Narrowing Health Inequalities in Leeds through targeted interventions to diversify the health and social care workforce: Case studies of existing programme participants Final report 10.04.25

Contents

Executive summary

Section 1: Context

Section 2: Method/Approach

Section 3: Overview of the candidates and involvement of the partnership in their journey

Section 4: Case study findings

Section 5: Conclusion

Section 6: Recommendations / next steps

Annexes - Page 16 onwards

Annex One	The Evaluation Framework Content Overview
Annex Two:	Case study transcripts that have been shared with participants, including one page overview of Evaluation Framework content

Executive Summary

Reducing health inequalities is a central focus of the Leeds Health and Care partnership (LHCP) and aligns with a city-wide commitment to narrowing health inequalities outlined in the Health and

Wellbeing Strategy and Healthy Leeds Plan. Recognising the intersectionality between good health and good jobs, LHCP aims to tackle inequality primarily through initiatives aimed at: training; inclusive leadership and culture; and recruitment and retention. Guided by the principle of proportionate universalism, the Leeds One workforce approach seeks to enhance health outcomes for all staff while delivering more intensive support to those facing greater challenges due to deprivation, discrimination, or disability.

This report presents case-studies of candidates supported by our careers' programmes. An in-depth qualitative exploration of the impact of these initiatives is necessary groundwork, to demonstrate impact of the Leeds Health and Care Partnership work, inform future narrowing inequalities and health equity programmes and support the development of measurement tools for wider impact assessment.

Section One – Context

There is recognition amongst partners in Leeds that our health and care system will only work effectively for our population through supportive infrastructures and practices and a workforce which is motivated and enabled to work together across organisational boundaries. The commitment to work together to provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce remains at the cornerstone of our work.

This work notably accelerated with an initiative called Lincoln Green in 2019 which has subsequently evolved through extensive partnership working to the Connecting Communities through Health and Care Careers Programme, currently delivered through the city's Talent Hub infrastructure. For more information please see: Connecting Communities with Health and Care Careers - Leeds Health and Care Academy.

The Connecting Communities through health and care careers programme has previously been evaluated by Leeds Beckett University in October 2022 where the report highlighted the person-centered care and extensive partnership working of the programme, Narrowing-Inequalities-through-Health-and-Care-Careers.pdf (leedshealthandcareacademy.org).. The in-depth case studies which are the focus of this report cover participants that engaged with the Connecting Communities programme as well as with Lincoln Green in 2019. The length of time which has elapsed since the first intervention offers a longitudinal perspective of the impact which has ranged between 5 years and 18 months ago, something that the previous evaluation was unable to explore.

Since 2019, national and local policy have changed. This is also true of the extensive partnership working within Leeds Health and Care sector that has focused on inequalities and health equity. At a local level, the Leeds Health and Care One Workforce Strategy 2030 was agreed with city health

and care partners in October 24 with one of the strategic aims being Health Equity, Leeds-One-Workforce-Strategy Other developments have included developing a tool to help people find work opportunities based on their preference, Career Compass Leeds, publishing a set of workforce health indicators which aim to understand if the health and social care workforce is reflective of Leeds diverse communities (priority nine of the Leeds Health and Wellbeing Strategy 2023 Leeds Health and Wellbeing Workforce Indicators 2024 - Leeds Health and Care Academy) and succeeding in receiving funding for the development of training focusing on health equality within the cities health and care workforce.

More recently, national policy focus has also changed, in part communicated through the White Paper published in November 24, Get Britain Working White Paper. Through this change of focus, statistics and want to find solutions to increasing economic inactivity have highlighted the challenge but opportunities that working in a partnership can bring. The economic inactive rate for Leeds, for example is 29 per cent for the working population (16 – 64) with only Rotherham having a higher economically inactive rate (31 percent) across 15 Yorkshire and Humber Local Authority areas (Source: Office of National Statistics, from Annual population survey, June 23 – June 24). There is recognition that economic inactivity has risen since the pandemic, but also that recent trends reflect a rise in economic inactivity due to long term illness increased most with those with MSK (muscular, skeletal conditions) and mental health conditions (Office of Health and Improvement and Disparities data summary, December 2024).

The Health and Care sector in Leeds is economically significant. The city region hosts 22 per cent of the UK's digital health technology jobs and hosts Government department headquarters such as the Department of Health and Social Care and NHS England (source: a vision for Leeds, 6th March 2024). The total population of Leeds is estimated to be circa 829,000 (Leeds Observatory), with an estimated 65 per cent of the estimated 60,000 Leeds Health and care workforce living in Leeds (source: City Workforce Profile 2024: understanding Team Leeds - Leeds Health and Care Academy and Leeds Health and Wellbeing Workforce Indicators 2024 - Leeds Health and Care Academy)

The more recent economically inactive statistics together with the relative scale of the Health and Care sector show there is more the city can do, and that Leeds Health and Care partners must continue to provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and supporting our workforce to remain well in work. The qualitative enquiry of the case studies in this report will therefore help inform potential next steps for how the partnership continue to narrow inequalities through health and care careers. The methodology and approach of how we did this is noted in Section 2.

Section 2 – Method/Approach

The next section aims to provide an overview of the design, participants, procedure and ethics, analysis and stakeholder engagement and oversight.

Design

We carried out in-depth, exploratory case studies using interviews to create a holistic understanding of individuals' circumstances and the multiple characteristics leading to their experience of health inequalities. This method of inquiry was intended to allow participants to identify key milestones in their histories, related to significant physical and mental health experiences, and events or influences of a social and economic nature.

The case studies were triangulated with descriptive information relating to the overall demographics of talent hub users, to demonstrate how personal characteristics are being addressed or whether there are gaps in the communities we are reaching via the talent hub. These data are anonymised and high-level, involving characteristics such as age range, ethnicity, gender and postcode to give an indication of deprivation relative to the general population in Leeds.

Participants, procedure and ethics

Individuals were selected as potential candidates on the basis of being current members of the Talent Hub, living in priority wards, and having overcome adversity to get into careers in health and care. Participants were approached to take part by a member of the LHCA team who already had an established relationship with the individual, given a brief description of the study and given a detailed information sheet explaining what taking part would involve.

Participants were identified by members of the Leeds Health and Care Academy's Leeds One Workforce team, as they are responsible for establishing and maintaining contact with individuals who join the Talent Hub and connecting them with career opportunities through the service. Those colleagues contacted individuals deemed suitable to take part in case studies by phone or email to ask whether they would be happy in principle to take part in the study, and provide them with an information sheet.

We took care in writing participant information in Plain English to ensure this could be understood by everyone we approached. This information explained what would happen during interviews and what was required of them, explained that their participation was voluntary and that declining to take part in interviews wouldn't affect their involvement in the Talent Hub/Leeds Health and Care Academy in any way in the future. We also included instructions around study withdrawal and details of who to contact to request further information.

Main ethical considerations included the possibility that participants could be identifiable in written reports depending on the level of detail we included. We took appropriate steps to change identifiable information where necessary, while working to preserve the meaning and essence of

the data. We were prepared to explore a range of options to ensure that our participants were comfortable with any outputs, as well as being fully informed of their options regarding withdrawal of their data. We shared a written summary of each case study with the individual to sense-check our interpretations of their stories, and give them the opportunity to add further context or remove any parts of their accounts that they felt uncomfortable with sharing.

Participants were offered the opportunity to meet the embedded researcher responsible for conducting the interviews in person and ask questions about the study before giving written informed consent to take part. Interviews took place at a preferred location for the participants, which in almost all cases was in office spaces accessible to members of the LHCA team. One interview took place via MS Teams. Conversations were audio recorded using an encrypted device, and transcribed verbatim before deleting the audio recording.

This project and associated materials were granted ethical approval by the Leeds Beckett University School of Health Research Ethics Committee on 4th January 2024.

Analysis

Interviews were analysed by two members of the Leeds Health and Care Academy Narrowing Inequalities team using a combined approach, consisting of thematic analysis and the use of a framework developed for the purposes of this study. The framework drew on key indicators from relevant city-wide and national health inequality and wellbeing policy/strategy guidelines (for example, Healthy Leeds plan and the Health and Wellbeing Strategy), to give an indication of the extent to which each participant faced health inequality based on their personal circumstances. The full set of headings is documented in annex one. We also applied thematic analysis inductively, drawing important themes from the transcribed interviews which related to participants' experiences of health inequality, and important contextual information to support the written narrative. For this report we have summarised key themes and findings across the interviews and provided the full written studies per participant in annex two, alongside the main information gathered using our framework to further contextualise their stories.

Stakeholder engagement and oversight

The proposal and development of this study was overseen by a Narrowing Inequalities-focused Steering Group, a bi-monthly stakeholder group providing guidance and support to organisations running collaborative NI initiatives for the health and care workforce across the city. This group is chaired by Kate O Connell, Director of Leeds Strategic Workforce and Leeds Health and Care Academy with representatives from statutory and third sector health and social care partners across Leeds.

Section 3 - Overview of the candidates and involvement of the partnership in their journey

Seven individuals agreed to take part in our case-studies. All of our participants requested that we used pseudonyms to protect their identities. Demographic information for our participants are included in the table below. Further detail of each of the participants is given in the Annexes as part of the evaluation framework summary.

Table 1: Overview of demographic and partnerships support offered to participants

Name	Age and gender	Address (PW *****)	Employment status ****	Ethnicity	Overview of support offered across the partnership
Claire	25-35 Female	North Leeds (PW)	Student / unemployed	White - British	Education, counselling, support with her health, Careers in care employability programme (March 23)
Naomi	Under 25 Female	North Leeds (non-PW)	Student/ unemployed	Black, African, Black British or Caribbean *	Social worker support, Job Centre, Employment and Skills, Housing support, education, Career in care employability programme (November 22)
Sarah and Peter	Unknown and over 45 Male and Female	North Leeds (moved from PW)	Employed	Black, African, Black British or Caribbean*	Leeds City Council support including housing. Third sector and religious organisation support. Talent hub offered support to their child considering Health and Care. Both were initially supported in 2019 into facilities technician and support worker roles. Sarah is now in Y2 of her RMN training after completing an apprenticeship and access course.
AM	25 - 35 Female	South Leeds (PW)	Unemployed	Asian or Asian British **	Support with her health, including occupational health, support from employment and skills, support from Third sector organisation 'Customer service and you employability programme' - Sept 22
Salma	Under 25 Female	North Leeds (PW)	Unemployed	Black, African, Black British or Caribbean*	Job coach 'Customer service and you' employability programme - Nov 22
YM	25 - 35 Female	North Leeds (PW)	Employed	Other ethnic group ***	Health and occupational health support, further education, housing, job coach and national career centre support, third sector support. Initially supported to find employment and then subsequently attended the Customer service and you programme, January 24.

