



New Futures Health Trainers: An Impact Assessment

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September 2007

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Acknowledgements

With thanks to all Health Trainer Tutors and trainees, staff within the prisons and probation area who have co-operated fully with data collection, Sara Moore and Alicia Smith. Also with thanks to M (Health Trainer) for proof-reading and commenting on this document.

Abbreviations Used in the Report

CARATS	–	Counselling, Assessment, Referral, Advice and Throughcare Service
DH	–	Department of Health
GP	–	General Practitioner
GU	-	Genito-Urinary
H&S	-	Health and Safety
HMP	–	Her Majesty's Prison
HMPYOI	–	Her Majesty's Prison Young Offenders Institute
HPC	-	Health Professions Council
HT	-	Health Trainer
HTT	-	Health Trainer Tutor
IOW	-	Isle of Wight
KPI	–	Key Performance Indicator
KPT	–	Key Performance Target
NOMS	–	National Offender Management Service
NHS	–	National Health Service
NVQ	-	National Vocational Qualification
OCN	–	Open College Network
PE	-	Physical Education
PEI	–	Physical Education Instructor
PESO	-	Physical Education Senior Officer
PC PCT	-	Portsmouth City Teaching Primary Care Trust
PCT	–	Primary Care Trust
RAPT	-	Rehabilitation of Addicted Prisoners Trust
SEU	–	Social Exclusion Unit
SHA	-	Strategic Health Authority
SPSS	–	Statistical Package for the Social Sciences
SWS PCT	-	South Western Staffordshire Primary Care Trust
UK	–	United Kingdom
US	–	United States
WTE	-	Whole Time Equivalent

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Executive Summary

Background

Although the health of the UK population has improved significantly over the last century, inequalities in health still exist, with some of Britain's biggest killers being 'preventable' illnesses. The 2004 white paper '*Choosing Health: Making Healthy Choices Easier*' aimed to introduce initiatives to reduce inequalities in health. One such initiative was 'Health Trainers' – a new role staffed by individuals drawn from and based in deprived areas. This role aimed to offer people in deprived communities practical advice about health improvement, and to facilitate access to health services.

Offenders constitute a deprived, socially excluded and marginalised group. Consequently, a proposal was put forward to pilot the new Health Trainer role in the criminal justice system. A national advert resulted in the role being introduced into five prisons and one probation area.

This report aims to examine the impact of introducing the 'New Futures Health Trainer' role into criminal justice settings in terms of:

- a) Training for the Health Trainer Tutors/the development of the Health Trainer training course
- b) The impact of the training on the New Futures Health Trainers
- c) The organisational consequences of the role
- d) The impact of New Futures Health Trainers on clinical outcomes for prisoners/offenders on probation, and
- e) A brief examination of the relationship between 'early adopter' sites for Health Trainers in the community, and the prison/probation equivalent

Methods

A variety of evaluation methods were employed throughout this study, including telephone interviews, the design and analysis of two surveys, and focus groups. Once a final draft of the report was completed, it was sent to a Health Trainer at one of the pilot prison sites to elicit their view on the content and structure of the report. The response received from this individual was very positive. The methods used are outlined in more detail at the beginning of each section of the report.

Findings

The study has shown that introducing the new role has had a largely positive impact in each of the areas of investigation as shown below:

- a) ***Training for the Health Trainer Tutors/the development of the Health Trainer training course*** – a focus group conducted with an opportunistic sample of eleven Health Trainer Tutors revealed that initially, they were unaware that participating in the pilot would entail designing the Health Trainer training course. Consequently, the Tutors did not feel that they had gained any skills from attending the training sessions, and they thought that their training could have been improved by beginning with a pre-defined Health Trainer course (rather than simply the Health Trainer competencies), which they could then adapt for use in the criminal justice system.

Tutors also felt that more resources should have been provided to pilot sites to compensate for the time spent producing the Health Trainer training course, and that they would have benefited from having the Health Trainer role clearly defined at the start of their training, rather than working to produce a common definition amongst themselves as the sessions progressed.

However, the Tutors' training successfully met all of its aims – the Tutors identified what they wanted the New Futures Health Trainer role to be, they modified the Health Trainer job description for use in the prison/probation environment; they developed transferable skills which prisoners could use when they are released into the community; they discussed how to identify, recruit and select New Futures Health Trainers, and they summarised the teaching and assessment elements required within the New Futures Health Trainer programme.

Finally, the focus group showed that the Tutors felt that the role would benefit a variety of groups including the PCTs, the 'second-wave' of prisons, and the Health Trainer trainees.

- b) ***The impact of the training on the New Futures Health Trainers*** – Interviews with a sample of Health Trainer Tutors showed that they felt that the trainees had

engaged best with the behaviour change and lifestyle/healthy living elements of the course, and engagement was aided by the use of outside speakers in some cases. The Tutors stated that attending the course had impacted on trainees in terms of increasing their confidence, and increasing their level of knowledge and skills in a wide variety of areas.

52% of trainees also completed post-training surveys. Results of these surveys showed that all of the trainees thought that the aims of the course were clear and that the course was interesting. All except one trainee agreed that they had received enough training to do the job (this individual gave a 'neutral' response to this question). Additionally, survey responses showed that the trainees' self-reported level of knowledge had increased in relation to all of the subject areas covered on the course, and many of them cited examples of how their attitudes towards these areas had changed too. Furthermore, respondents also indicated high levels of confidence for sign-posting clients to services relating to each of these areas.

The above findings were reinforced by findings from focus groups conducted with trainees at two of the pilot sites. The focus group participants gave numerous examples of where they had gained knowledge in relation to a variety of health topics, and also of where their attitudes towards health topics and their behaviour had changed as a result of attending the course.

Additionally, the trainees stated that it may have been useful to extend the amount of time dedicated to each topic – to increase the depth of their knowledge, and to help prevent 'information overload'. Trainees felt that the latter could also have been aided by building more testing into the course to reinforce learning.

- c) ***The organisational consequences of the role*** – Examination of steering group minutes demonstrated strategic decision making in relation to defining the Health Trainer role, recruitment and selection procedures; choosing pilot sites; training; course accreditation, and future funding of the role.

Interviews with key figures showed that there had been a number of organisational consequences of introducing the Health Trainer role into the

criminal justice system. These included an increase in workload (largely for PE Department staff in the pilot sites), an increase in the number of offenders engaging with health services, and an increase in staff awareness of health issues. Interviewees also stated that there was the potential for the new role to contribute to a number of prison and probation targets.

- d) ***The impact of New Futures Health Trainers on clinical outcomes for prisoners*** – Anonymous clinical activity form data showed that for 45% of Health Trainer clients, a Health Trainer was the first health service that they had chosen to engage with. The main issues that clients discussed with prison Health Trainers were exercise, healthy eating and weight. Consequently, 59% of clients were referred onto the prison gym. The Health Trainers had also made referrals to Healthcare for 23% of the clients sampled. Please note that this form was not utilised by the pilot Probation area, so data from this site could not be included in this section of the report.
- e) ***A brief examination of the relationship between ‘early adopter’ sites for Health Trainers in the community, and the prison/probation equivalent*** – Liaison with Hub evaluators showed that the Centre for Outcomes Research and Effectiveness at University College London is developing a minimum dataset for all Health Trainers to use, which will inform a national study. The Health Trainers employed in the criminal justice system should be able to contribute information to the majority of this dataset using their existing data collection systems. Additionally, the University of Northumbria will be conducting a review of effectiveness and cost effectiveness of health-related lifestyle advisers, which will include Health Trainers. Both of these teams are aware of the work of New Futures Health Trainers, and may choose to include them within the scope of their reviews.

Recommendations

This study highlights a number of areas for future research on Health Trainers including:

- A randomised control trial of the value of peer-support compared with staff support for offenders
- An investigation into similarities and differences in the type of work done by, and population served by Health Trainers across the criminal justice system
- A larger-scale survey of the effects of becoming a Health Trainer on trainees' knowledge, skills and attitudes
- A study of Health Trainer career pathways
- A larger-scale study of the types of services that Health Trainers are referring individuals into
- A long-term follow-up of health outcomes for individuals seeing Health Trainers for advice.

Introduction

This report details the findings of an impact assessment commissioned by the Department of Health and conducted by staff at the University of Lincoln, focusing on a pilot project which originally aimed to a) develop a course to train prisoners as Health Trainers and b) to pilot the new Health Trainer role in several prisons across the UK. The scope of the pilot project was subsequently widened to include one pilot probation area too, with ex-offenders on probation being trained in the Health Trainer role. The research examined the impact of this pilot project in terms of:

- a) Training for the Tutors/the development of the training course
- b) The impact of the training on the New Futures Health Trainer trainees
- c) The organisational consequences of the role
- d) The impact of New Futures Health Trainers on clinical outcomes for prisoners, and
- e) A brief examination of the relationship between 'early adopter' sites for Health Trainers in the community, and the prison/probation equivalent

The overarching aim of this research was to inform the development of a specification for a large-scale formal evaluation of Health Trainers based in the criminal justice system across the country.

The original government vision for the Health Trainer role, outlined in the *Choosing Health* white paper and adapted for use in prisons is detailed in the following section of the report. Subsequently, the report examines each of the above topics in turn.

