

PROMOTING THE HEALTH OF FISHERMEN

REPORT OF AN EVALUATION OF HEALTH TRAINERS WORKING WITH FISHERMEN IN THE EAST RIDING OF YORKSHIRE

Judy White
Karina Kinsella

healthtrainers
working with fishermen

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Executive Summary

In the spring and summer of 2013, Health Together at Leeds Metropolitan University undertook an evaluation of a pilot run by East Riding Health Trainer Service which aimed to reach and support fishermen, related workers and their families to improve their health. The pilot was initially funded by the Seamen's Hospital Society and the evaluation involved analysing the monitoring data and case stories collected by the health trainers; talking to clients (eight were interviewed over the telephone); the two health trainers and three stakeholders. The aim of the evaluation was to discover:

- how far the service had been successful in reaching fishermen and their families
- whether the service had been effective in supporting them to improve their health and well-being
- what the views of clients were of the service
- what factors were key to determining the effectiveness of the pilot

The evaluation found that the pilot was very successful in reaching fishermen and engaging them in talking about and taking action on their health. The key was going to them – the health trainers worked from the Harbour Office in Bridlington and from the shore front in Hornsea and Withernsea; spending time building trust through a non-judgemental approach and finding different ways to gain the fishermen's interest including a 'Fit2Fish' competition, food tasting and offering health checks. Taking this approach the health trainers were able to work with the majority of fishermen plus a few family members, other workers and retired fishermen. The support provided enabled clients to make changes to improve their health and well-being and reduce their lifestyle risk factors. The clients interviewed were full of praise for the service. Clients greatly appreciated the way the service was tailored to their needs, and the friendly, non-judgmental, empathetic, practical approach taken.

The authors recommend that every effort is made by the East Riding Health Trainer Service to continue its outreach work with fishermen as part of its mainstream activity as originally envisaged. This could include seeking funding to retain a presence at Bridlington harbour and with fishermen in Hornsea and Withernsea. More work is needed to support those who have accessed the service to maintain the changes made and there is a need for more outreach - particularly with retired and out of work fishermen. Given the nature of the community it seems unlikely that many will access health checks or a health trainer unless they are in the workplace, and it seems important to build on the relationships the health trainers have established and reintroduce a service in all three locations. Fishermen remain a group with a high risk of poor health outcomes – what this pilot has demonstrated is that with the right approach they can be supported to make changes to improve their health.

The fishing industry on the Yorkshire coastline

The Yorkshire coastline, between Flamborough Head and Spurn Point, is now largely known for crab and lobster fishing with Bridlington, Hornsea and Withernsea being the main fishing communities in the East Riding of Yorkshire. Fishing used to be a thriving industry but has declined in recent years, with fewer vessels operating, an ageing workforce and generally fewer people working in the industry. At the end of 2011 there were 66 vessels operating along the Holderness coast – 42 from Bridlington, 7 from Hornsea and 9 from Withernsea and 8 from other settlements, employing around 145 people – 97 in Bridlington, 14 in Hornsea and 18 in Withernsea and other smaller settlements.¹ The Health Trainer Service estimated that the number working as fishermen had fallen to 132 by the time of the pilot (112 in Bridlington, 12 in Hornsea and 8 in Withernsea). Bridlington is the country's leading shellfish port, exporting most of its lobster catch to Europe.¹ Fishermen in Bridlington operate from the harbour and each skipper has a hut around the harbour where they mend pots and nets. Hornsea and Withernsea by contrast, do not have harbours and the fishermen launch their boats from the beach.

Fishing – dangerous for your health?

Despite improvements in equipment etc, fishing is still one of the most hazardous of all occupations. Fishermen in Britain have a one in 20 chance of being killed on the job during the course of their working lives and ten fishermen continue to lose their lives at sea, on average, every year.² The number of work-related injuries is high for example cuts to hands with the risk of infection are particularly common, as are back and neck injuries due to having to hold awkward positions, operate in restricted spaces etc.² The work is often physically strenuous, plus the hours are unpredictable and anti-social, with fishermen dependent for their livelihood on the weather and the availability of fish. Falling quotas and allowable catches have added to the stress skippers in particular are under, with their income being unpredictable and variable across the year.