Key - * includes any Black background ** includes any Asian background, for example, Bangladeshi, Chinese, Indian, Pakistani *** includes any other ethnic group, for example, Gypsy or Traveller, Arab **** employment status at start of intervention ***** PW = Priority ward

Case study interviews were supported by a process of drawing key information out of these discussions that resonated with our strategic framework as described above. We have utilised this framework to put our case studies into context, relevant to the most critical dimensions of health inequality and associated risk factors that apply to each individual.

Narrative case studies are provided in an Annex. At the end of each written summary of the individual's story, the learning from the impact made through our current approach to support individuals is noted.

Section 4: Case study findings

Background and current situation of participants

All of our participants have overcome personal experiences of adversity before seeking support through the Connecting Communities health and care career programme. These ranged from being a single parent and going through a career change, homelessness, experiences of racism and cultural intolerance, to growing up overseas and experiencing events leading to claiming asylum in the UK. When reflecting on their experiences with health and care services all participants mentioned they had received support in one of more of the following, housing, mental and physical health support, job coaching, support from charitable organisations including access to food banks.

All of the case study participants were supported to enter roles through a pre-employment / supported programme and have received post-employment contact from members of the Talent Hub team who have kept in contact with them and helped them plan next steps, connected them with additional support for workplace issues that arose and supported one of their children to explore an opportunity in health and care. Five of the case study candidates have remained in the same organisations they joined.

A summary of the case studies across the following themes are noted below, early influence, migration and belonging, barriers and enablers to staying in health and care, impact on wider determinants of health.

Early influences

Every one of our case study participants had been driven to work in health and care from a tacit desire to help other people, and although they joined outreach-based programmes into

employment, they were receptive to joining the sector. Some had been influenced by family or significant people in their lives working in health and care, and others had had formative experiences of providing informal care that shaped their thoughts towards helping others.

Furthermore life influences, such as mental health and traumatic events in both childhood and adulthood and the subsequent support they received fuelled aspirations to progress within the health and care sector for some. This was driven by a desire to make a positive impact on the lives of others. For example, one candidate noted her personal experiences of counselling has shaped her future aspirations to study and progress in this area. For those who already have some informal experience of caring for others or a recognised ability to do so, it is important to nurture and encourage these values, and support them into suitable opportunities to develop their skills. Others may not yet have recognised the skills and values that they can contribute to the health and care sector, because these may not represent the roles of which they are most aware.

Migration and belonging

Four of the seven case study participants were born and lived outside the UK before emigrating; the stages at which they moved to the UK ranged from childhood to early adulthood, with young families and established careers in their home countries. They talked about their experiences and how it felt to be a resident in the UK and Leeds to differing extents in their interviews. This section seeks to summarise how they view their journeys and the impact these have had on their sense of belonging both in their personal life and work.

After moving to the UK, one of the case study participants talked about how she moved to Leeds from another part of the UK which had a lower proportion of overall ethnic diversity. She described a lack of awareness in this community of her cultural and religious identity, and the difficulties this presented at school and in social situations. She described the experience of moving to an area of Leeds where she could clearly see greater representation of people from similar backgrounds to her, and the way this helped her to feel more comfortable and reassured that her needs would be understood. Another of the participants who moved to the UK to be with her husband also talked about the about the importance of diversity and being part of a community, one aspect of this was being able to access shops nearby selling halal food.

In work, one of the case study participants talked about the cultural understanding of her manager who adjusted her hours to accommodate time for prayer in Ramadan for example. Recognising the importance of diversity to her, she also talked about how meeting other people with diverse backgrounds and experiences was a positive during her apprenticeship training.

Two of the case study participants had sought asylum upon arriving to the UK and talked about the challenges this posed, including lack of control over where they lived, being unable to work and budgeting their small money allowance. They expressed a strong desire to 'give back' to their local community, spurred by the support they received from local organisations and their community, and the sense of belonging they had developed while they settled into their new home. They reflected on the impact of work, their experiences and the opportunities they had taken had on their family life

'So it's been great. I mean, it has turned around everything, you know, family 'cause, we are comfortable, we are able to sort out our own bills, and it's inspirational for our children 'cause they are able to see the progress it has brought to the family and the way we have come a long way' (Peter)

Overall, all four of case study participants who migrated to Leeds from overseas expressed a sense of belonging and being part of a supported network or community. Where work was mentioned, managers have sought to adjust to participant current needs whether that be adjustments in hours or due to religious or cultural needs.

Barriers and enablers to staying in health and care

It takes multiple organisations and advice from many different places to reduce health inequalities, and our participants reflected a range of avenues they accessed at the beginning of their journey into career opportunities in health and care. Within these organisations, key members of staff were mentioned who connected people with opportunities to improve their situations. This is reflective of the strengths of individuals to quickly identify and act on a person's needs, and made a tangible, lasting impact. It is important that organisations do not just rely on a standardised processes to connect with and support individuals, as this could allow some to slip through the cracks.

Many of the participants talked about support they had received to keep well in work, in terms of practical referrals to specialists, workplace adjustments and managerial support. Organisations which have policies and individual manager expertise to offer support is therefore suggested to be an enabler for individuals to staying in health and care. Several of our participants were born and grew up outside the UK, with two of the candidates noting the importance of diversity and being around people from a variety of different cultures and backgrounds both professionally and in the community in which they lived. Supportive workplace programmes such as apprenticeships provide an opportunity for people to join health and care and gain a qualification while also earning a wage, but participants also talked about the benefits to these programmes in terms of shared learning amongst people with diverse backgrounds and experiences.

Managers and colleagues who were approachable and understanding allowed individuals flexibility to work around their health, personal circumstances and cultural needs. For example, one participant noted the accommodations made by her manager enabling her to observe Ramadan whilst working. Participants described a strong sense of attachment and belonging to supportive team members, with one participant referring to their colleagues as family.

'She (my manager) listens and there's not single thing that I haven't told her and she knows how it is. So I'm happy for that and I feel like I'm in a secure place now like. I feel. You know, even though it is just a job, for me it's not just the job. This is why I say it's at my second family 'cause. It's my second home' (AM)

One of our participants noted that she needed to maintain communication and boundaries around what work commitments she could accept, due to multiple responsibilities for caring, work and study. She reflected on the importance of asserting these boundaries for her health and wellbeing. It is important to consider those individuals who may struggle with similar circumstances if they do not feel confident or able to maintain their personal boundaries in the same way.

Whilst not specifically noted as a barrier to staying in health and care, some participants referred to financial pressures, often driven by personal circumstances such as living alone or supporting family members. Financial factors could drive decision-making in terms of career options which is important to remember in terms of attracting people into the sector, and retention. One of the participants described the pre-employment programme as invaluable as it gave her practical guidance on health and care values but also an overview of data protection and some practical help with interviews. Job application processes can sometimes pose a barrier for individuals, because of computer access and literacy, competence around populating a CV and application forms, and the time demands of completing applications for multiple roles. Individuals may also become despondent and demotivated once they have experienced several rejections, with or without responses from recruiting organisations. City-wide support services such as our pre-employment programmes and the Talent Hub have helped people to get around this issue, by providing candidates with skills and support to develop their job applications, as well as establishing sustained contact with them if they are unsuccessful in securing roles on their first attempt.

One participant reflected on the availability of information about careers support initiatives availability in the city. They described the varied and versatile routes into careers, but perceived some limits on how widely these opportunities are advertised, and how aware people in the general population are of them as a consequence:

'there is something out there for everyone to be able to do. There should be. We just need to understand what people need and put some help in place, I'd say a lot with awareness, I feel like. People just need to know, and it's just they don't know what is available for them and what's not' (AM)

Impact on wider determinants of health

Precariousness of housing was a very common challenge for our participants, as well as sustained access to benefits – and this was seen as a short-term necessity, rather than something they wanted to rely on long-term. This is helping us to clearly demonstrate the multifactorial situations people are experiencing that have a detrimental impact on their health and wellbeing. Opening up access to paid employment opportunities, and support to remain and progress in work due to factors such as training and varied experience, is one way in which we may tackle financial challenges for those who are living in deprivation.

We found evidence that better jobs do contribute to better health. Participants with health issues described extensive support from managers and colleagues in providing an environment allowing them to stay in work. It's important that managers or HR leaders can understand and appreciate the personal experiences and attributes of their employees, so they can support them in the best possible way. This takes time but also knowledge and skill to be able to respond and identify the appropriate organisations and level of support needed. They also need to develop the right attributes to be considered trustworthy enough for their staff to disclose relevant information to them.

It is vital that recruiting organisations appreciate that individuals may be living with the impact of adverse life events and put support and safeguards in place so that work doesn't exacerbate the impact of these on their employees. Participants had previously accessed workplace wellbeing programmes and occupational health services and this lead to improved health outcomes, as well as enabling them to continue and progress in their roles. For example, one of our participants received an OT referral through work for a chronic condition, and this led to her seeking out further support with her GP. She acknowledges she can now do things that she didn't think she could do and this has given her to capability to progress in her role.

Like when it comes to my appointments, obviously I'll give [my manager] all the dates. She'll put it in the calendar so that I'll allow the whole team to know, you know, I'll be off on them. I'll come straight after my appointments. But she allows me to make up for them hours as well (AM)

Two of our participants, a married couple with four children, also described the influence that their blossoming careers in healthcare have had on their family. Through meaningful employment they

have been able to provide for more than just their basic needs, and have found themselves with greater choice over housing, access to University education, and have inspired their children to work hard through their education and plan towards their future careers. More than one of their children have also spoken about wanting to follow in their parents' footsteps and work in health and care.

Section 5: Conclusion

Our case study participants have shown us several different ways in which previous initiatives to tackle health inequality in Leeds have made a significant and lasting impact on their lives and wider determinants of health. As a system, we have demonstrated the ability to remove numerous barriers to getting into careers in health and care and improve the health of individuals. This has implications for the individuals directly involved in these initiatives, but also for relatives and immediate community networks who may be inspired and influenced to take similar steps in their careers, as well as future colleagues who recognise the increasing diversity within the sector.

Section 6 Recommendations / next steps

A summary of the findings and possible implications for the system to consider are noted below.

These case studies have shown it is important to adequately prepare those with limited knowledge of the sector who are just starting on their career journey to understand exactly what they are getting into – assumed knowledge of the sector may lead to personal setbacks and attrition, which could have a detrimental effect on individuals and employers. The routes and the diversity of roles within health and care are still largely unknown to members of the public, and as a city we need to continue to do more to increase awareness.

> **Recommendation one –** to utilise the Career Compass Leeds, launched in September 24, including looking at how this could be further integrated into the support of outreach services. Initial evaluation work of Career Compass Leeds has highlighted some potential areas where this could better inform people about what is out there and what opportunities exist locally. There are also on-going discussions with wider regional partners around sharing our learning and potentially supporting the development of place-based platforms across West Yorkshire footprint.