Background

When it was first established, the NHS did not aim to simply offer treatment to people in ill-health. Rather, when it was founded, it also aimed to prevent disease, and promote physical and mental well-being. The health of the UK population has improved significantly over the last century, with people now living longer than before. However, inequalities in health still exist, and some of Britain's biggest killers are now 'preventable' illnesses related to smoking and obesity. In April 2002 Wanless produced a report called *'Securing our Future Health: Taking a Long-Term View'*. This outlined projected future health trends in the UK and resource requirements for the NHS. It emphasised the need for health promotion (especially amongst deprived population groups), and for the general public to have more information on what the NHS will and will not provide so that they can engage in their care in an informed way.

Building on this theme, in November 2004, the government produced a white paper called *Choosing Health: Making Healthy Choices Easier*. This aimed to reduce inequalities in health by supporting the public in making more healthy and informed choices regarding their health. In particular, the government wanted to focus on disadvantaged groups and areas, to try to enable previously excluded and marginalised groups to make faster improvements in health, and thus reduce inequalities in health.

The government believes that “The skills, know how, social networks, motivation, resilience, tradition and culture that exist within communities can be a powerful force for promoting and protecting health” (Choosing Health:106), and that rather than the government disseminating advice from on high; responsibility for health should lie with communities themselves. Thus, part of this initiative involved the creation of a new role – Health Trainers.

The white paper describes this role as follows:

“Offering practical advice and good connections into the services and support available locally, they will become an essential common-sense resource in the community to help out on health choices. A guide for those who want help, not an instructor for those who do not, they will provide valuable support for people to make informed lifestyle choices” (Choosing Health: 106).

These individuals are to be drawn from, and based in the most deprived communities. Different communities are encouraged to adopt models which are most effective for them, thus helping to overcome barriers to accessing existing services such as language difficulties/inappropriate opening times. It is hoped that these individuals will be able to encourage communities to take more responsibility for their own health, and that they will be able to give people in their community knowledge about health issues and services which are available to them to allow them to make informed choices about their health. This in turn may also begin to affect the way in which health services are provided.

A recent review of the literature by Visram and Drinkwater (2005) showed that very little is known about the level of effectiveness of Health Trainers in the community. Therefore, a proposal for an impact assessment was included in the Project Initiation Document for piloting the role in criminal justice settings.

Why have Health Trainers in the criminal justice system?

The prison population constitutes a deprived, socially excluded and marginalised group. For example, the government states that

“Generally speaking, people in prison have poorer health than the population at large and many of them have unhealthy lifestyles. Many will have had little or no regular contact with health services before coming into prison, and prison populations reveal strong evidence of health inequalities and social exclusion” (Choosing Health: 129).

Prisoners are likely to have used drugs, to smoke, to have been more sexually active in the community than people in the general population, and to suffer from at least two mental disorders (Choosing Health: 129). There is a paucity of research focusing on the health of offenders on probation. However, as many of these individuals are likely to have been released into the community from prison, they may have similar health needs. Therefore, there is a need to improve both the physical and mental health of prisoners and offenders on probation. Moreover, the Social Exclusion Unit lists mental and physical health as one of nine key factors influencing reoffending (SEU, 2002); so by improving prisoners'/offenders on probation's health, New Futures Health Trainers could also be reducing their chances of reoffending. This point has also been emphasised by the National Offender Management Service (NOMS), who name health as one of their seven pathways out of re-offending listed in the National Reducing Re-offending Action Plan (2004).

The New Futures Health Trainer initiative aims to train prisoners and offenders who have completed a probation order to become Health Trainers - providing prisoners/ex-offenders themselves with the knowledge and skills to be able to improve the health of their peers and improve their engagement with services. Thus the role aims to empower offenders themselves to overcome health inequalities, which in turn may help to reduce re-offending.

Project Implementation Process – A Brief Summary

The project was advertised nationally, and prisons were invited to submit a proposal to become part of the pilot. This resulted in successful applications from the following establishments:

- HMP Drake Hall
- HMP Stafford
- HMP Wandsworth
- HMP Kingston

- HMPYOI Swinfen Hall
- Portsmouth probation area

In 2005 Skills for Health developed a draft of several generic competencies in relation to the new Health Trainer role in the community. However, local programmes were encouraged to adapt these competencies to meet local needs. Consequently, (as shown in Figure 1), the first stage in this pilot project involved individuals nominated as 'Health Trainer Tutors' from each establishment working together to interpret the competencies for use in criminal justice settings.

Following this, Health Trainers were recruited at each of the pilot sites. The number of Health Trainers recruited, and the recruitment methods varied across the pilot sites due to differences in the population of establishments, and variation in the prison regimes. Trainees then attended a structured course which has been accredited by the Open College Network (OCN). In some cases, this culminated in these individuals organising a health-fair to take place within the prison, and meeting their first 'clients' there. The Health Trainers currently 'employed' in these settings aim to signpost their peers into prison (or in the case of the probation area, community) healthcare services and/or to do health promotion work with their peers. Further information on this process is provided in Sirdifield *et al.*, (2007)¹.

Future Developments

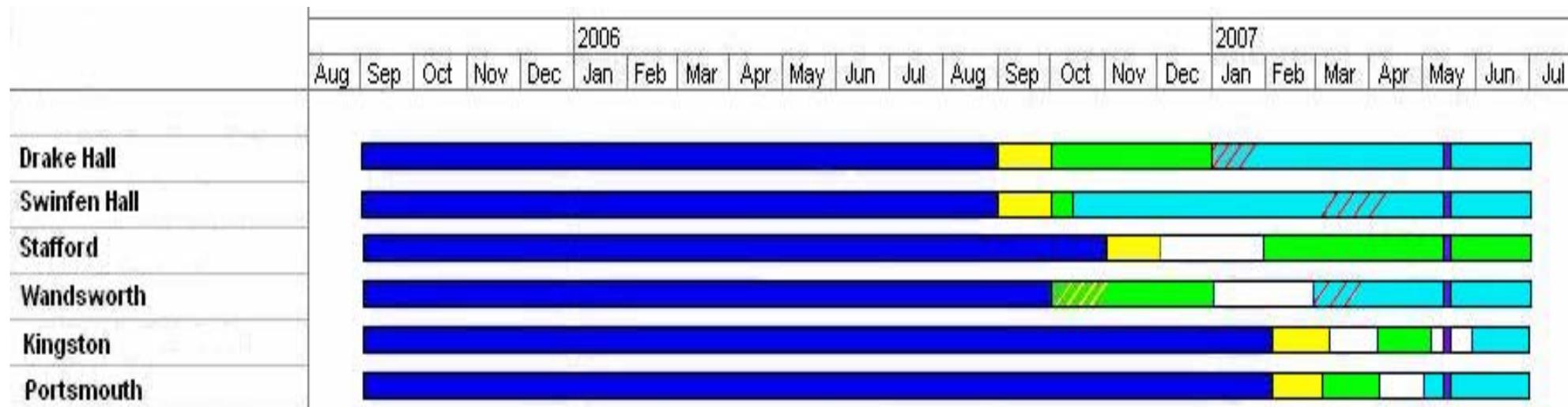
Several of the establishments involved in the pilot are training a second cohort of Health Trainers at the time of writing.

Additionally, there are discussions regarding the role being introduced into a number of other prisons across the country including HMP Featherstone, HMP Garth; HMP Albany; Isle of Sheppey prisons; HMP Pentonville; HMP Styal; HMP Everthorpe; HMP Buckley Hall; HMP Standford Hill; HMP Elmley; HMP Winchester, and HMP Manchester.

Moreover, The Foyer Federation (a network supporting over 10,000 homeless people aged 16-25 in the UK) has also expressed an interest in introducing Health Trainers.

¹ Final copies of this report will be available from October 1st 2007. Please contact csirdifield@lincoln.ac.uk

Figure 1: Timeline of Key Events in the New Futures Health Trainer Pilot



Key

[Blue]	DH Steering Group - Determination of Training Content - Reporting on Implementation - Gaining OCN Accreditation
[Yellow]	Recruiting first cohort of Health Trainers
[Green]	Training first cohort of Health Trainers
[Red]	Health-fair
[Cyan]	Health Trainers seeing first clients
[Vertical Bar]	OCN Accreditation gained
[White]	Gap in activity

Report Structure

This report aims to assess the impact of this new role in terms of:

- a) The impact of the training on the Health Trainer Tutors/development of the course
- b) The impact of the training on the New Futures Health Trainers
- c) The organisational consequences of the role
- d) The impact of New Futures Health Trainers on clinical outcomes for prisoners
- e) The relationship between 'early adopter' sites for Health Trainers in the community, and the prison/probation equivalent

Methodology

Data collection for this report was informed by a number of methods namely:

- Observation at tutors' meetings and steering groups
- Focus groups with Tutors and New Futures Health Trainers
- Telephone interviews with a sample of Tutors and key individuals within the pilot sites
- Design and analysis of two surveys

As the methods employed for each section of the report are different, they are discussed in more detail in relation to the relevant sections of the report.

Ethics

The DH group commissioning this study categorised this work as an 'impact assessment' rather than research nonetheless ethical issues were still addressed. For example, participants in focus groups and interviews were fully informed of the purpose of the group/interview, and how the data would be used and stored. They all gave their consent for information to be sought and were also informed that their responses would be kept anonymous.

A) Impact of Training on Tutors/Development of the New Futures Health Trainer Course

Aim: The original aim of this section of the report was “To obtain information about the training that will allow its impact to be assessed”.

Method: The project was initially designed to train two to three Tutors to participate in the pilot implementation of the New Futures Health Trainer role. However, the number of prisons involved in the pilot increased (from two to five), and as stated previously, one probation area was also involved in the pilot. Consequently so did the number of Tutors.

