Available at http://www.nhsemployers.org/your-workforce/retain-and-improve/standards-and-assurance/developing-your-support-workforce

2. Health Education England (2014) The Talent for Care a national strategic framework to develop the healthcare support workforce. Available at https://www.hee.nhs.uk/sites/default/files/documents/TfC%20National%20Strategic%20Framework.pdf

3. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary (2013) published by The Stationery Office. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

4. Peate I (2015) Clinical competence, British Journal of Healthcare Assistants Vol 09 No 01.

5. Lovegrove M.J., Davis J (2015) Allied Health Services Support Worker Landscape in North West London, report for Health Education England North West London.

6. Price R., Miller L., Hicks B., Higgs A (2015) The introduction, deployment and impact of assistant practitioners in diagnostic radiography in Scotland Radiography Volume 21 Issue 2 ISSN 1078-8174.

7. Carr P., Gillion N., Hauxwell J., Mighalls A (2016) Stroke and stroke rehabilitation, 5: physiotherapy, British Journal of Healthcare Assistants Vol 10 No 03.

8. Royal Society for Public Health and Public Health England (2015) Healthy Conversations and the Allied Health Professionals.

8. Department of Health (2012) The Public Health Outcomes Framework for England, 2013-2016

9. Allied Health Professions Federation (2015) A strategy to develop the capacity, impact and profile of allied health professionals in public health 2015-2018. Available at http://www.ahpf.org.uk/AHP_Public_Health.htm

10. Lovegrove M., Davis J (2016) Allied Health Services Support Worker Policy Landscape (SWAP) End of project report. Available at www.alliedhealthsolutions.co.uk. Under Our Products, Support Workforce

11. British Dietetic Association (2014) Assistant Practitioner Curriculum.

7.0 Appendix

This section provides details of the two online surveys, the professional bodies that contributed to this study and extracts from the British Dietetic Association's and the College of Occupational Therapists' guidance.

A Online survey for AHSWs

This survey was completed by 244 Allied Health Support Workers. The breakdown of responses by nation/region and by department is as follows:

Nation/region

		Number	Percentage
England	London and the South East	67	27.5
	Midlands and East	49	20.1
	North	67	27.5
	South	26	10.7
Northern Ireland		6	2.5
Scotland		3	1.2
Wales		26	10.7

Department

	Number	Percentage
Dietetics and Nutrition	82	33.6
Emergency	10	4.1
Occupational Therapy	15	6.1
Physiotherapy	14	5.7
Podiatry	2	0.8
Radiology/Imaging	53	21.7
Radiotherapy	6	2.5
Speech and Language Therapy	15	6.1
Therapy and Rehabilitation	35	14.3
Others	12	4.9

About the AHSW's job

1. Please name the organisation where you work.

2. Which department do you work in?

3. What is your job title?

4. Please tick from the list below which Band you are employed on.
   a. Band 2
   b. Band 3
   c. Band 4
   d. Band 5

5. Do you work full-time or part-time? Please tick as appropriate.
   a. Full-time go to question 7
   b. Part-time go to question 6

6. How many hours per week do you work and what are your normal working hours?

7. How long have you been in this post?

8. Please describe briefly what your job entails.

AHSWs' existing and potential public health activities

9. Which of the following health improvement activities are you currently involved in?
   a. Falls prevention
   b. Dietary advice including excess weight in adults
   c. Promoting the value of smoking cessation
   d. Promoting the value of physical activity
   e. Support for those with diabetes
   f. Support for those with alcohol related problems
   g. None of the above
   h. Other (please list any other examples of health improvement activities that you are involved in).

10. Which of the following health improvement activities are you **NOT currently** involved in?
   a. Falls prevention
   b. Dietary advice including excess weight in adults
   c. Promoting the value of smoking cessation
   d. Promoting the value of physical activity

e. Support for those with diabetes
f. Support for those with alcohol related problems
g. If you have the opportunity to promote other health improvement activities, please list below.

11. Which of the following health protection activities are you involved in?

a. Screening programmes e.g. antenatal ultrasound screening, breast cancer screening, screening for diabetes
b. Infection control
c. Appropriate use of antibiotics
d. Radiation protection
e. None of the above
f. Other (please list any other examples of health protection activities that you are involved in).

12. Which of the following health protection activities are you **NOT currently** involved in?

a. Screening programmes e.g. antenatal ultrasound screening, breast cancer screening, screening for diabetes
b. Infection control
c. Appropriate use of antibiotics
d. Radiation protection
e. If you have the opportunity to promote other health protection activities please list below.