The case studies have demonstrated the importance of multiple organisations working together to provide support to individuals, and the advantages that co-ordinated cross-agency support could offer versus support services working in isolation in terms of consolidated interventions for skills development, matching candidates with opportunities to access and gain employment while subsequently filling workforce gaps, and enabling people to stay healthy in work. The participants

were not able to identify if organisations were able to always effectively refer people to the 'right' support (if that support was available)) or if there was knowledge about the different routes individuals could be referred to.

> **Recommendation two –** As noted in Section One, the city has attracted funding to support continual professional development training in health inequalities and therefore there is an opportunity to further learn and gain insights from this project as it develops from April 2025. Through the health and workforce indicators (first published November 24) we will also have an insight into how our workforce reflects the communities in which we serve. Additional partners, in addition to the city statutory partners will be layered into the existing health and workforce indicator data to expand coverage of the system by July 2025, with a full refresh of the data being undertaken ahead of publication in July 2026.

All participants were driven by the desire to help and care for others, influenced by personal experience or people in their lives – Need to acknowledge this innate skill/drive to help others – strong argument for values-based identification and recruitment

> **Recommendation three –** Leeds Health and Care Partners are developing a project as a result of the National Economic Activity Accelerator funding, project to begin in April 2025. Further learning and insights will be collated as part of this project.

Interviewees cited the importance of nurturing a diverse workplace culture

> **Recommendation Four –** There are multiple factors that affect workforce culture. Inclusive Leadership to be discussed within the Narrowing inequalities steering group for
>
> consideration of next steps for city action.

All case study participants that were provided an opportunity to 'get into health and care' through the removal of barriers, i.e. transport to the pre-employment course or not having to complete an application are still working and stated they want to progress

> **Recommendation Five –** Through the city infrastructure of the Talent Hub, Leeds Health and Care Partners will continue to work together in ensuing the removal of barriers, with a focus on root cause to make sustainable changes to policy and practice. As noted above, there is a further opportunity to enhance the cities understanding of the barriers through the Accelerator programme and an enhanced relationship with Job centres and Department of Work and Pensions.

Our individual case studies have shown there is a link between better jobs leading to better health, evidenced by some of the candidates seeking support with their health whilst at work. In many of the case studies managers were also shown to respond to their needs and identify where they could support through changing work hours for example. Through the support the partnership provided to candidates prior to their employment journey there is some evidence that better health has led to better jobs.

> ***Recommendation Six*** – Evidence to be further collated as part of the Accelerator Programme. The Accelerator programme offered an opportunity to gain further insights into this finding, in part due to the expected scale and numbers of people the programme is expecting to support.

Annexes

Annex One	The Evaluation Framework Content Overview
Annex Two:	Case study transcripts that have been shared with participants, including one page overview of Evaluation Framework content

Annex One: The evaluation framework content

Sections of the Evaluation Framework are noted below with key points summarised from participant case studies. Documents referred to the Evaluation Framework are referenced below.

Talent Hub Engagement information and knowledge

- Length of Engagement, as of August 24
- Referral route
- Date started regular Talent Hub check in
- Support received from the Talent Hub and partners
- Employment journey to date
-

Healthier Leeds Plan

Which characteristics can the participant be identified based on the below Leeds Health Leeds Plan Categories: Healthy Adult, Serious mental illness, long term conditions, people with learning disability and/or neurodiversity, maternity, cancer, frailty, end of life, less than 18-year-old.

Dimensions of inequality

- Employment status at start of intervention
- Age
- Where they live
- Gender
- Ethnicity
- Disability
- Sexual orientation

Unintended outcomes

- Participant noted unintended outcomes from receiving intervention

Leeds Health and Wellbeing Strategy - The 3 Cs are: Better Communication with people, Effective Coordination of health and care services, Compassion in the delivery of health and care services.

- Participant examples of where they have had personal experience with health and care

Create fair employment and good work for all - Health Equity in England, Marmot Review 10 years on reflected on three priorities for employment. Participant analysis added to framework using the below priorities.

- Improve access to good jobs and reduce long-term unemployment across the social gradient.
- Make it easier for people who are disadvantaged in the labour market to obtain and keep work.
- Improve the quality of jobs across the social gradient

Other barriers faced in health creation and system change

- Barriers which were highlighted in framework from participant interviews including Communities' barriers, System barriers, Structural discrimination and National policy barriers.

Wider determinants of health

- Participant shared information on Income, Housing, Environment, Transport, Education, Work were noted in this section of the framework if not highlighted elsewhere

Influence of other Health Equity principles, such as the following if participants referenced them in their interviews

- Give every child the best start in life
- Enable all children, young people, and adults to maximise their capabilities and have control over their lives

Relationships – Relationships influence Health Creation, HCA Manifesto V4 (thehealthcreationalliance.org)

Injustices experienced by different communities,

- If referenced and note noted above framework notes any injustices in the distribution of resources, Poverty, a steep social gradient, unfair access, Structural discrimination, Trauma in childhood or adulthood

Annex 2: Case study transcripts that have been shared with participants, including one page overview of Evaluation Framework content

Naomi Overview

Referral route	Employment and Skills
Date started regular Talent Hub check in	February 23
Support received from the Talent Hub and partners	Assessments for programme eligibility and Career in care employability programme – November 22 Level 2 moving and handling accredited qual from programme.
Employment journey to date	Started as an Apprentice Clinical Support Worker in an NHS organisation in February 23 and has since moved to another position within the same organisation.
Healthier Leeds Plan	Healthy adult
Stated employment at start of intervention	Student/unemployed
Age	Under 25
Location	North Leeds (non-priority ward)
Gender	Female
Ethnicity	Black, African, Black British or Caribbean (includes any Black background)
Disability	None disclosed.
Any unintended outcomes from intervention	Case study talked about positive relationships she had gained at work with colleagues.
Personal experiences with health and care	Support with housing Support through social care as a younger person
Support to develop and train in role	Described being supported by her manager.
Good work for all	Pre-employment programme enabled her to start an apprenticeship
Barriers	Talked about application process being a barrier in previous job search. Noted that she wanted to do a social work apprenticeship but was not aware that this was available in Leeds.
Wider determinants of health	Housing affected her study and work.
Influence of other Health Equity principles	Participant noted she had a health and care diploma. She described difficulties in being able to manage her budget on her wage and would like to live closer to work to save money on transport
Relationships	Talked about positive relationship with job centre and her supportive employer when personal circumstances changed.
Injustices	Reference above

Naomi case study – final candidate approved case study

Background and current situation

Naomi lives in a priority ward in Leeds and has been supported through a referral into the Talent Hub (via the Employment and Skills) to take up an apprenticeship role in the health sector in Leeds. At 20 years old, she has already experienced personal adversity due to a difficult home situation ending with being unexpectedly left with nowhere to live. Although this did not affect her ability to attend college and obtain a qualification in health and social care, this experience has left an impression on her in unexpected ways, some of which are relevant to her pathway through her chosen career.

The same day that Naomi became homeless, she attended a routine Universal Credit appointment at her local Job Centre and confided her situation to two work coaches. One of these was able to connect her with a hostel for temporary accommodation. Two months later she was able to leave the hostel and began renting a flat of her own.

Naomi later joined a clinical apprenticeship programme supported by a member of the Leeds and Health Academy, via referral from the Job Centre. She left this after 6 months because although the role of Clinical Support Worker suited her ambitions, the conditions on the ward began to have a negative impact on her wellbeing, compounded by the emotional challenges she faced outside of work:

I wasn't really very happy in the apprenticeship, just on the ward that I was working on that- I did find it quite like emotionally, like draining and stuff like that… I loved being a healthcare assistant. Like I really do like being a CSW. But it was just on that ward in particular. I just felt like I couldn't, it's not something that I wanted to do. It's something that I found like, I couldn't really do that well without my mental health kind of like just getting worse and worse and worse.

More comprehensive information about the specialism/clinical area before the apprenticeship began may have helped her to determine whether this placement would be suitable at the time:

When they asked me originally in my interview for the healthcare assistant job for the first time round what wards do you know, they said do you want to work with women and children or do you want to work on a trauma ward? And I said trauma, thinking it might be like A&E or like another like trauma related ward, like major trauma for example but it was a trauma and orthopaedic ward.

This is a critical point to consider since like many apprentices, Naomi was relatively new to the sector and the nuances of different roles and clinical areas. It is important to prepare new starters for the type of work and what's involved, and make sure they have adequate information and support from the beginning so they can decide what they are willing to do at work. Furthermore, at all times we want to make sure that work opportunities don't further compound health inequalities, by exacerbating any existing issues.

Naomi communicated her issues and requested to transfer to another clinical area, but found she was unable to do so:

Yeah, like I. I already tried asking my Tutor at college. Not my tutor like the person that oversees the apprenticeships like or can I just have a transfer please? Because it's quite, I'm finding it quite hard and I've heard that you could like potentially get a transfer, but I couldn't get a transfer because I think it was just quite, apparently it's quite hard to get a transfer when you're an apprentice, but if you're a trainee like it's easier to get a transfer. I don't know like something to do with me being an apprentice, but I couldn't get a transfer anyway so I just had to quit unfortunately.

Instead of transferring, Naomi found herself having to withdraw altogether to preserve her health, and reapply for another programme at a later date. Rather than leaving the sector altogether, Naomi took an alternative option enabling her to stay within her current team:

I was off sick from work, like, quite a lot. Maybe like for like one or two weeks or something because I just couldn't like do it anymore, and I think just 'cause. I was homeless and stuff like that, like, around that time, everything was just quite, quite a lot 'cause I'd just moved into my new flat like I never lived alone before, apart from living in a hostel. That was like my only- that's like it was just quite all a lot at once. So I think I was just getting quite overwhelmed with work. So as soon as the ward clerk on my ward left, I applied for her job and I got it like, pretty much straight away.

Additional support mechanisms which could have prevented Naomi from dropping out of her apprenticeship may have included pastoral support attenuated to her situation, or an option to change her clinical area to another speciality. Despite being unable to transfer to another apprenticeship, Naomi was keen to remain in the sector and opted to take an admin position in the interim. This is a clear reminder that employers have a duty to pay attention to someone's personal circumstances and any additional factors that might prevent them from thriving at work.

Despite an eventual improvement in her living situation, she reflected on the enduring impact this period of homelessness has had. This was reflected in terms of feeling insecure in her home:

oh, it was. It wasn't that great, really, like. It felt quite like longer, like just to be like, you know, just one singular bedroom. And I think it kind of like stuck with me a bit 'cause even now in my flat now, I

don't. I won't go sit in the living room or sit in my bedroom like all day. And it's not even because I'm, like, depressed or anything. It's just I think it's like, just stuck with me from being in the hostel like. I just don't even like, I can go and sit in the living room if I want. Like it's my living room. But I just. I just don't feel like I, I don't know… not like I can't. I just don't feel like I want to.