Therefore, a focus group was chosen to examine the impact of the Tutors’ training. Focus groups allow a researcher to investigate a number of individuals’ views on a topic at one time. Furthermore, unlike interviews, they have the advantage of allowing participants to challenge each other’s views, and qualify the meaning behind their attitudes and behaviour during the discussion (Bloor *et al.*, 2001).

The research team contacted an individual from the University of Portsmouth to obtain written information about the training being provided to the Tutors (see appendix 1). This information was then used to produce a semi-structured interview schedule for a focus group which was held on the 31st of July 2006. The focus group consisted of an opportunistic sample of eleven Tutors. Some of the individuals in the group were employed directly to train New Futures Health Trainers. Others worked in a ‘train the trainer’ role to train up other Tutors who subsequently trained New Futures Health Trainers.

The focus group was audio-recorded and transcribed verbatim to enable rigorous analysis. The transcript was then manually axial coded into themes relating to the headings below.

This section of the report examines the impact of the training that the Tutors received in terms of:

- Tutors’ views on the design of their training
- How the training has impacted on Tutors’ knowledge and skills
- Whether the tutors felt that the training could be improved in any way
- Whether the training achieved its aims

The focus group also examined:

- What the Tutors felt was needed in order for implementation of the New Health Trainer role to be successful
- Tutors' views on how the role could benefit a variety of groups

Tutors' views on the design of their training

The training that the New Futures Health Trainer Tutors received on the nature of their role and the training that they would be delivering to the New Futures Health Trainers was not delivered as formal PowerPoint presentations. Instead, it consisted mainly of focused groupwork, with the aim of the group participants working together to produce a training package that they would then implement in the prisons/probation area. Thus the Tutors were divided into small groups, and each group was given a different 'Health Trainer competency' to work on.

It was hoped that through approaching the training in this way, the Tutors would reach a consensus of opinion on what the contents of the training for the New Futures Health Trainers should be. Consequently, they would be delivering a package that they were happy with, rather than a package that had been dictated to them. Furthermore, the training package produced would be appropriate for use in the prison/probation environment, and thought would have been given to how it could be adapted according to differences in the range of resources available and regimes in each establishment. This approach would also give the group participants a chance to get to know each other, to combine their skills and experience in writing the package; and to define their roles as Tutors for themselves to an extent. Additionally, after the initial training days, the participants would be able to define the focus of the subsequent support sessions for themselves.

Towards the end of this process, the University of Portsmouth would then provide support to the group in combining all of their ideas into a comprehensive training package, which was appropriate for use in prison and probation settings.

However, data from the focus-group indicates that this approach was not favoured by the group participants. In part, this was because many of them had not been informed that they would be involved in writing the training package when they applied to be part of the pilot. Instead, they were simply expecting to attend a

lecture/presentation, which would outline a pre-designed training course which they would then take away to deliver in their prisons. This view is demonstrated by the following quote:

- 7: "I think we've been well I think personally that we've been a little bit misinformed about what was expected"
- I: **"Right"**
- 7: "We are sitting here today saying about delivery of a package but we've come along on the first sessions a couple of months ago and they said that we're writing the package!"
- I: **"Right!"**
- ?: "We didn't have a"
- 7: "We didn't know this"
- I: **"Ah ha"**
- 7: "So to say that we're gonna be delivering the training training of the trainers we're writing the package at the moment"
- I: **"Mmm"**
- 7: "So my original opinion is we'd been invited along to be part of a working group and this should already have been written"
- I: **"Right"**

Similar views are also expressed in the quote below:

- I: **"Right...so this process then of sort of developing the course in the first place"**
- 7: "It should have been"
- I: **"you don't think that's been a good thing to be involved in?"**
- 7: "It should have been written"
- I: **"OK"**
- 7: "If we're delivering it you come along and to be taught to deliver that but"
- 1: "I think it's because it's a pilot, nobody knew how this was going to be developed and so that's why we are developing our own training programme."
- 7: "We should have been pre-warned before we arrived"
- 1: "Probably (laughs) I think"
- 6: "What (name)'s...what (name)'s saying I mean we've certainly been having conversations with the Governor (laughter)...no but what he's saying is everybody when we put in a there was a pro-forma for going to be a pilot type which is fine but within that it should have explained that there was a lot of to-ing and fro-ing to London initially to set up the package"
- I: **"Yeah"**
- 6: "When we came to the two days I think that was fair to say as well and we came expecting to get a couple of days of training to set up so we expected to walk into something like this"
- I: **"Yeah"**
- 6: "two days explaining where we were going, what we were doing and how it was gonna...gonna happen"

Now that the Health Trainer course has been written and accredited, future research could investigate how Tutors in 'new' establishments introducing Health Trainers will be trained, and whether there is any variation in course content and methods of delivery at different establishments.

Impact of the training on Tutors' knowledge and skills

The tutors did not feel that they had gained any skills from the training sessions. Instead, they felt that they were just using their existing skills as demonstrated by the quote below:

- I: “Do you feel from the days that you’ve had down here that you’ve actually gained any skills...or do you feel you’re using your existing skills?”
7: “we’re using our own skills”
I: “Yeah”
7: “to develop the programme rather than gaining any skills”

Possible improvements to the training

Having a pre-defined course: Following on from the themes above, the Tutors felt that they would have benefited from having a pre-defined course delivered to them initially, which they could then comment on and adapt for use in their establishments:

- 4: “we could have had potentially that as a starter for the programme and then we would have said “yes we can deliver that within this prison, no we can’t do that in that our prison” and we’d have had the basis of it. I mean I’ve got I agree with number seven (laughter) that regardless I think we should have had something on the table to dis’ to discuss because I didn’t realise that we were developing the programme”
I: “Yeah”
4: “I had no idea that we were developing the programme”

7: “In my view if somebody presents it initially is so that everybody would be walking away delivering sort of the same package, my deliver of this is totally different to number four’s, number three’s”
I: “Yeah”
7: “So to it should be delivered the same for all of it it’s coming back out of the competencies again”
I: “Yeah”
7: “it needs to be brought together”
I: “Yeah”
7: “and then someone presents it I’d I’d expect it to be presented to me...to the Health Trainers”

Resourcing: Furthermore, given the approach adopted in the training, the Tutors felt strongly that additional resourcing should have been provided to support them in developing the programme:

- 6: “Within, within the pilot thing there was no there was an expectation of what you’d have costed things out at would have been considerably different timescales and the costings would have been different if you’d know you would be gonna be part of writing the package it’s just...a bit like the Department of Health push their stuff out and sort of assume that there will be something that’s been adapted slightly for the prisons”
I: “Yes”
6: “and that’s what’s necessary”
All: “Yeah”
6: “now that chunk of time wasn’t really accommodated”

- I: **“Yeah”**
 4: “The developmental time I think that’s what we’re talking about”
 6: “mmm yeah”
- I: **“I mean it could be seen as a positive thing that you’ve had an input into the process, do you feel that you’ve got anything out of it or would you have designed it in a different way?”**
 7: “Well not really no because of the resources involved from our point of view at (inaudible)...we got HT3 we spoke too much we did at the first three or four meetings and got a lot of work out of it, but for me for example that’s taken three or four members of staff for two or three days just to write the package that we’ve got”
- I: **“Right”**
 7: “and we’re not, we’ve not really resourced for that”
 I: **“Right”**
 7: “I haven’t got the time just to facilitate”
 I: **“Mmm”**
 7: “Not allowing people to have leave, because we’ve got to all sit down and do it”
 I: **“Mmm”**
 7: “So yeah it’s good that it’s all written and now ready for rolling out but from my department departmental point of view it wasn’t very good”

Role definition: The respondents also stated that they would have benefited from having the role of a Health Trainer defined to them at the start of the training sessions, as illustrated by the following quotes:

- 5: “To actually have the Health Trainers’ role defined because I don’t think even on those first two days for me personally I still didn’t understand what a Health Trainer was going to be or what the Health Trainers’ role was going to be”
- 4: “There was a Hub event that we went to and it was in at Birmingham Black Country sort of southern Birmingham and sort of Staffordshire/Shropshire area and the Hubs they’re a lot of PCTs that were involved in that the spearhead PCTs”
- I: **“Yeah”**
 4: “we’re actually quite far ahead and in a matter of half an hour I was clearer than I had been for months about what a Health Trainer was. If we’d have had just half an hour or an hour at the beginning of the programme I think everybody would have saved quite a bit of time.

Thus unfortunately, the Tutors attended their initial training sessions expecting to be taught how to deliver an existing training course, rather than expecting to be designing the training course through adapting the community Health Trainer model for use in prisons. This led to some of them feeling that they had been inadequately resourced, and to others wishing that they had a clearer idea about the role of a community-based Health Trainer to facilitate adapting this definition for use in prisons. These points are largely a result of this being a pilot project, and the Tutors training did successfully achieve its aims, as outlined below.

Whether the training achieved its aims

The training days that the Tutors attended in April 2006 had the following aims:

1. For Tutors to identify what they want the role of the New Futures Health Trainer to be
2. To modify the Health Trainer job description for use in the prison/probation environment and to develop transferable skills which prisoners could use when they are released into the community
3. To discuss identifying, recruiting and selecting New Futures Health Trainers
4. To summarise the teaching and assessment elements required within the New Futures Health Trainer programme

The discussion on the progress that has been made in achieving each of these aims is outlined below.