13. Which of the following healthcare public health activities are you involved in?

a. Supporting self-management
b. Rehabilitation and enablement
c. Support for managing chronic conditions e.g. COPD (Chronic Obstructive Pulmonary Disease)
d. Readmission within 30 days of discharge from hospital
e. None of the above
f. Other (please list any other examples of healthcare public health activities that you are involved in).

14. Which of the following healthcare public health activities are you **NOT currently** involved in?

a. Supporting self-management
b. Rehabilitation and enablement
c. Support for managing chronic conditions e.g. COPD (Chronic Obstructive Pulmonary Disease)
d. Readmission within 30 days of discharge from hospital
e. If you have the opportunity to promote other healthcare public health activities, please list below.

15. Which of the following improving the wider determinants of health activities are you involved in?

a. Promoting healthy environments
b. Supporting vulnerable communities e.g. vulnerable migrants, people who are homeless
c. Other (please list any other examples of improving the wider determinants of health activities that you are involved in).

16. Which of the following improving the wider determinants of health activities are you **NOT currently** involved in?

a. Promoting healthy environments
b. Supporting vulnerable communities e.g. vulnerable migrants, people who are homeless
c. If you have the opportunity to promote other improving the wider determinants of health activities, please list below.

AHSWs' education and training to enable them to engage in public health activities

17. Have you had any specific education and training about Public Health?

a. Yes (please state what education and training about Public Health priorities you have had, where it was delivered and who provided it)
b. No
c. Don't know

18. What type of education and training about Public Health would you find helpful?

19. Have you had any education and training about when and how to give a Public Health message?

a. Yes (please give any further details such as where you received the training and who delivered it)
b. No
c. Don't know

20. What type of education and training would you like to have concerning when and how to give a Public Health message?

Opportunities and barriers for AHSWs to be more engaged in public health activities

21. Please list any other opportunities (not already mentioned above) that you are aware of when you could engage in public health activities.

22. Please list any reasons why you might not be able to be involved in delivering public health activities.

B Online survey for AHP managers

This survey was completed by 193 AHP managers. The breakdown of responses by nation/region and by service/staff managed is as follows:

Nation/region

		Number	Percentage
England	London and the South East	88	46.0
	Midlands and East	13	7.6
	North	44	23.0
	South	27	14.0
Northern Ireland		2	1.0
Scotland		5	2.6
Wales		14	7.3

Service/staff managed by respondent

	Number	Percentage
Arts Therapy	1	0.5
Dietetics	56	29.0
Occupational Therapy	33	17.1
Orthoptics	3	1.6
Urgent and Emergency care	9	4.7
Physiotherapy	30	15.5
Podiatry	5	2.6
Radiology/Imaging	16	8.3
Radiotherapy	2	1.0
Speech and Language Therapy	17	8.8
Therapy and Rehabilitation	9	4.7
Others	12	6.2

Manager's job and responsibility

1. Please name the organisation where you work.

2. What is your job title?

3. Which department do you work in?

4. Please give an overview of the services you provide.

5. Which groups of staff are you responsible for?

a. Art Therapists
b. Diagnostic Radiographers
c. Dietitians
d. Drama Therapists
e. Occupational Therapists
f. Orthoptists
g. Paramedics
h. Physiotherapists
i. Podiatrists
j. Prosthetists and Orthotists
k. Speech and Language Therapists
l. Therapeutic Radiographers

Public health opportunities for AHP staff

6. Which of the following healthcare public health activities are the AHPs in your department involved in?

a. Early diagnosis and interventions
b. Supporting self-management
c. Rehabilitation and enablement
d. Management of chronic conditions
e. None of the above
f. Other (please list any other examples of healthcare public health activities that the AHPs are involved in).

7. Which of the following health protection activities are the AHPs in your department involved in?

a. Screening programmes
b. Infection control
c. Appropriate use of antibiotics
d. Radiation protection
e. None of the above
g. Other (please list any other examples of health protection activities that the AHPs are involved in).

8. Which of the following health improvement activities are the AHPs in your department involved in?

a. Falls prevention
b. Making every contact count
c. Health improvement campaigns
d. Occupational health ergonomics
e. Community development programmes
f. None of the above
g. Other (please list).

9. Which of the following wider determinants of health and wellbeing activities are the AHPs in your department involved in?

a. Influencing strategy
b. Promoting healthy environments
c. Access to education and employment
d. Supporting vulnerable communities
e. None of the above
f. Other (please list).