However, with the right support and time to adjust to her circumstances, this may create opportunities for healing and growth to take place:

Probably just coming from being black, homeless and that, to actually living in a house, like I think that might have like maybe made it a little bit harder, but obviously now that I've lived there for like nearly two years, I am in a better position like mentally. So I think it was just like a lot for me at first.

Naomi reflected a shift from keeping her past a secret from others, to a state of accepting the events of her past, and being able to share some details with people of her choosing. Since doing this she has had positive reactions from others, and these people have encouraged her to feel a sense of pride and recognise what she has achieved despite living through adversity:

At first I've kind of thought like no [I wouldn't tell people I've been homeless in the past], because not everyone needs to know, like your business, not necessarily like what you've been through. But then other times I think well that's who I am. Do you know what I mean? Like, I'll tell them if I want to tell them

Early influences

Naomi reflected on some positive influences on her ambitions and the actions she has taken for her career to date. She described a natural caring side which drew her towards working in health and care:

I've always just had, like, a natural. Like, knack for like, caring for people like my mum always says it like, that's the only way I can describe it. Like, I don't know, like I just I've always liked… helping people just like, and when I started to work in- when I, my first day of work in the hospital like I realised that yeah, like this is what I want to do. Like I would like to be, this is what I want to do like for a career. Yeah. …Yeah. Yeah. To be honest. Yeah. Yeah. I've always kind of wanted to work, like, in health and social care.

Starting in a role in healthcare may have affirmed her ambitions and helped her to embrace her strengths through her career. She reflected on the Importance of doing something rewarding and meaningful - not just a way of earning money or a stopgap. Although clearly capable and hardworking in any role, she described the contrast between making a difference to a person's health or wellbeing through her role in direct care in comparison to simply 'being helpful' in her clerical role:

Not really as a ward clerk like I do get like the odd person will tell me like oh, thank you you've been really helpful. Yeah, I do appreciate it. But I don't feel like I'm being as helpful as I am as I would be as a CSW… being like, directly involved in like, yeah clinical, how to get people better or what makes someone like ill or what makes- why someone is like, the way they are, what they can do to make it better. Like I've just, I just like being involved yeah. Like having like close, like good. Well not close like working relationships with like patients or, like patients, family members like it's quite it's quite it's a very rewarding job. Yeah.

Naomi also talked about feeling inspired to be in social work because of receiving support through social care as a younger person:

I think just being able to be like, just like a means of like support like for people like, when I was younger … when I was living with my mum I had this woman. I don't know if she's a social worker but I think she was something of that sort, but she'd come and she'd take me out to the cinema and she'd take me out for food and stuff. She'd talk to my mum and stuff like that. And she was from like an actual like, you know, like a professional. Like she wasn't just like a family friend or anything, she was actually like a worker that I had. Yeah.

There may be an opportunity for those who have received support in the past from health or social care to be encouraged to get into these roles in the future. They may be inspired to give something back or to pay respect to the meaning these individuals have made in their lives.

Impact of personal attributes

Naomi gave several examples of times in her life where she has worked hard to find opportunities for herself and thought hard about the direction she wanted to take in her future career in spite of challenges and barriers to doing so. This resolve and ambition is not something that can be taken for granted as she has been receptive to opportunities that have come her way. She mentioned other occasions in the past when she has been driven to find roles and opportunities without finding difficulty in the application process, and enjoyed a common thread in all her work experiences to date, of helping people in need and doing practical things to make a difference.

But like before, I like in the midst of me being like homeless, like before, I actually was homeless, homeless, like properly homeless. I did work experience at the job centre by helping people sign on and sort their Universal Credit and stuff like that … She's really nice, she said, 'cos I was telling her like I would love to work in the job centre and she said when you get yourself sorted out a bit and you're a bit like more stable like you've got a flat and stuff like that, let me know and you can come do work experience here. And yeah think I was there for about like a month, maybe two months.

Naomi continues to think about ways she can progress her career, now that she is in a position to do so. She talked about several years' worth of experience in applying and interviewing for jobs and not being phased by recruitment processes, but she has still recently benefited from flipped recruitment and gaining work experience through contacts she has made along the way. She is taking a keen interest in the sector and open to opportunities to learn more:

I've got quite a few options like not options, but things that I'd like to do. If not, like 'cause I do want to eventually progress to like my band 3 CSW role, you know, because I'd like to learn how to take ECGs and take bloods and stuff like that.

However, it is fortunate that Naomi is academically minded and willing to put the time in, especially when she potentially needs to repeat work on her next apprenticeship placement. She also recognises applicable skills, importance of experience and knowledge of other parts of the sector, with an appreciation for experience and having an oversight of what is out there:

Potentially I would have to do it all again, but I think someone in my interview like, one of the interviewers was saying that instead of the apprenticeship, if you've already got this X amount of experience, you can do the traineeship, which is only six months. So I think that would actually be better for me, but if I can't do that, it's fair enough. I'll just do the apprenticeship again.

Naomi reflected on several times in the past where professionals have gone out of their way to help her through difficult periods in her life, and connect her with support and opportunities:

Yeah. Yeah, because the the other [name] who actually got me the apprenticeship. She worked for. She was definitely working for the Council. But I think at that time her job, was she a work coach? She was a work coach and she was, I think, something to do with, like, helping like young adults, summat like that. So she knew how she could get me into a hostel that night.

Through her experiences to date Naomi referred to occasions where she had been willing to reach out and ask for help. This openness in turn seemed to make people want to help her, which has led to concerted efforts to find a place of safety for her to ensure her independence. Interactions with people who have taken the time to help and support Naomi and connect her with opportunities has been a facilitator to eventually 'getting in' to the health and care sector.

When I was made homeless, like when when my mum and stepdad kicked me out, that day, I had an appointment do you know, like, for universal- I don't know if you know, like when you're on benefits have to go into the job centre for like weekly, like appointments. So I went in for one of them and then obviously they I told them that I was homeless and stuff like that. Like it was, it was a whole thing. And then I got put into a hostel that same day.

Professionals have been able to recognise Naomi's potential and her motivation, as evidenced by her manager supporting her to remain in her job until she is able to move on to another training programme. This was the reason Naomi felt that she was given an opportunity to remain on the ward where her placement had been, to stay in the sector but in a position that better supported her wellbeing at the time:

Yeah, I think that's why she gave me the job as ward clerk because she knew like how much I wanna continue being CSW on that ward. I think she she knew that I was like, a hard worker and stuff anyways so I think that's why she gave me the job.

Naomi is clearly a likeable person and has formed good bonds with colleagues, which has made her feel an attachment to her current team, despite the challenges of the environment from a workload perspective. This is an important point to consider from a retention perspective, as is giving her choice and the opportunity make an informed decision about where she can work and what she'd like to do during her studies.

Although Naomi has clear ambitions to move into social care, she recognises the importance of a range of experiences in different parts of the sector. Those experiences to date have helped her to navigate the careers landscape and make informed choices around the area she wants to work in:

People keep telling me to do my nursing, but I'm not sure if nursing is necessarily like the route, like I don't want to be a nurse. I want to be like a social worker, a support worker. Yeah. Like for, like, children or families or like, just vulnerable adults. I don't necessarily want to do nursing. I'm not saying that it's like a bad thing to do. But it's just not what I want to. What I want my career to like, kind of, be.

Barriers to staying in health and care

Despite having overcome social and systemic barriers to start on her career trajectory, it is important not to underestimate the impact of barriers that exist even once someone has entered the system, such as constraints on movement within and across organisations. There would have been a risk that the sector would have lost Naomi once she realised she was unable to move to another apprenticeship placement. Even for a communicative and open person, with limited capacity to retain someone who has changed their mind about a role many individuals may leave the system altogether.

Availability and diversity of apprenticeship opportunities may also prevent some individuals from realising their full potential:

at first I wanted to be like a social worker for like vulnerable families and stuff like that. But they don't have- they have apprenticeships for social work, but just not in Leeds. And like, the closest one that I found was actually in Durham. And I just don't have the financial like means to like, just get up and move to Durham. Yeah, so. And I wouldn't know how to go about doing that, moving to a different city anyway, because I've never like, been away from Leeds like I've always lived in Leeds

The lack of local opportunities to becoming a social worker within Leeds reinforces financial and geographical barriers to individuals wishing to move into a particular area of work, such as Naomi. It is also important to take into consideration any social barriers to moving to a different city, such as leaving support networks behind. A disparity in opportunities to train in specialist roles in social care will limit entry into these roles and narrow the potential for creating a more diverse and inclusive workforce.

Oh yeah I think like, there should definitely be more like social worker apprenticeships or social worker like traineeships or, like community placements like for social workers or, yeah like stuff like that like if there's apprenticeships for working actually in a clinical setting, I don't see why there can't be apprenticeships for people wanting to do like, social work, like in the community or in like homes for like children or stuff like that, or homes for like vulnerable people or stuff like yeah, I don't see why not. I think that should definitely be more variety in Leeds

Although Naomi's living situation has stabilised, it is important to appreciate the enormity of living alone as a young person at the beginning of her career, during a cost of living crisis. She has taken on responsibilities that many of her peers will not face until they choose to do so, and is aware of the pressures involved in managing a household alone:

And when people ask me and I say, oh yeah I live alone they're like oh my gosh you live alone?! I'm like… yeah. It's all right. Like sometimes it's a bit hard, like with bills and stuff like that, but not- even not even hard it's just, when you see your wage. I feel like it's like this for everyone but when you see your wage, like after tax and like before tax you think like, woah I got taxed a ridiculous amount… It's all right. I would like to be making more money, like, but I feel like everyone, everyone would like to make more money. Like, potentially, but yeah.

Financial pressures have also had an impact on Naomi's ability to afford driving lessons and access to a car. Being unable to drive may have implications for a person's independence, but may also limit opportunities to work in certain roles or settings, particularly those in the community, in the future.

Enablers to working in health and care:

Naomi showed an appreciation for the value in mentorship and peer support, and drew on this as an example of a way to support her to remain in her role.

Definitely have like a mentor or like I had like a sister like, you know, one of the ward sisters, that obviously can go to if you need like help or support or anything. But yeah, just like things like that.

Additionally, she reflected on the benefits of reduced time waiting to access opportunities through flipped recruitment models:

I definitely got interviewed and that like a lot quicker… just had to go to college for a week just to like, learn like a few basic like moving and handling and stuff like that. And then at the end of that week, we got our interview and then we got, we just got the job basically.