Identifying what the role of the New Futures Health Trainer should be:

This aim appears to have been achieved successfully. The Tutors identified three possible strands to the Health Trainer role, as demonstrated by the comments below:

Signposting: Some of the respondents envisaged the New Futures Health Trainer role being used to signpost prisoners to appropriate health services:

- 4: "Well for us at (establishment) it's not going to be a lot different to the Community idea of signposting and delivery. I think we're fairly confident that that can happen. Not delivering a service because we keep going down that route about what they can and can't do but in terms of the basics of what a Health Trainer can do in the community they can do in prison"
- 7: "From from a prison point of view it would be basically sign-posters, people would be giving one to one advice on where to go for services that are required"
- I: "Yep. What kind of issues would that be?"**
- 7: "From from requiring the CARATS the CARATS teams, seeing the Doctor, going to the GU clinic, anything to do with health for the screening programme within the establishment...what courses are available to them it would be all along them lines from our point of view"

One-to-one (1:1) advice: Others saw the role going beyond signposting to include the provision of other types of 1:1 advice:

- 1: "We haven't really looked at how it's going to work in practice"
- I: "Right"**
- 1: "although we have identified that maybe there's less security issues at the prison that we're going to be working with so therefore hopefully the the idea of the one to one work"
- I: "Mmm"**
- 1: "with individual prisoners working with other prisoners is is a possibility"
- I: "Mmm yeah yeah"**
- 1: "and certainly the prison seemed keen on us going down that route. They felt as though the signposting type of role with the Health Trainers was actually already happening"

- 6: "The basics of Health Education, like smoking, what are the benefits of giving up like when you're talking about smoking"
- I: **"Yeah"**
- 6: "Coping strategies like where to avoid you know what to avoid"

Improving access to services for hard-to-reach individuals:

Additionally, some respondents suggested that the New Futures Health Trainers may be used to approach individuals who do not usually make use of the gym facilities within the prison; and that prisoners may find the New Futures Health Trainers more approachable than the staff:

- 9: "I think we've actually got sort of fourteen hundred fifteen hundred prisoners in our establishment and we've got a hardcore of about three hundred and fifty/four hundred who use the gym..."
- I: **"Ah ha"**
- 9: "Initially I thought the idea was that that for these lads to get in contact with people who don't normally use the gym, normally use the facilities"
- I: **"Yeah"**
- 9: "So whereas we're a bit of a barrier at times when we walk up the landings, they might not want to approach us and ask us certain questions but whether they'll feel more comfortable taking to another prisoner"
- I: **"Mmm"**
- 9: "It's like I've always I was under the impression that was the idea that they were going to go places that we weren't"
- I: **"Yeah"**
- 9: "Wouldn't reach"
- I: **"Yeah"**
- 9: "So that's what I was thinking"
-
- I: **"Yeah so how, how does that add to what you have at the moment? What would normally happen if someone wanted to quit smoking?"**
- 7: "They'd approach staff initially the healthcare staff to...or using the notice boards that we use at the moment to advertise, but this would be more one on one more approachable for the lads with on exercise or in the workplaces"
- I: **"Mmm...do you think the fact that it's another prisoner will actually make a difference rather than it being a member of staff?"**
- 7: "I think it depends on on the prison the like the initial response we get in people in the community have they recognised you, do they know what they're talking about..."
- I: **"Mmm"**
- 7: "that will be be the main draw for them so they recognise them on the wing"

However, at this stage, little consideration seemed to have been given to the role that the Tutors would play, and how the New Futures Health Trainers would be managed after they had been recruited as show below:

- I: **"Yeah because surely that will be quite a big issue"**
- 1: "Mmm"
- I: **"How you're going to manage people once you have them in place?"**
- 1: "Yep..."
- I: **"Has any kind of thinking on that at all?"**

- 1: "Not yet, certainly not in the prisons"
 I: **"Yeah, yeah"**
 1: "We haven't really thought that far"
- I: **"So with that set-up then, would you see yourself as being Co-ordinator when you've got your Health Trainers recruited?"**
 4: "Not paid enough (laughs)...I don't ...we don't know...we don't know"
 I: **"How do you see your role as Tutors in relation to the Health Trainers?...What do you feel your role will be with them?"**
 3: "Well it's in the post I suppose, it's an addition to the existing role isn't it?"
 I: **"Yeah"**
 3: "I mean I'll do it because that happens to be my background"
 I: **"Yeah"**
 3: "and I've got an interest in health promotion but if that wasn't my background then I might have just said "right what are you on about? Go away""
 4: "Go away!"
 I: **"(laughs) yeah"**

However, there was recognition of the need for the new role to be managed in order for it to be successful:

- 7: "So really you're giving some varied employment as long as it's structured and managed"
 I: **"Yes"**
 7: "Because prisoners being prisoners"
 I: **(laughs)**
 7: "given the opportunity will do the bare minimum"
 I: **"Yeah"**
 7: "So it's got to be managed and they've got to know what we want on a daily basis"

As stated earlier, a second cohort of Health Trainers are already being trained at some of the pilot sites. Staffs at HMP Wandsworth are proposing that their new trainees may work specifically with prisoners who are overweight and/or aged 45+. Thus it may be that Health Trainers start to specialise in some settings. Future research could examine this possibility – mapping similarities and differences in the role of Health Trainers and the populations that they serve across the criminal justice system.

Modifying the Health Trainer job description for use in the prison/probation environment and developing transferable skills which prisoners could use when they are released into the community:

The Tutors have successfully modified the Health Trainer job description for use within the prison/probation environment (See Appendix 2 for an example of a job description used in one of the pilot prison sites); and as part of this they have developed transferable skills which prisoners could use when they are released into

the community. However, there was a strong feeling amongst the focus-group respondents that accrediting the New Futures Health Trainer course was key to offenders being able to use the skills gained from the course in the community:

- 14: "obviously they're all working towards their parole and things like that"
I: **"Yeah yeah"**
14: "and you know the list of qualifications that they gain"
I: **"Yeah"**
14: "that goes to certain...appeals"
I: **"Yeah"**
14: "especially when they're released from the gaol"
I: **"Mmm"**
14: "how can they carry on outside?"
I: **"Yeah"**
14: "what sort of a qualification are they going to get that's what they want to get a job outside"
I: **"Yeah to use that outside yeah"**
14: "Yeah, that's the main thing we should be looking at what they can do when they're outside"

Some respondents also had concerns about whether New Futures Health Trainers would be able to be employed by the NHS when they were released:

- 4: "I think it was more that the big problem is they're saying the NHS does not recruit prisoners, that that that was what the inmates were saying and they were saying "alright we we do this but will we have a fair chance of getting employed in the NHS because we're talking about NHS Health Trainers here"? So so so that was something actually"

Accrediting the course was also seen as important in gaining management support for implementing the role:

- 7: "From my from my point of view it's how long are we going to take to deliver it? Is it going to be a week course, two week course...what am I gonna...what am I gonna lose to put this on?"
I: **"Mmm yeah"**
7: "because if I'm told it takes staff for four weeks to deliver this"
I: **"Yeah"**
7: "and no no qualification I know my line-manager will be saying "Well you're not delivering this because you've got the work skills targets to meet for the year"
I: **"Yeah"**
7: "So my work skills targets are three hundred a a year"
I: **"Yeah"**

Moreover, it was important in motivating the New Futures Health Trainers themselves:

- 14: "to suit our establishments but...the biggest bug-bear for me is the qualification at the end of it"
I: **"Yeah"**
14: "to keep you know it's like dangling the carrot"
I: **"Yeah"**

- 14: "you know what how are you going to assess it, you know is it going to be a written exam, is it going to be continual assessments, is it you know"
- I: **"Mmm"**
- 14: "what are they working towards? They'll want something at the end of it"
- I: **"Yep"**
- 14: "not me it's not what we get out of it it's what they can get out of it"
- I: **"Yeah"**
- 14: "that'll keep them motivated"
- I: **"Yeah, yeah"**
- 14: "and if we haven't got anything set up then I think we'll have a problem as the lads go on...they're not gonna really know where they're going with it and if they continue doing the work over and over again"
- I: **"Mmm"**
- 14: "obviously they're all working towards their parole and things like that"
- I: **"Yeah yeah"**
- 14: "and you know the list of qualifications that they gain"
- I: **"Yeah"**
- 14: "that goes to certain...appeals"
- I: **"Yeah"**
- 14: "especially when they're released from the gaol"
- I: **"Mmm"**
- 14: "how can they carry on outside?"
- I: **"Yeah"**
- 14: "what sort of a qualification are they going to get that's what they want to get a job outside"
- I: **"Yeah to use that outside yeah"**
- 14: "Yeah, that's the main thing we should be looking at what they can do when they're outside"
- 5: "I think one of the main things was the accreditation though for the women you know what are we gonna get out of it and are we going to be able to be employed when we leave prison"
- I: **"Yeah"**
- 4: "Yeah that was "
- 5: "That was the thing"

At a later date, Sara Moore (Project Lead) did go onto successfully achieve accreditation for the course through the Open College Network (OCN), meaning that prisoners completing the course will leave prison with a recognised qualification, and that there is now an official course outline 'on the shelf' for other establishments to utilise.

Discussing identifying, recruiting and selecting New Futures Health Trainers:

A lot of thought appeared to have been given to how to recruit and select offenders for the new role. Indeed at the time that the focus group was conducted, one area had already advertised the post and received twelve applications.