So it's hardly surprising that many fishermen find it hard to look after their health. As it says in the Fishermen's health manual²:

'Hard risky work with long irregular hours can make health choices difficult when it comes to booze and grub'²

Fishing is a virtually all male occupation (we were told of one woman who went out to sea with her husband) and as the Fisherman's health manual says because of the nature of their hours and work:

'At the best of times men aren't particularly great at getting to the doctor, dentist or optician. It can be even more difficult for fishermen.'²

¹ Holderness Coast Fishery Local Action Group Strategy August 2011

² Seamen's Hospital Society, Fisherman, A Health Workshop Manual for working fishermen 2012

One of the stakeholders interviewed said: *'that reluctance to go to the doctor or to some other health professional is part of the psychology which is present within the industry.'* (P9)³

Another stakeholder commented that fishermen, because the work is so hard *'tend not to think about themselves and live life to the full.'* (P8)

Fishermen themselves recognised this:

'we work funny hours so I just end up forgetting to eat half the time.' (P11)

'although fishing is active it is not good for sleep or rest. The young ones in Bridlington are fishing for hours.' (P3)

However several of the clients interviewed were aware of the need to look after their health and were already making efforts to for example, eat a healthier diet. One who was a bait gatherer walked many miles every day and another regularly walked his dogs, so it would be a mistake to paint all fishermen as neglecting their health, despite the difficulties that their occupation present in terms of sticking to a regular, healthy routine.

How did the project come about?

In 2010 the Seamen's Hospital Society invited coastal health trainer services to bid to do some outreach work with fisherman and the East Riding Health Trainer Service was successful. These funds enabled the project to get established, then in November 2011 the Fishery Local Action Group for the Holderness coast was awarded £1.15m of European monies to develop the local fishing industry and the Health Trainer Service were given a small grant to further develop their work with fishermen.

The initial pilot programme enabled the employment of one part time female health trainer working a total of two days a week. The hours worked were stretched over a working week to make it possible to offer early morning or late afternoon appointments to fit in with the fishermen's working hours. Further funding was found for year two from both the Seamen's Hospital Society and substantially from FLAG. So when the original health trainer went on maternity leave she was replaced by two health trainers (one male, one female) working 2.5 days between them across the working week which enabled them to provide an even more flexible approach.

It was envisaged that when the dedicated funding came to an end the Health Trainer Service would continue the work with fishermen within its mainstream service, and that this would be supported by the identified health champions within the fishing community.

³ P stands for participant and is used to attribute quotes without using names.

How did the project operate?

The health trainers had an office base in the Health Trainer Shop in the centre of Bridlington but for their work with fishermen they were based in the Harbour Office (which was made available free of charge) on Bridlington harbour. From year two of the programme they started to offer free NHS health checks (blood pressure, cholesterol, weight and body mass index, lung function), plus information and advice on a wide range of health issues, in the huts, warehouses etc. on the harbour as well as in the office. The health trainers went out into the harbour area and talked to not just fishermen but those working in support roles (e.g. bait gatherer, harbour shop and office workers). Their aim was to interest not just active fishermen and those working in the harbour, but fishermen who were out of work or retired and their families, in doing something to improve their health. The health trainers also organised events such as a healthy eating day with a free healthy breakfast and recipes, and a 'fit2fish' competition to encourage fishermen to become more physically active. The competition ran over two months, January/February 2013, and built on the fact that the fishermen were quite competitive with each other and involved throwing competitions as well as signing up for health checks. Sessions were well attended with over 35 fishermen taking part.



Health trainer and fishermen in the Bridlington Harbour Office

How was the project evaluated?

The health trainers kept monitoring data on who they saw (the 'clients'), and the issues they worked on (primary and secondary). They also wrote up the case stories of some clients and wrote reflections on the events that they organised.

In the spring and summer of 2013, Health Together at Leeds Metropolitan University did a small evaluation of the project which involved:

- Analysing the monitoring data and case stories collected by the health trainers
- Talking to clients – eight were interviewed over the telephone (five active fishermen, one retired, one shop-keeper and one wife of a fisherman).
- Talking to the health trainers face to face in a group interview
- Interviewing three key stakeholders by phone – all had been involved in commissioning or supporting the project.

Clients were recruited via an information leaflet which was given to them by the health trainers or which they could pick up in the Harbour Office. 13 agreed to be interviewed. When contacted one was a wrong number, four could not be reached despite repeated efforts and eight were interviewed. Part of the problem with making contact was that the summer, when the evaluation was being conducted, was a very busy time for fishermen and many were out at sea for 15 hours every day.