Claire Overview

Length of Engagement, as of August 24	Circa 18 months
Referral route	'Other' - not known
Date started regular Talent Hub check in	March 23
Support received from the Talent Hub and partners	Career in care employability programme - March 23
Employment journey to date	Started role as a health care support worker for a third sector organisation in May 23 and is still working for the organisation.
Healthier Leeds Plan	Healthy Adult
Stated employment at start of intervention	Student/unemployed
Age	25-35

Location	North Leeds (priority ward)
Gender	Female
Ethnicity	White - British
Disability	Nondisclosed
Any unintended outcomes from intervention	Claire noted that the job as a support worker had an effect on her parenting skills ' So it's given me a better mind- it's given me a better perspective for being a parent'.
Personal experiences with health and care	Described going to A&E with chest pains associated with stress. Had received Counselling and continued to go on an ad hoc basis.
Support to develop and train in role	Discussed that she was supported in her role as they accommodated the hours she could work and set her rotas in advance so she could attend university.
Good work for all	Discussed that role offered flexibility to work round childcare and university commitments.
Barriers	Claire talked about applying for previous jobs but not getting responses. Contacted by Talent Hub who suggested a pre-employment programme which led her into a role within the charity sector that enables her to build up experience in profession she is studying (counselling psychology)
Wider determinants of health	Current studying. Talked about extent of debt she will have when the studies were complete.
Influence of other Health Equity principles	Claire is a single mum and works around a full-time course as well as her caring responsibilities. As noted above, she mentioned that the experience gained in her role had impacted on her parenting skills
Relationships	Claire talked about her experience of going to A&E and seeking non-public funded counselling.
Injustices	Claire noted that she had been through some trauma and sought Counselling.

Claire case study – final candidate approved case study

CLAIRE is currently working part-time as a support worker for a charity in Leeds, providing one-to-one support with practical tasks for people with intellectual disabilities and/or mental health conditions.

She initially applied for several mental health roles through NHS jobs, but received feedback that she didn't meet their criteria related to her qualifications and lack of previous experience in the sector. CLAIRE had been trying to find something in mental health that could allow her to leave the beauty industry, and so didn't have a specific role or organisation in mind at that stage. Her focus was to find work experience in a related area to support her ambitions to become a counsellor, but

she had applied for several jobs before managing to secure her first role. Despite several knock-backs, she acknowledged the time that these employers had taken to respond with thanks, and a message to decline her application on the NHS platform. On one occasion, she was offered the opportunity to apply for a different role as a support worker in the charity sector on the condition that she completed a health and social care programme for a week (Careers in Care, an introduction in Care course) beforehand to grant the necessary entry-level qualification. This offer was supported by the Talent Hub through LHCA. She believed that this was a difficult sector to get into and described herself as 'lucky' to receive this opportunity, and resolved to take whatever she was offered as a way into the sector.

The one-week course that CLAIRE was asked to take through a local college seemed to be required as a formality, with content that had been developed for people starting roles with those requiring physical care as opposed to mental health support. She was told by professionals involved in the recruitment process that she didn't need to know the information taught during the course, but that it was a requirement all the same. Although the course only ran for 4 days she found this 'very full-on', with long teaching days, and even bypassed the interviewing stage at the end of the week as her job had already been secured contingent on finishing the course.

I got confused, because I thought well, if I'm not, I've been told I won't be changing people like I'm not going to be a carer I'll be a support worker, which is completely different. But I'd only been given a rundown job spec, like I wouldn't be wiping bums and bathing people. So some of it was a bit confusing, but then when I started with the charity they gave me a load of training courses to do, which I aced because I'd literally done it like three weeks before on this course. So that was helpful in that because some of that I'd never done before.

As CLAIRE describes above, she appreciated an opportunity to perform well on the internal training programmes, but this was due to her repeating some of the learning – which suggests that some of this could be better streamlined so this is relevant and not repeated for those in a similar role to CLAIRE having just joined the sector.

I: Do you think you would have maybe felt a bit frustrated if the course had been like a bit longer and still not relevant. Like if they'd said to you this is for three months, but it's still all about like you know, clinical care?
P: I wouldn't have gone back. I'd have just gone. So it was good that it was like. Almost like a wham, bam, thank you, mam type thing.

CLAIRE described feeling conscious about her previous experience in a different industry, and overcoming stereotypes or assumptions that others might have had about someone previously working in beauty. She relied on guidance and support from her family and student support

services to build a case through her job and academic applications, to 'sell' her experience and the transferability of the skills she developed through being self-employed. Alongside this, she is aware of the constantly changing landscape of recruitment in light of assistive technologies and understood the need to move with the times and adapt her approach, ensuring that she stood out to programmes designed to scan applications for keywords.

I knew that what my mum was giving me was based on like three years previous 'cause she ended up taking early retirement. So I did say to them, what do I need for one now for a more recent one. What do I need to be? Like what process cause before somebody was just in charge of recruitment of looking through CVs weren't there, whereas now the computers are programmed to pick up certain stuff, so they were like, get this in, get that in your personal statement at the top.

CLAIRE didn't view the NHS jobs platform as a barrier to applying for roles, and reasoned that she could populate different application forms easily after initially dedicating time to completing a profile from her CV. This initial task she described as a 'nightmare', but something that improved and became easier over time.

Once you get going it's better than- yeah. I did apply for some jobs a couple of weeks ago. And I remember opening it up and thinking, oh, god, I've got to do all this again. But then it started auto filling again. And I thought, oh, thank god.

CLAIRE described experiencing highs and lows with the support worker role. She finds it rewarding at times, especially when she can make a positive difference in people's lives - but there have also been some occasions where she has felt unable to continue to support individuals due to 'stressful' situations at work that risk having a negative impact on her wellbeing.

CLAIRE is a full-time student alongside her support worker role. She is training to become a counsellor and has chosen to take the route of a degree in counselling psychology to do so. She has taken the decision to change careers in her early 30s, having worked in the beauty industry until a year ago. To secure a place on her degree programme, CLAIRE took a foundation course to compensate for the required qualifications, that she would have otherwise gained from school.

CLAIRE was self-motivated to research training opportunities in counselling, and found spaces on a degree programme at a local University. They were willing to offer a place for the following year on the condition that she completed a foundation course. CLAIRE benefitted from the flexible entry requirements, and was asked to submit a personal statement to demonstrate her motivation and commitment to study towards the qualification.

So I just applied. And then within two months, I got my acceptance but they were like, you'll need to do the foundation, blah, blah, blah. Do this, do that, I did it. And I got accepted.

CLAIRE found peer support during the foundation course from other mature students who were also mothers juggling their parenting responsibilities alongside study. She has accepted the demands of being a single parent on her time – 'we've not known any different', however, her child growing up is something CLAIRE has found easier over time as she has started to find more time to devote to her career.

CLAIRE is able to prioritise her studies above the hours she works as a support worker. She has needed to be organised and state her personal boundaries with her employers, to give her the time she needs to attend university and study as well as fit in her responsibilities as a single parent. She described feeling able to express her needs with her employer, and willing to walk away if they didn't meet them.

It's like, well, I need you to work Saturdays. I was like, well, I can't do it. I'm not the person for the job. Like, Uni's going to come first and he was like, oh, OK, but they were good at putting my rota to match my timetable, which then meant I could raise my little one as well.

Despite having set these clear boundaries, she has still felt the effects of juggling work, study and parenting which recently affected her health:

Like I said it's just being organised, it's stressful and when it gets to deadlines it gets stressful. Like before Christmas, I ended up in A&E. Thought I was having a heart attack, but it just turned out to be stress … But I was in A&E on my laptop right in my final assignment for semester 1. Because I was like, this is my last day before it's due. I'm not wasting my time.

Before CLAIRE realised that the stress of her situation had caused her to feel unwell and end up in hospital, she still ensured she could work to meet her deadlines through this health scare. She effectively talked about having no choice but to juggle the three commitments at once. Even though a nurse suggested she 'take a break' to improve her health, she didn't see a possibility of having time off because of the series of tasks she had to complete, and the day-to-day responsibilities she faced. There are few opportunities to pass on those tasks to anyone else, aside from receiving support for childcare from family, and so she has chosen to accept her current situation and get through it.

CLAIRE needs to move on to a Master's degree following the end of her undergraduate course. Initially she had questioned whether she could pay for a shorter course through a college or other institution as an alternative to a University accreditation, but discovered that this is being phased out of practice and she would have needed to top-up her qualifications further down the line. She

described this as reassuring, as she has ambitions to take her practice further in the future and felt keen to take the most 'proper' route from the beginning.

But I would not be able to go train to be a clinical psychologist or advance a lot. They're making it an active profession… Obviously you wouldn't just let somebody who's done a year's doctorate loose on your body would you so you wouldn't really do it with your mind. So I thought if I'm going to do it, I'm going to do it properly so.

CLAIRE felt inspired to embark on a counselling course through her own experience of counselling. She saw the direct benefit of the work she had done with her therapist, in the way she responded to a potentially challenging situation:

I'd been having counselling myself and there was a situation I would have reacted to in a certain way, but I didn't because of like the work I'd done with my counsellor and stuff. So I felt like I'd grown almost.

This led her to want to 'pay it forward' and support others in a similar way, and she soon challenged herself to 'go for it' and take steps to become a counsellor herself. She is motivated to 'make a difference', give others a voice and support people who have been through traumatic circumstances to improve their situations. Her particular interest is in trauma-informed therapy and suicide prevention in men, linked to personal interest and experiences. She talked about wanting to give a voice to certain groups of society and challenge societal norms that are harmful to others, demonstrating strong values for sharing and talking about difficulties, and challenging harmful cultural perspectives such as toxic masculinity.

CLAIRE's interest in counselling has been supported by experiences she has had in previous roles, and she talked about having a naturally caring, understanding approach to interacting with clients which others recognised in her as well:

I'd started picking stuff up from there so when people started coming in with symptoms and things, I'd always start with, well, actually I know somebody who's a counsellor would you like their number? Or have you been to the doctor's? Because I, you know, I think that's your next step for the things you've described, I think that's what you should do. Signposted them… It happens for beauticians and hairdressers more than anybody thinks as well, though 'cause you end up building a working relationship with them … As soon as I said I was gonna do counselling, no matter who I spoke to, they were like, yes. Like, yeah, yeah. Like not one person was like, are you sure about that, they were like… We all speak to you anyway. Or everybody speaks to you anyway so it made logical sense to, not just me, but to the surrounding people as well.

She reflected a natural compassionate, understanding nature that she and other people recognised in her before she moved into a classically caring sector. Her counsellor has modelled some approaches that she has begun to use already in her role as a support worker, transferring those techniques to change the way she relates to others and improve some aspect of their experience:

But like even at work. You know, someone can have a bad day. You know, a member could be having a bad day. I already know to give them that space. Like, not be like. Well, why? What's wrong? Well, what's been happening or is something going on at home? Like I wouldn't ask a leading question. I wouldn't ask a closed question. Like you're feeling down today. Yeah, of course they're going to say yeah, because you can see it in them. It's giving them that like safety and like in the beginning, building up a non-judgemental relationship with them.