Recruitment Strategies

The approach that was being taken in recruiting Health Trainers varied considerably between establishments:

Open advert. In some cases, the post was being advertised in the prison; with interested prisoners being invited attend a presentation to give them more information about the role, and then completing application forms:

- 4: "Well we've got we decided to go through due process and go through the interview process..."
- I: **"Yes and you've been quite successful with that so did you have to sell that at all or...?"**
- 4: "Well we we put our (establishment) put out a flyer saying there was gonna be a presentation there's this new pilot Health Trainers, want to know more, want to be involved, come along to the presentation ask questions if you're interested in becoming a Health Trainer within prison then put in an application and"

'Grooming' particular prisoners: In others, prison staff already had particular prisoners in mind for the role:

- 14: "At the moment...number fourteen (laughs), at the moment we won't sell it to anybody because we're just grooming our prisoners to deliver it eventually"
- I: **"Yeah, yeah"**
- 14: "and that we're gonna use to deliver it eventually and but we have told them"
- I: **"Right"**
- 14: "That this is what's going to be happening but it's not set up at the moment"
- I: **"Ah ha"**
- 14: "You can't say this is what's gonna to be happening and this is the qualification you're gonna, you're gonna get at the end of it"
- I: **"Mmm"**
- 14: "because it's not in place yet...so we can't start grooming people"
- I: **"So you have specific people in mind?"**
- 14: "Yeah we have"
- I: **"to deliver it?"**
- 14: "Yeah we've got people in mind"
- I: **"Rather than advertising it"**
- 14: "Yeah, we haven't advertised it"

'Mainstream' approach: The team planning to implement the role in the probation setting were considering recruiting and training Health Trainers on probation alongside Community Health Trainers:

- I: **"What's led you to that decision then?"**
- 1: "because we'll probably ...we're having a a new recruitment for the Community Health Trainers anyway"
- I: **"Right"**
- 1: "and we will we were planning to just run them together effectively so that people in the community that are going to be Health Trainers will be trained up with people on probation to be Health Trainers"

- I: **“Ah ha, mmm”**
 1: “so I think that’s the aim anyway”
 I: **“Yeah, yeah”**
 1: “and we’re beginning to feel that we can do that because we feel that the competence level of the people that are...on probation is probably equal to that of other Community Health Trainers”
 I: **“Right I see”**
 1: “So then we don’t need a different programme for that”

Selection

The majority of the respondents appeared to be looking for similar characteristics in the offenders that they recruit, namely having good communication skills, being good with people, having an interest in health promotion, and having the time and motivation to complete the training for the role:

- I: **“So can I ask what kind of criteria you will be using then to select the Health Trainers?...I know that you’ve got the twelve applications, how would you pick from them?”**
 4: “Well there we’ there was sort of ...there was ...a job specification wasn’t there that we looked at and it was just basically from that and certainly from the evidence that I saw when we did the presentation that was given any problems with ...the the women be being not suitable”
 I: **“Mmm”**
 4: “They were all suitable”
 I: **“What issues would you be looking for in terms of ‘not suitable’?”**
 4: “I it’s communication, good with people, want to work in terms of health knowledge I mean they can be taught that but ...motivation yeah”
 5: “and having the twelve months left”
 4: “Yeah twelve months left”
 5: “Yeah because we have got a few that are out sort of this year early next year but and they were saying well can we start it and then finish it off somewhere in the community!”
- I: **“Yeah and were you thinking along the same lines, because you’ve got people in mind have you still”**
 9: “We have to think on those lines obviously everyone’s big on resettlement now we have got some strong links I mean it’s a struggle for us being a Cat B type prison to make any resettlement links that”
 I: **“Right”**
 9: “people are willing to take on a role and a temporary licence to work outside things like that so even if you get one person out it’s a success for us, but obviously we’re looking along those lines because we want to take people out and start training and get them into work you know as well”
 I: **“So you’re looking for people with good communication skills, good with people”**
 14: (Interrupts) “yeah well we’re using our courses professional courses to see who is suitable for this job that’s what we’re doing to”
 I: **“Right, so how does that work then?”**
 14: “Well we run courses throughout the year”
 I: **“Yep”**
 14: “and we are going to actually pick our lads from those courses”
 I: **“Right...”**
 14: “That’s how we’re doing it”
 I: **“So what would you be looking for?”**
 14: “Well well when the when they’re on the courses their communication skills”

- I: **“Right”**
 14: “and how they deliver the course and what sort of attitude they’ve got”
 I: **“Yep, yep”**
 14: “What sort of motivation, attendance...”
 I: **“Yeah”**
 14: “Just general behaviour it it’s the whole package really isn’t it?”

Summarising the teaching and assessment elements required within the New Futures Health Trainer programme:

The main focus of the support training sessions that the Tutors had attended so far had been on developing the teaching and assessment elements required within the New Futures Health Trainer programme. Establishments had focused on developing teaching material around each of the Health Trainer competencies, and were considering how they would assess whether these competencies were being met e.g. through observation/interviews/quizzes. The Tutors seemed to feel that they had been quite successful in this process. They had identified teaching elements such as communication skills, time management, showing empathy, ethical issues, record-keeping and boundary setting.

At this stage in the data collection, the various sections of the teaching programme for the Health Trainers were almost complete. However, there were concerns that as different establishments had developed different parts of the teaching programme; the way in which each element is delivered may vary considerably between establishments. For this reason, the Tutors suggested that they run through the whole programme as a group to get a sense of how each establishment plans to deliver the section of the programme that they have been working on.

The focus group also looked at the Tutors’ views on what is needed in order for implementation of the new Health Trainer role to be successful and what the possible benefits of the new role could be for different groups. Their views on these topics are summarised below.

What the Tutors felt was needed in order for implementation of the new Health Trainer role to be successful

Some of the respondents felt that implementing and managing the new role would need to be the responsibility of a whole department rather than one individual in order for it to be successful:

- 9: “I think being on the shop-floor, I’ve sort of like got the the impression that if one person is paid to run it it will never work”
 I: **“Right”**

- 9: "It has to be the whole department"
I: "Yeah"
 9: "The whole department run it and then (inaudible)"
I: "**That being the PE department?**"
 9: "Yeah, I think if you said to one person you're gonna do you know will you take this one you'd be sort of like you know, felt a bit under pressure"
I: "Yeah"
 9: "But if the whole department's gonna take it on then you can work as a team..."
 14: "That's what we're looking at at (establishment) we're gonna do it as a whole department"

Additionally, for some there was a need to be clear where funding for the role would be coming from:

- 7: "The thing for me in implementation across the estate would be the funding"
I: "Right"
 7: "because a lot of staff now have got programmes in place like have got their responsibilities within the prison environment and for a new initiative to be taken on board it's who's actually going to fund this who's going to pay for the staffing resources to deliver the basics ... with quite a lot of people are obviously expected to take it on board"
I: "Yeah"
 7: "But they won't have the facilities or the staffing to do it"
I: "Right"
 7: "within their within their programme"
I: "**So would you expect to get money from the PCT for that or...?**"
 7: "Well is it the PCT or is it Department of Health who should fund it?"
I: "Right"
 7: "Or is it coming out of the Area Manager's budget?"
I: "Yeah"
 7: "Or the staffing..."

Tutors' views on how the role could benefit a variety of groups

PCT: Some of the respondents felt that being involved in the pilot would be beneficial for their PCT as they would then have more knowledge when it came to implementing the role in the community in 2007:

- 4: "Well no it's, it's been beneficial for ...our PCT simply because we weren't involved in the the first wave of the the the of delivering this in the community. Had we not applied for to be part of this pilot prison programme we'd still be pretty much in the dark about what Health Trainers are and we certainly wouldn't have been ready to develop and implement this when PCTs are meant to be doing this from April 2007. So from from number five an' I's perspective (laughs) it's that's been beneficial to our PCT by default rather than good good good planning"

Some respondents also felt that the PCT may be involved in funding the new role:

- 4: "For the Health Trainers there is a in our PCT there's there's a budget line for Health Trainers but that's... .. community...but ..."
I: "**So you don't know if you would qualify for that?**"

- 4: "Well the the there is a budget line it just depends whether the PCTs are going to spend it on that particular line in Choosing Health the within out PC from April we've got a line for developing Health Trainers in the community...whether we'll get access to that funding is another matter."