All the interviews were recorded, transcribed and analysed. The aim of the evaluation was to find out:

- how far the service had been successful in reaching fishermen and their families
- whether the service had been effective in supporting them to improve their health and well-being
- what the views of clients were of the service
- what factors were key to determining the effectiveness of the pilot

This last aim we felt to be particularly important as we wanted not just to find out if the service was effective, but if so, what factors made it work.

How many clients accessed the service and what issues did they want to work on?

In the first year of the pilot 79 fishermen and other workers/family members were supported by health trainers and 86 in year two.

Table 1 provides a breakdown of the primary issues that the 86 clients seen in year two wanted support with, plus the secondary issues concerning nearly half of them.

Healthy eating, smoking and losing weight were the main issues that clients identified as ones they wanted to do something about.

Table 1: The primary and secondary issues for clients

Issue	Clients for whom this was the primary issue	Clients for whom this was the secondary issue
Healthy eating	26	12
Emotional well-being	6	3
Physical activity	7	11
Losing weight	18	5
Alcohol	1	2
Smoking	20	3
NHS health check	8	8
TOTAL	86	44

Many clients were signposted for further support, whilst still maintaining contact with their health trainer. The biggest percentages were 24% signposted to smoking cessation and 32% for emotional well-being support (for example from the bereavement service).

In the second half of year two the health trainers started offering the full NHS Health Check (they had previously offered some checks including blood pressure) and 49 were completed in 6 months. The checks identified 15 people who were referred to their GP with high blood pressure, five who were referred because they had a BMI of over 40, and 20 who were referred because their cholesterol readings were high (some people had more than one risk factor).

76% of clients were recorded as achieving the goals they set themselves – the main ones being to eat a healthier diet (often to related to reducing cholesterol and/or blood pressure) lose weight or stop smoking. See boxes three and four on pages 11 and 12 for some examples of the changes clients made.



How successful was the service in reaching fishermen and their families?

Initially there was scepticism from stakeholders and clients about the health trainer service. Two of the stakeholders commented:

'When they first started and they came and said about it, I was a little bit sceptical myself.....and this is what one of the fishermen said 'just someone else interfering with our life.' (P8)

'initially there was quite a high degree of scepticism about....how effective it would be and whether you would be able to engage fishermen in the programme, whether there would be a strong resistance to it and would it be a waste of time. I think the feeling has turned around completely now.' (P9)

One of the fishermen interviewed acknowledged that he had been 'a bit sceptical' (P10) the health trainers themselves reflected on how difficult it had been to get started in Bridlington and how the situation had changed over time:

'There were times that we were coming back to the office thinking what are we doing, because there was just nothing there, they'd turn away, not speak to you and then now, this morning I was invited into one of their huts – he said 'come and talk in here out of the rain'.....as I said earlier if you compare the first time we walked down there to this morning, it's just huge.' (P4)

The health trainers approach overcame this initial scepticism and by the end of the pilot they had had some contact with nearly all the fishermen and several harbour workers, but were less successful in making contact with family members and retired or out of work fishermen. The skippers of each vessel were key to engaging fishermen - if they accessed the service then they would encourage their crew to do so as well. On the other hand where the skipper was not interested then the crew were told (in one instance at least) to 'get back to work' when seen talking to the health trainers.

The work in Hornsea and Withernsea only started in September 2012 and it proved much easier to engage with the fishermen there from the outset. The health trainers thought that this might partly have been because they had heard about their work in Bridlington and wanted to be included, but also because they were able to build on what they had learnt from their work in Bridlington.

The case story in box 1 illustrates how one fisherman changed over several months.

Box 1: Case Story

Initially when we (the health trainers) spoke to (the client) he was quite distant and wasn't very forthcoming... (but) we continued to meet him on the harbour and discuss many elements of his health including healthy eating, alcohol, physical activity and smoking. Gradually he got interested in stopping smoking and physical activity and through regular meetings (we) have discussed nicotine replacement therapy and medication and answered the client's questions and concerns in relation to stopping smoking. The client has also signed up to the Fit2Fish competition and has consequently had a full health check as well as encouraging five other colleagues to take part....(he) has signed up for the East Riding swimming scheme for 10 swimming lessons...

Case Story written up by a health trainer

What factors were key to determining how effective the pilot was?