She mentioned that these experiences have also had an influence on her as a mother, giving her a new perspective on her child's behaviour and enabling her to be a more understanding and compassionate parent. This change in perspective also helped her to share in the meaning of smaller joys in life and value the achievements of others:

Like some of the members could wear the same clothes. Every week or week, but they could have just got a new game that they've been saving for, or they've just, I don't know, bought themselves lunch or tried some new food. Like the perspective is ridiculous. So being in beauty was very materialistic.

CLAIRE attributes her personal experience of counselling as giving her the ability, and permission to set boundaries for the time she devotes to work, study and her personal life. She describes putting these skills into effect from the beginning of her studies, and recognising the potential consequences of working extra hours or allowing her studies to slip.

CLAIRE received counselling for 18 months free of charge, because of someone she met through word of mouth through a beauty client. They chose to offer free sessions during lockdown and continued to work with her for a significant time. She is still in contact with the counsellor on an ad hoc basis, and appreciates the strength of her therapeutic alliance with this person. She anticipates continuing to work with them for supervision once she is working in practice, owing to the depth and longevity of the alliance they have built. She recognises that it can be rare to find a good rapport with a counsellor on the first attempt, and sees herself as 'extremely fortunate' to have found herself in this position.

CLAIRE is considering the options between paid employment and self-employment, and job security vs flexibility. She has recognised the potential difficulties in being an autonomous practitioner within a large system like the NHS, but also reflects on the lack of pension support, paid leave/absence and stable income from being a member of an organisation. At least for CLAIRE, she is not intimidated by the idea of being self-employed and the anticipated barriers of

setting up as a private counsellor (i.e. the stress, legal requirements, costs). She also talked about the options she had to work for private agencies, or reducing costs by working from home or online.

Finances are an important factor for the decisions that CLAIRE makes for her future career. She acknowledged that she would put herself into debt to go through two university programmes as well as taking a cut in salary during her studies, and accepted this as part of the process. However, she explained that there would be a limit to what she would accept in terms of salary once she qualified. CLAIRE demonstrated confidence in her prospects and earning potential for the future, given her varied experiences over the course of her career so far.

You know, unless I become an overnight millionaire success, they're not going to get [my student loan] back! There's earning potential, but it's more about spreading the awareness so over the counselling that I've had, and the things that I follow are the books that I read, I'm staying in line with purpose. And if you stay in line with your purpose, the rest of it will just be fine. So it's doing that.

Although CLAIRE wishes to remain in the sector long-term, she is keen to move on from her support worker role while she continues her studies. She wants to add more experiences to her portfolio, and values the quality of experiences from working, as opposed to having 'on paper' credentials to appease recruiters or online systems.

AM Overview

Length of Engagement, as of August 24	Circa 2 years
Referral route	Learning partnerships (check with Talent Hub) - registration says employment and skills on TH registration
Date started regular Talent Hub check in	January 23
Support received from the Talent Hub and partners	Assessments for programme eligibility - Sept 22 'Customer service and you employability programme' - Sept 22 L1 BTEC qualification from programme Continued support, signposting to city health and wellbeing initiatives in April 24.
Employment journey to date	Started in role as Business admin apprenticeship with NHS organisation and sill working in role.
Healthier Leeds Plan	Healthy Adult
Stated employment at start of intervention	Unemployed
Age	25 - 35
Location	South Leeds (priority ward)
Gender	Female
Ethnicity	Asian or Asian British (includes any Asian background, for example, Bangladeshi, Chinese, Indian, Pakistani)
Disability	None disclosed
Any unintended outcomes from intervention	AM talked about her work family, she loved work and working with her team who supported her to stay in work. She also noted that work allowed her to pay for things for her child which she could not do on benefits.
Personal experiences with health and care	AM noted that she has ongoing appointments regarding her mental and physical health and talked about waiting times for treatments. She had experience of emergency care in childhood and adulthood, linked to mental health and traumatic events.
Support to develop and train in role	AM talked very positively about the support of her manager, team and the college.
Good work for all	AM talked about how her workplace supported her with attending her health-related appointments and made adjustments. AM also talked about the support she received to develop and the recognition she received (receiving employer of the month), She also talked about how she received referrals through work to an occupational therapist and that in work encouraged her to contact her GP.
Barriers	AM talked about how she was supported by community partners through health and wellbeing courses before connecting to the

	Talent Hub. As part of the pre-employment support she talked about being supported with a bus pass and clothing for interviews.
Wider determinants of health	AM talked about how she had been supported with housing, her health and her family supporting caring for her child. She also talked about needing to pause her apprenticeship, in part due to her health but was supported to do that.
Influence of other Health Equity principles	AM did disclose a number of personal experiences that have influenced her and her health.
Relationships	AM talked about a positive relationship with her manager and team and has relationships with the college and health providers.
Injustices	AM noted a number of personal experiences that had affected her health and relationships.

AM case study – final candidate approved case study

Background and current situation

AM lives in Hunslet & Riverside, is 29 years old and started in role as a business administration apprentice with Leeds Community Healthcare (LCH) in December 2022. She lives within five minutes of where she works which she found was really useful for getting to work. Before she started at LCH, she completed the 'customer services for you' pre-employment programme in September 2022 where she attained a level 1 Btec qualification.

AM is a single mum with a son. Her mum and dad support her with looking after her son, she also has two siblings. AM works full time and notes that she would struggle to work full time without the support of her parents.

Throughout the interview she talked about several experiences that she felt had contributed to changes in her mental and physical health. Some of her physical health issues required specialist support and she talked about waiting times for some of those appointments, which included a rheumatologist.

Early influences

Linked to mental health and traumatic events in her life, she talked about having experience of emergency care in child and adulthood. At a relatively young age, she also described serious mental health issues and, at 19, was in an abusive relationship.

Impact of personal attributes

She talked about the importance of work and that it enabled her to give her son a holiday and other things that she would not have been able to do while on benefits, this was important to her. Her physical and mental health were referenced throughout the interview, but within the

conversation she talked about steps she had made to get help and the progress she had made in her personal and professional life since starting work.

Barriers to staying in health and care

In the main AM did not talk about barriers to staying in a health and care role, but did discuss the factors that gave her the opportunity to want to continue to work in the sector.

The one barrier she did mention when thinking about working in healthcare was that she was worried about working due to the stories that were in social media about working in the NHS and healthcare. When she started the role she talked about how she enjoyed working in the NHS and seeing a person in her team from a non-health background inspired her to think she can do the role.

In terms of the factors enabling her to stay in the sector, her manager and the workplace facilitating adjustments and providing AM with flexibility around her working hours have helped her stay well in role. Workplace adjustment and support included standing up desks and working from home as well as referring AM to specialist support were all factors. She was also able to pause her apprenticeship due to the support of her workplace but also the college.

Like when it comes to my appointments, obviously I'll give [my manager] all the dates. She'll put it in the calendar so that I'll allow the whole team to know, you know, I'll be off on them. I'll come straight after my appointments. But she allows me to make up for them hours as well.

She talked about having confidence to speak to her manager and other members of her work family about the support she needed and felt she was in a safe environment, both factors important to her based on her previous personal experiences. She described loving her job and took pride in saying she had been recently employee of the month. When she talks about her manager she refers to her as her 'work mum', saying:

She listens and there's not single thing that I haven't told her and she knows how it is. So I'm happy for that and I feel like I'm in a secure place now like. I feel. You know, even though it is just a job, for me it's not just the job. This is why I say it's at my second family 'cause. It's my second home'

AM identified a clear want to progress and feels like she can progress from a band 2 to a band 4 role.

'With my colleagues and everything that they're really supportive of it and even with my apprentice and me doing my apprenticeship that my, my colleagues, they always say make sure you put this in your assignment'.

Enablers to working in health and care:

AM described working in part time, non-health and care jobs after she had given birth to her son. Before she started the pre-employment programme, she was unemployed. She described the pre-employment programme as invaluable as it gave her practical guidance on health and care values but also an overview of data protection and some practical help with interviews. The practical support with interview techniques was also supported with support from a third sector organisation who provided her with clothes for her interview. She noted that being aware of the pre-employment was an enabler to her getting a role. She said the following:

> *'there is something out there for everyone to be able to do. There should be. We just need to understand what people need and put some help in place, I'd say a lot with awareness, I feel like. People just need to know, and it's just they don't know what is available for them and what's not'*

She also said that the support she had with her bus fares to attend the pre-employment course helped her to attend. AM also talked about the support she received before she was on the pre-employment programme, through being signposted to the programme but also that she went on a health and wellbeing course, some techniques of the course she still uses.

Salma Overview

Length of Engagement, as of August 24	Circa 2 years
Referral route	Was referred to 'learning centre' by job coach and that is when she met the Academy - marked family, friend or colleague on TH registration
Date started regular Talent Hub check in	March 23
Support received from the Talent Hub and partners	Assessments for programme eligibility - sept 22 'Customer service and you' employability programme - Nov 22
Employment journey to date	Started Business Admin Apprenticeship with NHS organisation in March 2023. Completed apprenticeship and received a distinction (May 24). Offered permanent band three administrator role since completing apprenticeship
Healthier Leeds Plan	Healthy Adult
Stated employment at start of intervention	Unemployed
Age	Under 25
Location	North Leeds (priority ward)
Gender	Female
Ethnicity	Black, African, Black British or Caribbean (includes any Black background)
Disability	None Disclosed
Any unintended outcomes from intervention	Salma talked about colleagues being open to talking to her and saying nice things, she was motivated to stay in employment within the NHS
Personal experiences with health and care	Salma talked about experiencing impostor syndrome.
Support to develop and train in role	Salma talked about the positive experience of learning in college and working. She enjoyed the work and shared learning experiences in college working and learning with people from diverse backgrounds. Salma also talked about having very supportive people around her including her manager and her immediate colleagues, who she feels motivate her through their work ethic and the ways they interact with people around them.
Good work for all	Before Salma started on the pre-employment programme, she had not heard of working in the NHS however talked about how she was motivated to stay in the NHS.
Barriers	Her knowledge of the roles offered in health and care before starting the pre-employment programme was a barrier before the pre-employment programme. Salma talked about factors that were linked to her wanting to stay working in health and Care. This

	included her manager being supportive including accommodating her requests for flexibility during Ramadan.
Wider determinants of health	Salma talked about being close enough to walk to work and how she doesn't feel unsafe or uncomfortable walking around her neighbourhood.
Influence of other Health Equity principles	Salma moved to the UK when she was 9 and then moved up to Leeds with members of her family when she was 20.
Relationships	Salma talked about the supportive relationships she had with her work coach and continues to have with her manager and colleagues.
Injustices	Salma did talk about experiencing some racial discrimination in her life but wanted to be clear that she did also have some positive experiences related to her ethnicity and culture.