Second wave of prisons

The pilot prisons were asked to feedback on their progress in October 2006. Some respondents felt that at this stage they would have very little to offer in terms of evidence of outcomes. However, by 2007 the second wave of prisons would benefit from seeing how the different types of pilot prisons had adapted the training to suit their environments:

- 4: "It's going to make it easier for for prisons as to come onboard with the second wave. I mean initially they talked about us the second wave being from October this year but I can't"
- I:** "No"
- 4: "I can't see it because we'll have just started delivering the actual programme with the prisoners so"
- I:** "Yeah"
(someone's phone rings)
- 1: "The expectation of what we could deliver in the pilot was..."
- I:** "A bit high?"
- 1: "Was very high"
- 4: "Yeah"
- 1: "Because we didn't appreciate that we were preparing this training programme"
- I:** "Yeah"
- 4: "Yeah I mean I don't know whether that October...date is too soon you know that they've got for the ...how the programme's going sort of half-way point evaluation"
- 1: "Yeah"
- 4: "I don't know whether that's too soon"
- I:** "Mmm"
- 4: "I mean we can we can say what's been done and yes we're delivering but we can't actually...what we won't be able to say is ...with any greatest confidence is ..."
- 1: "We won't be able to comment on it on any impact"
- 4: "Impact no...we'll just be able to say where we are at this point"
- 1: "Yeah"
- 4: "in time"
- I:** "Mmm"
- 4: "So I can't...the second wave I can't see 'til...'til sometime in 2007"
- I:** "Right..."
- 1: "But you need that time as well don't you?"
- 4: "You do well yeah to iron out and I mean those prisons they're ones adopting from April next year will have ...will have the outline of a training programme ...experience of ...different category prisons and how they've adopted it so what they changed and they'll be able to say "oh that fits our at that particular prison we'll we'll we'll use that but we'll we'll we'll tweak what we what additional thing we need""

Prisoners

The respondents felt that prisoners would benefit from them being part of the pilot because it would give them the opportunity to take on a different role of employment:

- 7: "It's a different role of employment from the within the establishments"

- I: **“Yeah”**
 7: “prisons historically have workshops and tailoring shops and packing related to the workshops”
 I: **“Mmm”**
 7: “So really you’re giving some varied employment as long as it’s structured and managed”
 I: **“Yes”**
 7: “Because prisoners being prisoners”
 I: **(laughs)**
 7: “given the opportunity will do the bare minimum”
 I: **“Yeah”**
 7: “So it’s got to be managed and they’ve got to know what we want on a daily basis”

Also, at this stage the Tutors thought that if the course was accredited, the prisoners would gain skills that could then help them in finding employment when they are released into the community. In some areas, they might even be able to work as Health Trainers whilst they are on probation. Future research could investigate the proportion of Health Trainers working in the criminal justice system that go onto secure employment as a Health Trainer in the community and/or the proportion of prison-based Health Trainers who are able to continue working as a Health Trainer when they are transferred to another establishment.

Staff in the pilot establishments

One respondent had concerns that probation staff might not feel comfortable working alongside New Futures Health Trainers:

- 1: “With the probation group I I was beginning to get the impression that the Probation Officers”
 I: **“Mmm”**
 1: “would not necessarily feel that comfortable with the idea of working alongside”
 I: **“Yeah”**
 1: “people that are on probation being Health Trainers”
 I: **“Yeah”**
 1: “and being effectively members of staff”
 I: **“Yeah”**
 1: “Erm...”
 I: **“So there might be some conflict there then?”**
 1: “There may be but that’s what they were saying that they they anticipated that there might be some conflict there”

Others had concerns that implementing the new role might mean stretching staff resources:

- 7: “From my from my point of view it’s how long are we going to take to deliver it? Is it going to be a week course, two week course...what am I gonna...what am I gonna lose to put this on?”
 I: **“Mmm yeah”**

- 7: "because if I'm told it takes staff for four weeks to deliver this"
- I: "Yeah"
- 7: "and no no qualification I know my line-manager will be saying "Well you're not delivering this because you've got the work skills targets to meet for the year"
- I: "Yeah"
- 7: "So my work skills targets are three hundred a a year"
- I: "Yeah"
- 7: "So I can't afford to lose co-ordinators (inaudible) to do a course a member of staff (inaudible)"

Conclusion

Unfortunately, the Tutors attended their initial training sessions expecting to be taught how to deliver an existing training course; rather than to be developing the training course. Consequently, they felt that they hadn't gained any knowledge/skills from attending the support sessions; and that they should have asked for additional resources when applying to be part of the pilot. Thus the Tutors felt that one of the main impacts of the initial project phase had been that it had stretched their resources.

However, *the New Futures Health Trainer Tutor training days did successfully meet their aims in that:*

1. ***The Tutors successfully identified what they want the role of the New Futures Health Trainer to be.*** In some establishments, the role will simply consist of signposting prisoners to appropriate health services. In others, New Futures Health Trainers will undertake 1:1 work with other prisoners on areas such as smoking cessation. Additionally, many Tutors hoped that some 'hard-to-reach' prisoners may find New Futures Health Trainers more approachable than members of staff, so the Health Trainers may be able to encourage these prisoners to use facilities such as the gym.
2. ***The Tutors modified the Health Trainer job description for use in the prison/probation environment; and as part of this process they developed transferable skills which prisoners could use when they are released into the community.*** However, the Tutors felt strongly that in order for prisoners to really be able to use the skills that they gain when they are released into the community, the New Futures Health Trainers course needs to be run as an accredited qualification. Accrediting the course would help to gain management support in implementing the programme; and to motivate offenders to both apply for and complete the course. This aim was achieved at a later date.
3. ***The Tutors had carefully considered how to identify, recruit and select New Futures Health Trainers.*** A variety of different recruitment methods were being adopted including: advertising the post through a flyer and inviting prisoners to make applications; grooming particular trustworthy prisoners to take the role; and recruiting New Futures Health Trainers through the same process as Community Health Trainers. In all cases, staff are looking for

individuals who have good communication skills and interest in health promotion, and that are good with people and motivated enough to complete the course.

4. ***The Tutors had also made considerable progress in summarising the teaching and assessment elements required within the New Futures Health Trainer programme (and subsequently went onto complete this),*** although this was not something that many of them thought they would be doing when they applied for the pilot. The Tutors suggested that they use one of their next training sessions to run through the course that they have produced in order to achieve a collective vision of how each of the different HT competency areas should be delivered.

The Tutors stated that the course could have been improved by:

1. Including an introductory session on what a Health Trainer is
2. If possible, beginning with the presentation of a pre-defined course which they could then comment on and adapt for use in prisons.
3. If the above is not possible, ensuring that people were fully informed when they applied for the pilot that they would be involved in writing the training package
4. Providing pilot establishments with additional resources to compensate for time employed in writing the training package.

These points are largely a result of this being the pilot of training for New Futures Health Trainer Tutors. As the Tutors themselves stated, second wave prisons should now be able to learn from the course that they have developed. Additionally, to an extent Tutors are able to define what a Health Trainer is for themselves. However, it may have been useful to have more discussion around the different possible models of the role at the beginning of the training sessions.

The Tutors felt that for implementation of the New Futures Health Trainer role to be successful, managing it would have to be the responsibility of a whole department rather than an individual, and there was a need to be clear where funding for the role would be coming from.

The Tutors felt that the new role would benefit:

- The PCT by providing them with more knowledge when it comes to implementing the Health Trainer role in the community
- The second wave prisons by allowing them to see how different types of establishments had adapted the training to suit their environments
- The prisoners by giving them a new role to apply for and the chance to gain skills that could be employed when they are released into the community

Finally, at this stage there were concerns that some probation staff may feel uncomfortable working alongside New Futures Health Trainers (later interviews showed this to be due to scepticism around the new role, and fears of theft resulting from ex-offenders working in a probation office); and that unless the prisons gain access to Choosing Health money, implementing the new role may mean stretching existing staff resources.

B) Impact of Training on New Futures Health Trainers

Aim: This section of the impact assessment aimed to obtain information about the training for New Futures Health Trainers that would allow its impact to be assessed.

Method: This aim was achieved using a number of methods:

1. Firstly, telephone interviews were conducted with a sample of three Tutors after they had trained their first group of New Futures Health Trainers to investigate their experiences of running the course, and how successful they felt that the training was in terms of its design, method of delivery and impact on the Health Trainers.

This method was chosen because it has the advantage of reducing the amount of time and transport costs involved in interviewing a geographically dispersed sample (Robson, 2002). Additionally, unlike a survey, telephone interviews have the advantage of allowing the Tutors to lead the discussion to an extent rather than focusing solely on areas pre-defined by the researcher (Robson, 2002). Respondents were fully informed of purpose of interview and assured that they would remain anonymous in any publications produced by the researchers.

The researchers made notes of the interviewees' responses throughout the interviews. These notes were then manually axial coded into themes.

2. Secondly, the researchers designed a post-training survey to be administered to all prisoners/ex-offenders on probation trained as New Futures Health Trainers. The aim of this survey was to ascertain feedback from the Health Trainers on how the course had impacted on their knowledge, skills and attitudes.

This method was chosen because it provided the most efficient use of resources, allowed respondents to remain anonymous and meant that data collection should have very little impact on the prison regime (Gillham, 2000). The researchers primarily wished to obtain numerical data for this section of the report regarding possible increases in trainees' knowledge of different topics (rather than wishing to examine opinions/beliefs). Additionally, in this instance, the topics were pre-determined by the structure of the course. Therefore, a short survey was a suitable method to use. In response to some open questions, respondents were also given the opportunity to state how their attitude to different topics had changed. Furthermore, a sample of Health Trainers was given the opportunity to expand on the *meaning* behind their responses in section three below.

Half of all prisoners have a reading age equivalent to or lower than that of eleven year-old, and four-fifths have this level of writing skills (SEU, 2002). Therefore, care was taken when designing the survey to ensure that it was suitable for prisoners with literacy problems to complete. The survey had a Flesch Reading Ease rating of 79.7 (on a 100 point scale – the higher the score, the easier the document is to read); and a Flesch-Kincaid Grade Level of 5.2 – meaning that a child in the fifth grade in the US (age 10-11 years) should be able to read it.

Responses were received from all of the trainee Health Trainers at the following sites: HMP Drake Hall (n=6), HMP Wandsworth (n=8) and Portsmouth Probation (n=3). Survey responses were entered into SPSS and analysed using descriptive statistics.