There was agreement across stakeholders and clients, supported by the reflections of health trainers themselves that the key factors in the health trainers' success in engaging with fishermen have been:

- A continued presence over time, which enabled trust to be established
- Being based in the workplace, easily accessible to clients
- The friendly, polite and professional approach of the health trainers
- Being flexible and able to work around the clients' variable working conditions
- Being client centred – working on what they identified as important to them
- Responding to what clients needed support with in a timely and efficient way
- Adopting a variety of ways of engaging with clients, and in particular being able to offer the health checks and activities like food tasting and Fit2Fish.
- Having a male health trainer who was able to approach groups of fishermen and chat with them on their own terms and in 'their language'
- The sensitivity and empathy shown by the health trainers and the good working relationship between them and their manager(s).



Health trainer Ryan Nicholls and Emily Secker receive an NHS award for 'Promoting Equality in Service Provision'

Some of the comments made by interviewees that illustrate these points are set out in Box 2.

Box 2: Key factors in the successful engagement of fishermen – some quotes

The stakeholders:

‘they’ve not just sat in an office somewhere hoping that people come to them.....the health people going to them rather than them going to the health people seem to have been the mechanism in trying to get over that problem (ie ‘psychology of not seeking help’) (P9)

‘you can’t just go there and immediately get accepted and start doing things; it takes a period of time for that to work, I think a year isn’t long enough or 18 months isn’t long enough, they really could do with a longer period, more sustained effort to once you gain that trust to then move onto actual delivery.’ (P9)

‘The fact that they’re there on the doorstep....actually being there and saying ‘we are here and we’re here for you’. Those who have been reticent have tended to come on because they are there. If they hadn’t been there, it would never have happened.’ (P8)

The health trainers:

‘(there’s) a lot more banter....you probably wouldn’t do in a clinical setting, but being down there you have got to be on their terms.....you can talk about something totally different, politics, their day and then put in ‘how is your smoking coming’ and they’ll entertain it.....’ (P4)

‘they could have had a shocking week, no catch, awful weather and you are there all smiles (intending to) ask how they are going on with their smoking and actually just on the way up you sense they don’t want to talk or even look at you.....’ (P4)

‘you’re not going to open up to someone you’ve never met, now it is a lot better.’ (P4)

‘(the client had a letter from the consultant) and he was ‘what am I meant to do, I don’t understand any of it’ and we sat with him and explained it all to him and he obviously found it helpful..... it’s things like that – within minutes of him turning up.....we were like ‘how can we help?’ (P4)

The clients:

‘they put your mind at rest like they do with a lot of them down here. They’ll check this and that for you. Realistically I’m being serious when I tell you this, they’re better than my doctor.’ (P10)

‘because everybody here who sees them works down here, the furthest you have to walk is 80 yards...and they actually come to see you – I’ve been sat in my warehouse and I’ve had my blood pressure done.’ (P10)

‘As they came past they told us they were doing medical checks in the harbour office and we could stop what we were doing and have different checks.’ (P3)

‘it was the friendliness, the support, they didn’t just treat you like a person, they treated you like a friend. You weren’t just anybody, you were somebody, do you know what I mean? It was like the personal touch, meaningful, you weren’t just a piece of paper, you were important.’ (P6)

‘they were helpful and friendly and if you forgot to go to your appointment she didn’t mind – she’d just let you make another one. We never know what day we are at sea so we could make an appointment and then be at sea and I’d forget and miss it...but she’d text me...’(P11)

Did the fishermen who saw a health trainer improve their health?

The issues that clients focussed on the most were healthy eating, smoking and losing weight, (see table one) but some brought other issues such as alcohol misuse and issues relating to stress and emotional well-being. 76% made changes with the support of a health trainer. Both health trainers and clients had many examples of these changes, as the quotes from all eight clients (Box 3) interviewed illustrate:

Box 3: Changes the clients interviewed reported they had made

'I cut down on my cigs...he put that thing round my stomach, I think I weighed 16 stone at that time and I think I weigh now just below 15 stone.' (P10)

'...I was trying to put some weight on really and I haven't put much on but I haven't lost much either. I know what I need to do to get there now.' (P 11)

'I eat a lot healthier now, I do more fitness than I used to I also spoke to them about bereavement' (P6)

'...we had final checks before they finished and they were pleased with everything, blood pressure, cholesterol etc and it doesn't take long.' (P 3)

'I had been trying anyway but this helped. I have stopped having butter and high fat, cut down on chocolate, stopped drinking as much, stopped smoking.' (P1)

'Yes I have made changes. They did a few tests on us, I thought I lived a quite healthy lifestyle but I have trimmed it up a little bit and made things a bit better. I had high cholesterol which I have managed to get down quite a bit in the last 7-8 months. A diet change, not too much dairy products.' (P2)