Salma Case study – final candidate approved case study

Background and current situation

SALMA lives in Burmantofts & Richmond Hill, is 23 years old and at the time of the interview was completing a business admin apprenticeship with Leeds Teaching Hospital Trust. She started the apprenticeship in March 2023 after she completed the 'customer service and you' pre-employment programme in November 2022. Since the case study interview, she has completed the apprenticeship, achieving a distinction and has been offered a band 3 permanent administrator role.

Prior to completing the pre-employment programme, SALMA was unemployed. In the interview she talked about being on universal credit and how that motivated her to get a job. She also noted that she had a very supportive job coach, who respected her choice on jobs that she felt were suitable for her.

Early influences

SALMA is not originally from the UK, her first language is Swahli. SALMA is fluent in English but learned this from the age of 9 when she moved to the UK. She talked about how she thought this has impacted how she feels she interacts with people in her second language. She went to a private school in Zanzibar where learning English was mandatory but didn't speak very much at all before moving to the UK.

She talked about living with different family members over the first few years of her life and moved in with her cousin and his wife and children when her mother and father moved to the UK. She then moved over to the Isle of Man before moving to Leeds at the age of 20 with her Mum and other members of her family.

SALMA talked about experiencing some racial discrimination in her life but wanted to be clear that she did also have some positive experiences related to her ethnicity and culture when she lived in Isle of Man. However, being in Leeds she felt that she saw so many more people that looked like her, and she felt more comfortable and could relax more here.

Impact of personal attributes

SALMA talked about experiencing impostor syndrome and doesn't necessarily believe it's true about herself when people tell her nice things. She talked about her colleagues being talkative to her and how they said nice things. More generally now, SALMA noted she liked being in one-on-one situations with other people, and how this applied to working with colleagues too.

SALMA valued her relationship with her manager, and described their close working bond. SALMA said that she was in regular contact with her manager, including when she was working from home. The manager appeared to know SALMA well and had adjusted their support to meet SALMA's needs. For example, SALMA noted that her supervisor in part checks on her regularly as she knows she would not ask her if she was struggling with something as she doesn't want to feel like she is creating work for other people. SALMA felt that this was something she'd like to improve on.

SALMA talked positively about how she had built relationships with her colleagues and was motived to stay in employment with the NHS, however she said she wasn't interested in chasing a higher salary. She understood this would potentially involve being a manager or having to lead and felt that being a manager for others wasn't for her.

Barriers to staying in health and care

SALMA did not talk about any barriers to staying in a health and care role, but she did talk about the factors that were linked to her wanting to stay. She discussed having very supportive people around her including her manager and her immediate colleagues.

She said she feels motivated by seeing her colleagues' work ethic and the ways they interact with people around them. Linked to her manager, she said she really appreciated that her requests for flexibility during Ramadan were accommodated and gave some practical examples of how her work hours were adjusted so she could start and finish later, having time for prayer during the day and being able to take annual leave for Eid. Reflecting on her early year experiences, this was in stark contracts to her school who had no understanding and for example did not allow her to leave lessons for prayer.

SALMA said that she enjoyed working from home as there are less distractions, but also noted that she liked living close enough to walk to work and that she doesn't feel unsafe or uncomfortable walking around her neighbourhood.

Enablers to working in health and care:
Before SALMA started on the pre-employment programme, she had not heard of working in the NHS. She told us she would have never considered the NHS before, as she assumed all roles were related to direct care, clinical work and knew that wasn't for her.

SALMA talked about how she thought to work in the NHS that she required a higher qualification, how much she enjoyed the apprenticeship and the opportunity for peer group learning. She said she enjoyed the apprenticeship, the work and especially the shared learning in college. This was because there were so many people with diverse backgrounds and experiences, supporting each other in a small group of 10 people. New people were joining this group all the time.

YM Overview

Length of Engagement, as of August 24	Circa 22 months
Referral route	Leeds Health and Care Academy Website
Date started regular Talent Hub check in	July 24
Support received from the Talent Hub and partners	Applied for several admin roles via talent hub but was not offered any roles but was supported in gaining a part time support worker role for healthy holidays programme. YM then re-registered with the Talent Hub in November 2023. Attended assessments for programme eligibility Jan 24. Customer service and you programme, January 24. L1 Btec qualification from programme.
Employment journey to date	Started role as permanent ward clerk role withi NHS in April 2024
Healthier Leeds Plan	Healthy Adult
Stated employment at start of intervention	Employed
Age	25 - 35
Location	North Leeds (priority ward)
Gender	Female
Ethnicity	Other ethnic group (includes any other ethnic group, for example, Gypsy or Traveller, Arab)
Disability	None disclosed
Any unintended outcomes from intervention	Non-Stated
Personal experiences with health and care	YM talked about experiencing a traumatic event in her life that led to her to having NHS hospital treatment and continued physio care. Her experience of the care she received influenced her to want to work for the organisation. Her family also worked in healthcare.
Support to develop and train in role	YM talked about adjustments made at work to accommodate back pain. She also discussed that the role promoted team working and there was lots of support. Again, she noted that the organisation is very diverse which for her was a positive.
Good work for all	YM was supported into the role via a pre-employment programme and then has been supported in the role by her manager. She has been able to adjust her full-time hours to be able to look after her child.
Barriers	Experience to get a job was noted as a big barrier for YM. Before going on the pre-employment programme, YM had completed a masters and had sought advice from university career advisers and applied for over 100 roles.
Wider determinants of health	YM and her family lived in a house provided by a housing association. She talked about the house not meeting all their needs

	but did not think they could move due to the family not being a priority. YM notes she felt like she was part of a community, she lived near shops that sold Halah meats and other foods from her home country and that she had a community of friends throughout Leeds.
Influence of other Health Equity principles	YM is originally from Lebanon and moved to the UK in 2012 o be with her husband.
Relationships	YM talked about the relationship in work but also how she has received help from other organisations such as the national career service, University and in her personal life she had received support from third sector organisations.
Injustices	YM had discussed that she had experienced bereavement in adulthood and was supported by a third sector organisation

YM Case study – final candidate approved case study

Background and current situation

YM lives in Gipton and Harehills and currently has a permanent job as a ward clerk in Leeds Teaching Hospital, which she started in April 2024. She is originally from Lebanon and moved to the UK in 2012 (12 years ago) to be with her husband.

The family live in a house provided by a housing association and have lived there for several years. YM talked about wanting to move houses so all their needs could be accommodated, but she did not think this would be possible as noted they were not priority for Council housing. YM talked about aspects of being part of the community, including that they lived near shops that sold Halah meats and other foods from her home country and that she had a community of friends throughout Leeds.

YM talked about having a child who is currently in primary school. Since the birth of her child, she completed a bachelor's degree in business and management and master's degree, both at a University in Leeds. After completing her degree in 2020, YM volunteered as a trainee accountant and got the opportunity apply for a healthy holidays support worker role (via the Talent Hub) which she stated in March 2021. This role was for approximately 30 days a year supporting children in their school holidays.

YM re-registered with the Talent Hub in November 2023 (after completing her master's degree, and attended an assessment for the 'Customer Service and You' programme in January 24. She completed the programme and attained a level 1 BTEC qualification.

Early influences

YM talked about having a family who worked in healthcare including her uncle, auntie, her dad (who used to be assistant surgeon) and her sister (who is a mental health nurse).

YM moved to the UK 12 years ago while in her early 20s. On several occasions in the case study interview she talked about the importance of diversity and being around people from a variety of different cultures and backgrounds.

Impact of personal attributes

Throughout the case study interview YM expressed gratitude for the support she received in the UK and illustrated that she was focused on the aim of gaining employment and had a willingness to accept feedback and learn from it.

For example, YM talked about experiencing a traumatic event in her life that led to her to having NHS hospital treatment and continued physio care. She talked in her interview about how this experience made her want to work for LTHT, how she felt it was a diverse organisation that she wanted to work for.

'I liked everything about the type of the trust, so that's why I felt that I belong to this Trust even if I don't work with them. I feel that one day I will work with them.'

YM talked about how she loved to study but the main reason for why she did her masters was that she thought it would make her more employable. To do both her degree and master's she had to get a loan, but she talked about the opportunity to fund her studies as a positive one.

She also described personal resilience as being an important strength to have during the job application process, as she had applied for more than 100 roles without getting feedback to support her to develop her application.

Barriers to staying in health and care

Keeping well in work in recognised as important and not having policies in place to promote this can be a barrier to staying in health and care. YM talked about how work had provided adjustments for her back pain. She talked about the importance of being able to walk to work, as parking at her workplace could be difficult because of a lack of staff parking spaces, but also walking provided her with an opportunity to exercise and help strengthen her back.

She also talked through how her working hours were over four days (full time hours, 37.5 hours) so she could have Friday's off to complete housework and look after her child.

YM discussed that the role promoted team working and there was lots of support. Again, she noted that the organisation is very diverse which for her was a positive.

Enablers to working in health and care:

In the interview YM talked about the pre-employment course and the Talent hub support as being an enabler to her working in healthcare. On several occasions in the interview, she identified lack of work experience and customer services skills as a barrier to her getting interviews. She said she was looking for a job since 2022 and had applied for over 100 roles with few or no responses. As part of the support received by the Talent Hub, she talked about receiving and asking for feedback then learning from the feedback for the next interview she had.

'I knew, like where I was good. Where I have to speak more, extend my ideas yeah, and where to focus on, like the main thing is to focus on the NHS values. You have to focus on the NHS Values and bring them into real, into your real role for example. So you have to use them. You have to practise them instead of knowing them. You have to use them'

As well as receiving support from the Talent Hub she mentioned that she has received career advice from the University and the national careers advice. This support included how she managed her stress in interviews and how to dress. She was also given support by a charity (RETAS) who put her on a course, not related to her studies but she talked about enjoying and learning something from it.

Whilst not directly related to health and care sector, her course tutors gave her additional time to complete her master's degree due to personal circumstances and a health issue. She also said she was supported by third sector organisation, Martin House after a bereavement.

'I had around eight or ten sessions. Yeah, they supported me a lot.

YM talked about how she did a number of functional English courses and that she needed to be confident in speaking English, but she was fortunate as in Lebanon they teach English language in schools from a very young age.