3. Finally, focus groups were conducted with opportunistic samples of New Futures Health Trainers at one of the pilot prison sites, and in the pilot probation area. This aimed to add depth to the data gained from the above survey – further examining the views of individuals trained as Health Trainers on the impact that the course had made on them in terms of their knowledge, skills and attitudes. It was intended to give an overview of two groups of Health Trainers' views, rather than to provide generalisable data.

Gaining access to interview offenders is often problematic. However, conducting a focus group allows the researcher to investigate the views of several individuals on a topic in-depth in a relatively short amount of time. Unlike group interviews, focus groups encourage participants to question each others' views, and thus provide in-depth information about the meaning behind people's actions and beliefs (Bloor *et al.*, 2001). Furthermore, focus groups allow the participants to lead the discussion to a large extent – thus empowering the participants to express the impact of the training in their own words. The researchers thought that this was an appropriate method to collect this kind of data as unlike open survey questions, it does not discriminate against individuals with literacy problems (Robson, 2002). All respondents were fully informed of the purpose of the focus group, and signed a consent form. They were also assured that their responses would be anonymised in any publications produced by the researchers.

The focus groups were audio-taped and transcribed verbatim to enable rigorous analysis. Data were then manually axial coded into themes.

1. Tutor Telephone Interviews

A sample of three Tutors were interviewed after they had completed the training with a group of prisoners to investigate their experiences of running the course, and how successful they felt that the training was in terms of a) its design and method of delivery, and b) impact on the Health Trainers. A Tutor from the pilot probation site was not interviewed for this section of the report due to time-constraints, but a key figure from the probation site was interviewed for section C of the report.

a. Course design and method of delivery

Flexibility - Interviews with the Tutors showed how important it is that the Health Trainers course is able to be delivered flexibly, rather than having a rigid design. The Tutors' responses demonstrated the huge impact that the regime within each establishment has on the way in which it is best to deliver the course. For example, HMP Drake Hall is a semi-open female prison. Many of the prisoners enrolling on the course here are given day-release to work/attend college, and consequently would

be unable to attend a course which ran daily. Therefore, at this establishment, the course ran twice a week over a period of 2-3 months. Thus this method of delivery allowed women to attend the course, and have day-release, and also had the advantage of enabling the Tutors to set prisoners tasks to complete to consolidate their learning between sessions.

In contrast to this, the regime at HMP Stafford is much more inflexible due to the need to adhere to a strict timetable to ensure that 'normal' and 'vulnerable' prisoners are transported around the establishment separately. Additionally, the prisoners have a much longer day here than at Drake Hall – starting training as early as 8am. Therefore, the course ran as an intensive programme every morning over a period of four weeks at this establishment. Similarly, at Swinfen Hall, the course ran as an intensive programme over a period of two weeks.

Interviewees were asked a number of questions relating to whether the design of the course could be improved.

Pilot work - One interviewee stated that it may have been better if the course had been developed and piloted by just one establishment, and then rolled out across the prison estate. This may have saved time, and meant that Tutors across the country would be trained together, and should all have the same sense of how the course should be delivered. Another interviewee also stated that the course competencies should be made clearer and linked more closely with the learning outcomes.

Course level - One of the main ways in which the interviewees felt that the course could be improved was by pitching it at a lower level – OCN level one or two was generally felt to be more suitable considering most prisoners' reading and writing skills. In particular, the Tutors felt that the depth of the smoking and anatomy and physiology sections was inappropriate, so some of this content should be simplified. However, most prisoners at HMP Drake Hall and HMP Stafford were considered to be capable of working at OCN level three. Therefore, it may be appropriate for individual establishments wishing to introduce the Health Trainer role to review the current contents of the course and make a decision regarding the most suitable level for delivery.

Course length - In terms of the length of individual sections of the course, the interviewees felt that this would largely be dictated by the OCN requirements (as

some sections of the course relate to more competencies than others), and also the needs of the individual prisoners being trained.

Additional sessions - Some sessions have also been added to the course at HMP Drake Hall and HMP Stafford – including additional information on stress and eating disorders. Furthermore, as part of the course here, prisoners are also asked to devise and administer a health questionnaire to their houses; organise and participate in a health-fair where they advertise the Health Trainer service and meet their first clients, and work through some 1:1 scenario case studies. The idea of organising and participating in a health-fair has also been employed at HMP Wandsworth. Additionally, there are plans to provide prisoners with extra information regarding mental health and dental problems and services at this establishment. This is because the prisoners stated that there was not enough information on dental health, and the interviewee felt strongly that it is important for the Health Trainers to be able to recognise the signs and symptoms of mental health disorders and inform prison staff of any unusual behaviour in their peers. Currently, many prisoners will not have contact with the prison in-reach team until they are at a point where they have to be removed from the wing. Health Trainers could perhaps help to identify the signs and symptoms of mental health problems in their peers earlier, and highlight the prison's lack of resources in this area. The contribution that Health Trainers may be able to make to improving prisoners' mental health is further discussed in Sirdifield (2006). At HMPYOI Swinfen Hall, there are plans to employ more outside 'experts' in delivering the course in the future.

b. Impact on Trainees

The Tutors were then asked to comment on the impact that they felt the course had made on prisoners in terms of what they felt the prisoners had learnt from the course, how that had been assessed, and whether they felt that the prisoners now had enough knowledge and skills to fulfil the Health Trainer role.

Areas of engagement - Overall the Tutors felt that the prisoners engaged best with the behaviour change and lifestyle/healthy living elements of the course – including sessions on diet and nutrition, mental health, smoking and fitness. The Tutors felt that this was because the content of this area of the course was mainly new to many of the prisoners. Additionally, the drugs awareness session appeared to be very well received at HMP Wandsworth, and this was attributed to the fact that it was run by an outside expert.

Increased confidence - One of the interviewees also felt that the prisoners had gained a lot from being assessed on their learning throughout the course as this improved their confidence. Moreover, the prisoners' confidence was increased further when they began to organise and plan the health-fair, and when they met their first clients there.

Range of learning - The main areas of learning experienced by the Health Trainers that the Tutors highlighted in their interviews were:

- Effective communication with peers
- Confidence in discussing health issues with peers
- Knowledge of health services available within the prison, and confidence in referring prisoners to them
- Ability to assess both an individual's readiness to change and level of confidence that they can achieve the desired change
- The role of a Health Trainer in motivating an individual to change and/or increasing their confidence
- Teamwork skills

In all cases, the Tutors felt that the prisoners that they had trained now had enough knowledge and skills to fulfil the New Futures Health Trainer role, and this was already being proved as the Health Trainers had already begun to refer prisoners to services and undertake behaviour change work with their peers.

Supervision - Additionally, supervision was being provided to the Health Trainers in a number of formats. At HMPYOI Swinfen Hall, the Health Trainers were receiving informal daily advice from identified support officers and members of the gym team. At HMP Wandsworth all of the Health Trainers' paperwork was being reviewed and countersigned by Physical Education Instructors (PEIs). Additionally, clients were being asked to complete evaluation forms after their contact with Health Trainers in order to monitor the Health Trainers' performance and highlight any areas for improvement. Fortnightly meetings were being held with the Health Trainers at HMP Drake Hall to share knowledge and to give the Health Trainers a chance to raise any gaps that they may feel that they have in their knowledge. Additionally, six month update training sessions will also be run at both Drake Hall and Stafford prisons.

Telephone interviews were conducted for section C of this study to examine the views of key figures in the pilot sites on the organisational consequences of introducing the New Futures Health Trainer role. Interviewees were also asked to comment on the impact of the role on the trainees themselves. Their comments

largely reflected those made by the Tutors (outlined above). For example, many of the interviewees stressed that training as a Health Trainer had been a huge boost to people's confidence, self-esteem and self-worth. Particularly at the probation site, the role was considered to have given individuals a sense of purpose and structure in their lives, and made them realise that they have a lot to offer. This point was reinforced by comments from interviewees in the pilot prisons who stated that the role provided purposeful activity for the trainees.

Interviewees also emphasised the range of knowledge and skills that the trainees had acquired through attending the course; and the fact that these are transferable so can be used by on release from prison/if they wish to move from working in probation to working elsewhere in the community.

Thus completing the course has impacted on the prisoners because it has increased their confidence, and allowed them to undertake learning in a number of areas to enable them to fulfil the Health Trainer role. Several methods of supervision have been adopted by the pilot sites. Establishments implementing the role in the future may want to select the method that they feel is most suitable for their regime and resources.

The Health Trainer course designed in this pilot project has also been accredited by the OCN – so offenders who complete the course attain a nationally recognised qualification which may aid them in finding a job as a Health Trainer when they are released. Thus the New Futures Health Trainer role fits in well with the NHS Skills Escalator – which aims to attract a wider range of individuals to work in the NHS through ensuring that background and academic attainment are no-longer barriers, and valuing individuals with knowledge of local needs. Under this model, individuals can move up the escalator from a variety of levels.

The Health Trainers themselves were also consulted to examine how they felt the training had impacted on their knowledge, skills and attitudes, as outlined below.