Public Health opportunities for AHSWs

10. Which of the following healthcare public health activities are your AHSWs involved in?

a. Early diagnosis and interventions
a. Supporting self-management
b. Rehabilitation and enablement
c. Management of chronic conditions
d. None of the above
e. Other (where you have stated that your AHSWs are involved in one or more of these activities please list the job titles of the AHSWs involved in each activity).

11. Please list any other healthcare public health activities that your AHSWs are involved in.

12. Which of the following health protection activities are your AHSWs involved in?

a. Screening programmes
b. Infection control
c. Appropriate use of antibiotics
d. Radiation protection
e. None of the above
f. Other (where you have stated that your AHSWs are involved in one or more of these activities please list the job titles of the AHSWs involved in each activity).

13. Please list any other health protection activities that your AHSWs are involved in.

14. Which of the following health improvement activities are your AHSWs involved in?

a. Falls prevention
b. Making every contact count
c. Health improvement campaigns
d. Occupational health ergonomics
e. Community development programmes
f. None of the above
g. Other (where you have stated that your AHSWs are involved in one or more of these activities please list the job titles of the AHSWs involved in each activity).

15. Please list any other health improvement activities that your AHSWs are involved in.

16. Which of the following wider determinants of health and wellbeing activities are your AHSWs involved in?

a. Influencing strategy
b. Promoting healthy environments
c. Access to education and employment
d. Supporting vulnerable communities
e. None of the above
f. Other (where you have stated that your AHSWs are involved in one or more of these activities please list the job titles of the AHSWs involved in each activity).

17. Please list any other wider determinants of health and wellbeing activities that your AHSWs are involved in.

Development of AHSWs to enable them to engage in the public health agenda

18. Have your support workers had any education and training about public health priorities?

a. Yes (please state what education and training they have had about public health priorities)
b. No (please state what education and training about public health would help the AHSWs)
c. Don't know

19. Have your support workers had any education and training about when and how to give a public health message?

a. Yes (please state where they received the education and training and who delivered the course)
a. No (please state what education and training about delivering a public health would help the AHSWs)
b. Don't know

20. Where your AHSWs are effectively engaged in public health activities please identify any enablers that are used to support their engagement.

21. Please list in the box below the barriers that prevent your AHSWs engaging more in public health activities.

Organisational strategic approach to promoting public health messages

22. Does your organisation have a strategic approach to promoting public health messages?

a. Yes (please go to Q23)
b. No (please go to Q24)

23. Please summarise your organisation's approach to promoting public health.

24. Please add any further comments.

C) Professional bodies that provided information for the study

Nine of the 12 AHP professional bodies forwarded comments about the public health guidance they provide for their members:

1. British Association of Art Therapists*
2. British Association for Music Therapy*
3. British and Irish Orthoptic Society
4. British Dietetic Society
5. Chartered Society of Physiotherapists
6. College of Occupational Therapists
7. College of Paramedics*
8. Royal College of Speech and Language Therapists*
9. Society and College of Radiographers

* Do not provide guidance about public health.

D) Extracts from the British Dietetic Assistant Practitioner Curriculum Guidance

Section 2.3 Basic understanding of clinical medicine, pharmacology and disease processes with respect to dietetic and nutrition interventions

b) Current therapies, interventions, public health and person management strategies in common diseases.

Section 3.1 Appreciation of Social and Health Policy, Public Health, Health Improvement and Public Health Nutrition

b) Awareness of government policies and the impact on healthcare provision.
d) Promote and protect public health and wellbeing, focusing on the social determinants of health and health and social inequity.
g) Ethical and political issues in public health.
i) The settings approach to health promotion; consideration of key settings: school; hospital; workplace; informal contexts.
j) Planning of health promotion/improvement programmes to possibly include: assessing needs; determining priorities; setting aims and objectives; selection of methods and resources; evaluation.

E) Extracts from a College of Occupational Therapists' guide

• Identify and agree how someone wishes their condition to be described (NICE, 2014).
• Use motivational interviewing to identify readiness for change.

Occupational therapists can:
1. Review and understand the meaning and role of food and drink, eating and food preparation in a person's life.
2. Identify previous attempts to lose weight and other services/ professions accessed - what aspects were positive and the challenges.
3. Identify existing occupations and understand how the quality of participation in occupations is affected by personal and environmental barriers.
4. Identify the person's strengths and assets and support (existing and potential).
5. Identify barriers to change, such as routine, family culture, societal pressures, the environment and occupations.
6. Include family members and carers within the assessment to consider their attitude, role and occupations related to supporting activities of daily living.
7. Assess the environment to identify how it supports and hinders occupation.

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