'I've just added a couple of recipes to my repertoire and I know the issues I need to work on...' (P12)

The case stories below in Box 4 further illustrate the changes that clients have made. For some clients these were substantial (for example there were a number of references made to one man who had lost a great deal of weight), for others the support from the health trainers confirmed them in steps they were already taking, or gave them the information to go back to when they were ready to change. The health trainers follow up all clients three and six months after they have signed them off and being based in the workplace were able to keep an informal check on how people were doing. There was some evidence that clients were maintaining the changes made after the health trainer ceased being involved:

'There a couple of guys down there, and I was going quite often to see them and they were really progressing and then I consciously eased away from them and then I went back and they were still doing it, so it is kind of like a test, the longevity, you can do it without us being there' (P4 health trainers)

But according to this client some had slipped back once the health trainers were no longer around:

'one of the people on the harbour lost a huge amount of weight.....with it not being continued I think he has put quite a bit of the weight back on now. ' (P12)

Box 4: Case stories written by the health trainers

Fishermen D began seeing us in November 2011 after wanting to quit smoking for 3 years and never being successful. He came to the service looking for help and motivation as all those who he worked with on a daily basis smoked and so he always fell under peer pressure to continue smoking even after previous attempts to quit. We worked with this gentleman and also another deckhand to support him to quit as he said he would find it easier if he was not the only one on his boat who was looking to stop smoking. They both began attending the stop smoking clinics locally and helped and supported each other. Following an initial period of stopping and starting, both gentlemen finally gave up smoking in January 2012 and following monitoring from ourselves they have not given into temptation and we also managed to engage with another deckhand from the same boat this March.

I began working with fishermen B in February 2012. He came to me looking for help and support with alcohol awareness. His daily average intake of alcohol was between 23 and 32 units. This was dangerous levels of alcohol abuse which were beginning to cause him a variety of issues. He was suffering with liver malfunction, numbness leading to nerve damage and malnutrition. After working with this gentleman for a period of 6 weeks he began to drastically reduce his daily intake to 10 units a day which was affecting his health in positive ways. He was turning up for work whereas previously he would come when he felt sober enough to. After 8 weeks he began attending AA, visited his GP for the first time in 12 years and nearly reduced his daily intake to 10 units per week which was in line with national guidelines.

Not only did the client cut down on their smoking level, they also achieved a much improved, healthier, balanced diet which consisted of all food groups and a varied amount of these, in contrast to the initial habits they held when we first met, of a diet solely based on carbohydrates and fatty foods. This had a profound impact on their lifestyle and health; they lost 20lbs and were feeling much more energetic which has helped their work life. (When we did the health check) the findings illustrated the great impact of the change... as their total cholesterol level was 3.2mmol

One skipper decided to make this vessel a 'no smoking boat' and then a 'healthy eating boat' with a competition to see who had brought the healthiest lunch box. This was his initiative but he was inspired by the changes he had made with the help of the health trainers, encouraged his crew to take advantage of the service and then took the next logical step of making his boat a 'health promoting' one.

What did clients think of the service?

All eight clients interviewed were happy with the service received. They felt that the health trainers had gone out of their way to support them and all said that they would recommend the service to others, several mentioning that they had encouraged other people to go:

'I would go to see the health trainer and say to the young lads – you should go and get yourself checked out. That snowballs on, people who would not normally go would go up and see them.' (P3)

Several voiced the opinion that the service was popular and appreciated by the majority of fishermen:

'I don't think there's anybody that you wouldn't have rung or spoken to down here that would say anything bad or out of order about them.....because they are bloody good!' (P10)

Several clients were fulsome in their praise of the service:

'absolutely great' (P12), *'fantastic I couldn't ask for anybody better'* (P6), *'excellent'* (P2) *'excellent throughout'* (P3) *'if there is anything higher than excellent you can put that down!'* (P10)

Some commented that they could not have made the changes that they did without the support of the health trainer:

'I wouldn't have been aware that I had high blood pressure or high cholesterol' (P2)

'I'm one of those people, I need someone to kick me up the arse and make me do something!' (P6)

'I think what it was – they made me realise how important it was, it had kept with me now.' (P7)

The reasons that clients were so satisfied with the service have been summarised above. The overwhelming sense talking to clients was that they appreciated the way the service was tailored to their needs, and the friendly, non-judgmental, empathetic, practical approach taken by the health trainers. One client could hardly contain his enthusiasm for the service:

'To be honest with you, it's been more than good. I would stand here naked and tell you how good it was. They are very good.' (P10)

The three stakeholders interviewed had also formed a positive view of the service, one of the commenting *'it's outstanding'* (P8) and another that it has been *'very successful'* (P9). The third stakeholder interviewed said:

'we were always happy that things seemed to go to plan... we had quite a basic aim, any kind of contact or improvement was a big deal.' (P5)

What should be the way forward for the future?