Sarah and Peter

Sarah and Peter were both supported and interviewed together. The below reflects both of their experiences

Length of Engagement, as of August 24	Circa 5 years
Referral route	Flyer as part of promotion of a connecting communities programme which started in 2019 (Lincoln Green)
Date started regular Talent Hub check in	Peter has stayed in regular contact with the Talent Hub since registration. Started check in for bank role in February 23. More recently has been supported to seek additional hours.
Support received from the Talent Hub and partners	Both Peter and Sarah have received support since 2019 and supported into facilities technician and support worker roles. Peter received support into a part time bank care support worker role within an NHS organisation in December 2022. John is currently registered for further support finding a full-time role. Supported daughter into Care support worker role but she selected to continue to study.
Employment journey to date	See above. Sarah currently at university studying to become a mental health nurse.
Healthier Leeds Plan	Healthy Adult
Stated employment at start of intervention	Employed
Age	Unknown and over 45.
Location	North Leeds (moved from priority ward since start of engagement)
Gender	Male and Female
Ethnicity	Black, African, Black British or Caribbean (includes any Black background)
Disability	Non-disclosed
Any unintended outcomes from intervention	Sarah and Peter reflected on the protective nature of having an income and stable career. They acknowledged that securing employment opportunities 'kept [them] safe' from mental health issues, as they avoided the stress and worry associated with unemployment. They expressed pride at their approach to supporting one another to progress in their respective careers, as they believe this has improved their chances at reaching their goals and has also had a positive impact on their children. The children have already been inspired to take roles in health and care or otherwise have ambitions to do so later in life.
Personal experiences with health and care	Neither participant discussed this but did talk at length about the support from statutory and charity sector in enabling them to get housing and support with food via foodbanks.
Support to develop and train in role	Peter talked about the flexibility he was given to work shifts around their childcare responsibilities. Sarah discussed that she was studying to be a mental health nurse. She discussed her placements

	and them being not close to her home which put a strain on her being able to look after her children.
Good work for all	Both are still wanting to develop their career and stay in health and care as they can see opportunities that this has brought for them personally and their family.
Barriers	They noted they were asylum seekers and had barriers getting into work when they first arrived due to not being able to work. they talked about being able to get a reference through the church for a job (references being perceived as a barrier to employment which was reduced by volunteering through the church). Provision of suitable and safe housing was talked about in the interview and the impact that had on their life.
Wider determinants of health	Both talked about being provided with a house to live in for them and their children. Alot of moves but they talked about their current house and being part of the community and the positive support they received from the Council. They recognise the importance on having an income to provide for their family and the impact that having a job and career has on their own personal mental health but also the aspirations of their children.
Influence of other Health Equity principles	
Relationships	They talked about relationships they had with religious organisation, church and importance of that in terms of developing their networks. They also talked about support they had from foodbanks and the support they provided to different communities through their voluntary work and how that lead to them thinking about a career in health and care.
Injustices	They talked about being asylum seekers and coming to the UK to be in a safe environment

Sarah and Peter case study – final candidate approved case study

Sarah and Peter are a married couple, living and working in Leeds. They have four children together, three of whom were born in their home country in East Africa. Sarah and Peter moved to the UK in 2017 and 18 respectively, first living in the South of England and later moving to Yorkshire before settling in Leeds. They chose to move to the UK to find a safe place to raise their family, as the situation in their home country made it too difficult for them to stay there.

They still have family living in their country, but described Leeds as 'home' and a place of safety now, due to the lives they have created and the way they have been treated since moving to the UK. The support they have received has compelled them to give back to others in their community:

And of course, after being treated nicely and fairly in this country you have to give back to the community … we know we owe them that, we have to give it back to the community by supporting other vulnerable people in the community, and changing their lives. - Peter

The initial support they received was from the Home Office, their first point of contact on moving to the UK. At this point they had no social contacts, and did not know anything about the community in which they had been housed. They struggled to make ends meet while living on a small weekly allowance from the government, and were unable to work while waiting to be granted leave to remain.

Sarah and Peter relied on foodbanks while they waited for a decision on their status, and initially learning about resources available to them for support was difficult without knowledge or contacts within the community. They eventually found out about some services they could access through their local church to help with school uniforms, food etc., and contacted Leeds City Council through a recommendation from local charity organisations. Their church were pivotal in signposting them to appropriate support and providing references to help them apply for jobs.

Peter: We knew nobody, like, we stayed in Chapeltown, for months and months without even knowing where town is…

Sarah: … I think we only had one phone and we didn't have money to put on the-

Peter: It was challenging. But yeah, at that time we started going to church. We looked for people we started going to church. And from there we started to- that's where we started to know a few things here and there.

Sarah and Peter described a number of occasions where they were relocated to different parts of the country, and then after moving to Leeds, they lived in several different parts of the city both before and after they were given status to remain. This was prompted by several factors including availability of housing and concerns around their safety in some neighbourhoods. By 2019, Sarah and Peter were granted leave to remain, and faced many different processes to get them established with housing, finances and other resources.

Before moving, both of them worked in completely unrelated industries and had never worked in health or care roles before. Peter volunteered for a religious organisation initially after moving to

the UK, who had originally supported him to seek asylum here. His experiences of supporting people in need made him realise that he wanted more opportunities to help others in the future. The sustained support they have received through their church and their local community is something they want to in pay forward to others, mirroring the ethos of the organisations supporting them.

Peter currently works as a mental health clinical support worker, and Sarah is studying at a local University to become a mental health nurse. Sarah reflected on her personal experience of caring for a relative several years ago, and how she realised that this would be a fulfilling career change when the opportunity came up:

it's something in me and I think I will feel better when I support more people and make a difference in people's lives. So when I got here, when we got that job, I felt good and I said I'm gonna take it because I want to help people just like the way I used to help [my relative]. - Sarah

Her drive to become a mental health practitioner is influenced by experiences with loved ones touched by mental illnesses. She described a wish to help others who need urgent support because of their mental health in the future, and to honour the people in her life who had been affected in this way.

Sarah and Peter met a worker from the learning partnership in Harehills while visiting the city council offices to discuss housing support. An agent from the Learning Partnership explained the process, and initially supported Sarah through prolonged, regular contact to develop some employment skills (CV building, finding opportunities, preparing for interviews) and receive training before applying for a job in estates and facilities. Peter soon followed suit when he discovered that his wife had had a positive experience. Both were able to secure roles in the same service after approximately six weeks. Sarah was about to have her fourth child at the time of starting this role, but said she couldn't wait to get started and within 9 months of giving birth, was in her new job.

Sarah was keen to progress in her career and go for new opportunities whenever she could. She applied for a new role in direct care, 6 months after starting her first job in health and care. She referred to the support she received from her husband and children as being pivotal in enabling her to go for this new opportunity. She said she didn't expect to get the job, but did and began an apprenticeship for a level two health and social care qualification to be a clinical support worker. She described this as a 'stepping stone' and immediately thought about her next move.

So I worked as a clinical support worker for nearly one year, and then I thought I think I should continue because I'm someone who is, I need to go high up because I don't think there is anything that can stop me from doing things that I like doing. So I was so passionate about becoming a nurse, even by the time I was starting the role of ward housekeeper, so I went ahead and I enrolled in the college to do my access course and I passed very well. – Sarah

This showed her natural motivation and determination, and confidence in her abilities. Sarah and Peter both talked about their positive outlook and self-belief in their potential to further their careers. They are keen to accept constructive feedback from others and use this to develop themselves.

Sarah and Peter being on this journey together, means they are able to support one another practically and financially when they need it the most. Peter has chosen to self-fund a qualification to enable him to progress as a mental health worker. This is a costly course which could have prevented him from enrolling, but because other barriers have been removed previously this means Sarah and Peter have been able to afford this and view it as an investment in his future.

And that's why I couldn't like when I saw that training being advertised I told my wife, I think I can go and do prevention and management of violence in aggression, I can do that training because once I do that, I can be able now to become a mental health work, you know, support in [Trust], or even different organisations within the healthcare sector. It opens up new doors. - Peter

Sarah is currently working towards her next qualification as a mental health nurse. She explained the process for choosing her university, which was largely influenced by its location and how well this enabled her to maintain her responsibilities towards her family.

The support that Sarah and Peter received through the learning partnership continued into their new roles, with regular contact in their workplaces. They appreciated the support they received.

it was really encouraging because all through, the team that recruited us would always visit us in our job to get to know how we're doing. The support we're getting, it was very encouraging and motivating. - Peter

Sarah and Peter described the opportunity they received overall as empowering and giving them 'hope', suggesting this gave them the agency to support themselves and pursue their ambitions following the initial help they received during the pre-employment experience:

it was a way of empowering us because from that time we were able to earn a living, and you know, get some qualification as well because you've already gotten a role, a job, and it was quite good for us 'cause, we were able to cater for our needs now from that time. - Peter

This is an example of a service that worked in a supportive way, reaching out to people who are looking for work and dedicating time to supporting them to find roles. Additionally, the availability of a local office helped to remove some issues with access.

Sarah and Peter reflected on the protective nature of having an income and stable career. They acknowledged that securing employment opportunities 'kept [them] safe' from mental health issues, as they avoided the stress and worry associated with unemployment. They expressed pride at their approach to supporting one another to progress in their respective careers, as they believe this has improved their chances at reaching their goals, and has also had a positive impact on their children. The children have already been inspired to take roles in health and care, or otherwise have ambitions to do so later in life:

So it's been great. I mean, it has turned around everything, you know, family 'cause, we are comfortable, we are able to sort out our own bills, and it's inspirational for our children 'cause they are able to see the progress it has brought to the family and the way we have come a long way. - Peter

Sarah and Peter are also encouraging and supporting their children to be ambitious and work hard for their careers. They have tried to help where they can in getting opportunities lined up for their children, using the knowledge and connections they have in the sector, such as through the LHCA Talent Hub.

Peter moved to a job outside the health and care sector for a few months in 2022, before returning to the sector to find a job with better flexibility while managing childcare while his wife followed her ambitions to progress her career. This time the Talent Hub through Leeds Health and Care Academy supported him into training for clinical support work.

Peter has consistently received support through his roles in healthcare,

I've really got support from the manager and the team there. I've finished the certificate in healthcare. And I had a permanent job, and it's been very encouraging all through that journey. - Peter

Sarah described how a supportive workplace culture helps her to feel secure and happy in her job.

I think staying in a job is when you've got support and you work with people who are willing to work with you and who are so supportive and you feel that the job you want to be in where you have peace, peace of mind. Yeah. Because you don't want to work somewhere where you'll be so stressed. Yeah, because that will affect your mental health. – Sarah

She believes in the importance of a supportive team and collaboration with others, and recognises the importance of protecting their mental wellbeing and avoiding workplace stress.

Peter similarly believed that having management that appreciated the needs of his whole family and facilitated flexible working made him feel able to stay in his role, and motivated to work hard.

Yeah, as long as the support from the management team and your colleagues and there is a free environment where you can be able to air your views and opinion and give your suggestions and they can be, you know, put into consideration. And that kept me the job very well, you know, because I knew I would feel motivated and encouraged every morning to come back to work. Yeah. Yeah. And when you come home in the evening at least you achieved your objective for the day. – Peter

Rather than being driven by money, he emphasised the importance of making a difference and having positive feedback from patients and colleagues at feeling fulfilled in his role.

Peter has struggled more recently to find available shifts as a member of bank staff, and Sarah is limited in terms of what she can do as a bank shift worker due to her studies and placements. Her community placement meant that she would miss out on seeing her family if she tried to work alongside this, and the recruitment freeze at the time meant that she was unable to register with a new bank to take shifts that were more suited to her timetable.