At the time of writing funding for the health trainers' work with fishermen had come to an end and the service had finished. The clients interviewed in late summer were aware of this and regretted seeing it end and some expressed the view that people

would struggle to maintain the changes they had made or keep up with health checks, without further encouragement from the health trainers coming to see them:

'I think it's a damn shame to actually stop the funding when they're doing a good job... I don't know what my blood pressure is now. (the GP surgery) is quite a way from the harbour, I'll just have to wait until they reinstate the funds, for them to come back down and take my blood pressure.' (P10)

Another asked if there were ways the service could be improved said:

'I don't think so. Just keep it going.' (P6)

In response to the same question, another quipped:

'If you could get someone to come and cook for me (laughs) – it's been pretty good to be fair.' (P11)

And another thought it could be improved by 'paying them more.' (P10)

And finally one fisherman, again when asked if the service could be improved implied that any further improvement was down to the fishermen themselves, although that was challenging:

'I don't know about that one. The circumstances, it's our lifestyle, it's our time and the problem is that we are very busy.' (P7)

One of the interviewees talked about how difficult it had been for her to get her husband who was a fisherman to go to the GP. She felt that it was important to have a 'proactive' service which:

'actually approached people rather than waiting for them; it's very difficult in the fishing community to get a response out of people...' (P12)

One fisherman commented that:

'if funding was available it would be good to see it spread out all over the country' (P3)

The stakeholders interviewed also wanted to see the service continued. One commented that it was a 'two way process' which has helped the Health Trainer Service better appreciate what a hard life fishing was. The health trainers recognised this and thought that what they had learnt through working with the fishermen could be useful in working with other occupational groups like farmers. Another stakeholder recognised that prior to the project, the Fishery Local Action Group:

'had not been aware that health issues were such a big issue within the fishing community.' (P9)

This was echoed by another stakeholder who said:

'half of the battle is getting people to see fishermen's health as an important issue that needs some attention and input.' (P5)

Most commentators could not think of any way to improve the service other than to reinstate and extend it. One fisherman commented that it would be good if the service:

'tried to cater more for times when the fishermen are going ashore, rather than coming in a morning when they are at sea. Most of the boats go out 4-5 am and come back 2pm so it makes sense to get here 2ish when they get ashore.' (P1)

One of the stakeholders wanted more report backs from the service managers but was supportive of extending the project at least for to give it time to 'get more embedded' (P9). They also commented that they did not feel that having the health trainer shop in Bridlington (which fishermen were encouraged to access) was a substitute for a service at the harbour, at least in the short term.

Conclusion and recommendations

This evaluation has shown that it is possible to reach fishermen and engage them in talking about and taking action on their health. By going to their workplace the health trainers were able to support the majority of fishermen plus a few family members, other workers and retired fishermen. The support provided enabled clients to make changes to improve their health and well-being and reduce their lifestyle risk factors. The clients interviewed were full of praise for the service and it was clear from analysis of all the interviews plus the case stories that the health trainer approach was the main factor in the success they had in reaching the clients and supporting them to make changes. Clients greatly appreciated the way the service was tailored to their needs and that the health trainers came to them, plus the friendly, non-judgmental, empathetic, practical approach taken.

The evaluators would like to recommend that every effort is made by the East Riding Health Trainer Service to continue its outreach work with fishermen as part of its mainstream activity, as originally envisaged. This may well include seeking funding to retain a presence at Bridlington harbour and with fishermen in Hornsea and Withernsea. The health trainers have done well to access as many people as they have in the time that they have been operating, but there are still people who have not make use of their service so more outreach is needed, particularly with retired and out of work fishermen. Many of those who have accessed the service remain a group at risk of ill health because of the nature of their occupation and lifestyle, and for many because of their age. Given the nature of the community it seems unlikely that many will access health checks or a health trainer unless they are in the workplace, and it seems important to build on the relationships the health trainers have established and reintroduce a service, albeit part-time, in all three locations.