2. Post-Training Health Trainer Surveys

All prisoners/ex-offenders on probation trained as Health Trainers were asked to complete a short survey after they had completed their training. This aimed to give an indication of individuals' views of the course and how the training had impacted on

their knowledge, skills and attitudes. Due to time constraints in producing this report, only data from HMP Drake Hall, HMP Wandsworth and Portsmouth Probation area are included here – six forms from Drake Hall, eight forms from Wandsworth and three forms from Portsmouth Probation area – representing 100% of the Health Trainers trained in these areas. This is a response rate of 17/33 (52%) of the individuals that Tutors reported were being trained across the pilot sites. Reasons for non-response included a high rate of transfers of trainees out of HMPYOI Swinfen Hall, and training occurring relatively late in the impact assessment period at HMP Stafford and HMP Kingston making it unrealistic to include data from these establishments. The respondents in the probation area had just completed the ‘sign-poster’ stage of their training when they completed these surveys.

The Health Trainers were asked to rate whether they thought that the aims of the course were clear, whether they thought that the course was interesting, and whether they thought that they had received enough training for the Health Trainer job from the following options: strongly agree, agree, neutral, disagree and strongly disagree. Results show that 47% (n=8) of the Health Trainers *strongly* agreed that the aims of the course were clear and 53% (n=9) *agreed* that the aims of the course were clear. Thus none of the Health Trainers in these areas had any difficulty in understanding the aims of the course.

All of the Health Trainers thought that the course was interesting - 82% (n=14) stated that they *strongly* agreed that it was interesting, and the remaining 18% (n=3) *agreed* that it was interesting.

Finally, 41% (n=7) of the Health Trainers *strongly* agreed that they had received enough training for the job, and 47% (n=8) *agreed*. One Health Trainer did not complete this question, and one gave a ‘neutral’ score in response to this question.

Thus overall, the training course produced by this pilot project was very positively evaluated by the Health Trainers in terms of being an interesting course with clear aims that enabled individuals to feel competent in their new role.

Respondents were also asked to rate their knowledge of a variety of topics before and after they attended the Health Trainers course on a scale of 0-5, where ‘0’ was low and ‘5’ was high. Additionally, they were asked whether their attitude towards

each topic had changed since attending the Health Trainers course and to give examples of how it had changed. This information is summarised in the table below:

Table 1: Increases in Topic Knowledge Scores and Attitude Changes Post-Training

Topic	Knowledge Score (Mean)		% Trainees stating that their attitude has changed	Significant comments (showing increases in knowledge/changes of attitude)
	Pre-course	Post-course		
Healthy eating/diet	3.29	4.59	77*	"The reason why is because before I came in prison I ate things like chocolate - any food, and after I started to do the course now I am starting to control my food and try to have a good diet".
Sexual health issues	2.88	4.59	71*	"I didn't really understand the seriousness of STI and with the knowledge I have now I am more aware and of the dangers of different diseases which you can catch - some being fatal. So really it's best to be safe than sorry".
Smoking cessation	2.94	4.29	59*	"Yes because I smoke and knowing what actually goes into your body is amazing but I have cut down and plan to stop"
Drugs	3.63	4.57	35	"I tried drugs before - I know drugs are not good for you but after started to do the course I realised how much damage the drugs cause to yourself and to the community"
Alcohol	3.33	4.64	29	"Alcohol abuse can affect your liver and general health"
Exercise	3.88	4.88	65*	"More exercise means a more healthy person inside and out" "There are various exercises out there geared towards what you want to do, cardio exercise to help you lose weight and resistance machines to strengthen bones and develop muscle tissues"

Topic	Knowledge Score (Mean)		% Trainees stating that their attitude has changed	Significant comments (showing increases in knowledge/changes of attitude)
Self-harm	2.20	3.50	29	"I understand that people harm themselves to feel better and to loosen up the stress or whatever's on there mind. I think it's very important to recognise this before it happens because there's many way to deal with i.e. consoling and things like that"
Immunisation	2.63	3.75	6.0	"Immunisation is important for individuals to protect themselves from infection"
Dental health	2.91	3.73	18	"Dental hygiene is a problem that some individuals are not totally aware of. So people should take oral hygiene as seriously as other health problems"
Mental health issues	2.47	4.12	71*	"Their are many individuals whom have mental dispositions who need assistance and should not be excluded from society"

* Over 50% of trainees stated that they have changed their attitude towards this topic.

The table shows that the areas in which the highest percentages of individuals training as Health Trainers stated that their attitudes had changed were:

- Healthy eating/diet (77%)
- Sexual health issues (71%)
- Exercise (65%) and
- Mental Health Issues (71%)

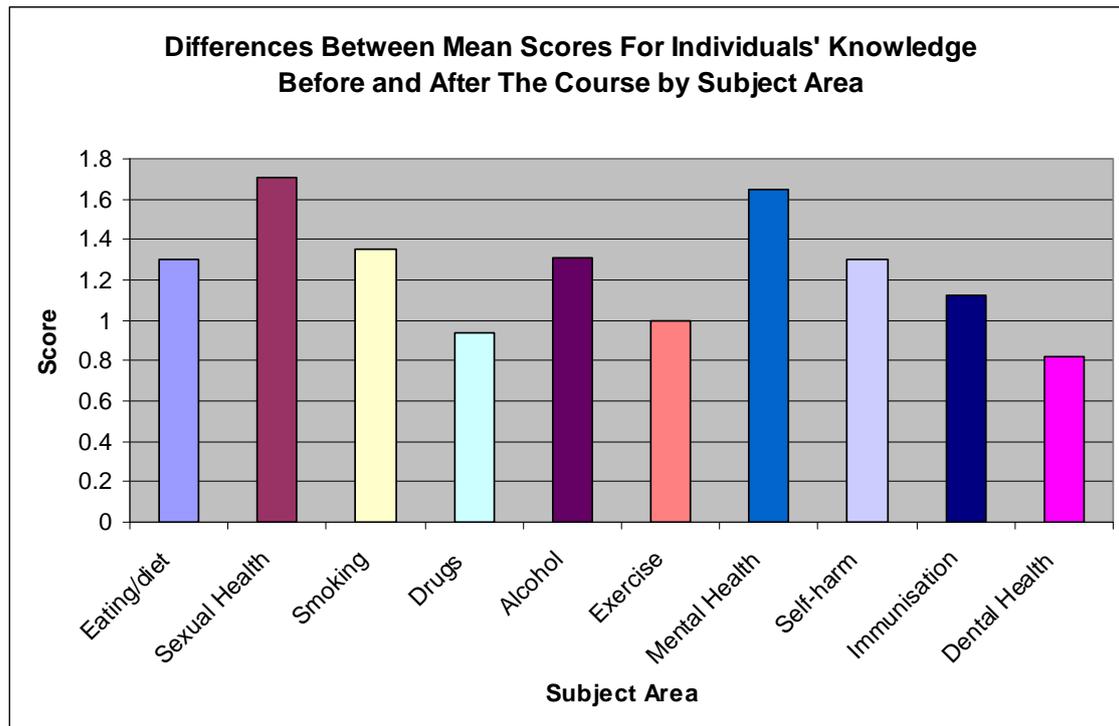
All of the trainees in the probation area stated that attending the course had changed their attitude towards healthy eating/diet, and mental health, but none of them stated that attending the course had changed their attitude towards drugs.

When the surveys were returned, staff at HMP Drake Hall were also planning to run additional sessions on eating disorders and stress management as a survey of prisoners had shown that it was necessary for Health Trainers at this establishment to have some knowledge of these subject areas to meet the needs of their clients.

Thus as demonstrated by the figures in Table One above, the Health Trainers course appears to have successfully increased individuals' knowledge in all of the subject areas that it covers. The chart below shows the differences in trainees' ratings of their level of knowledge of different subject areas before and after the course. It shows that the area in which respondents appear to have gained the largest amount of knowledge is sexual health, with the smallest gain being in dental health.

It is interesting to note that although respondents indicated an increase in their knowledge of immunisation, dental health, self-harm and alcohol; they indicate comparatively little change in attitudes towards these topics. This is an area that future research could investigate.

Figure 2: Differences Between Mean Scores for Individuals' Knowledge Before and After the Course – by Subject Area



Respondents were asked to rate how confident they felt in sign-posting people into services in each of the above areas. They rated their level of confidence on a scale of 0-5 with '0' being 'no confidence', and '5' being 'very confident'. The table below shows that the areas in which individuals felt very confident in sign-posting into services were healthy eating/diet and/or exercise – 52.9% of individuals completing this section of the survey felt very confident in sign-posting for healthy eating/diet, and 70.6% felt very confident in sign-posting for exercise. The lowest score given for healthy eating/diet was '3' from 23.5% of the respondents, and '4' for exercise from 23.5% of respondents.

Table 2: Confidence Ratings for Sign-Posting – by Subject Area

Subject	Rating (% of Respondents)					
	0 (No confidence)	1	2	3	4	5 (Very confident)
Healthy eating/diet	0	0	0	23.5	17.6	52.9*
Sexual health	0	0	0	23.5	23.5	47.1
Smoking cessation	0	0	5.9	5.9	17.6	64.7*
Drugs	0	0	0	5.9	23.5	58.8*
Alcohol	0	0	11.8	11.8	17.6	47.1
Exercise	0	0	0	0	23.5	70.6*
Mental health issues	0	0	5.9	23.5	17.6	41.2
Self-harm	0	11.8	0	17.6	17.6	17.6
Immunisation	0	0	5.9	23.5	11.8	17.6
Dental health	0	0	0	41.2	0	23.5

N.B. Figures do not always total 100% due to 'missing' responses

* 50% or more of the respondents stated that they were 'very confident' in sign-posting in this area.

Responses from the probation area showed that all of the trainees here rated themselves as 'very confident' in signposting clients to sexual health services, smoking cessation services, drugs services and alcohol services.

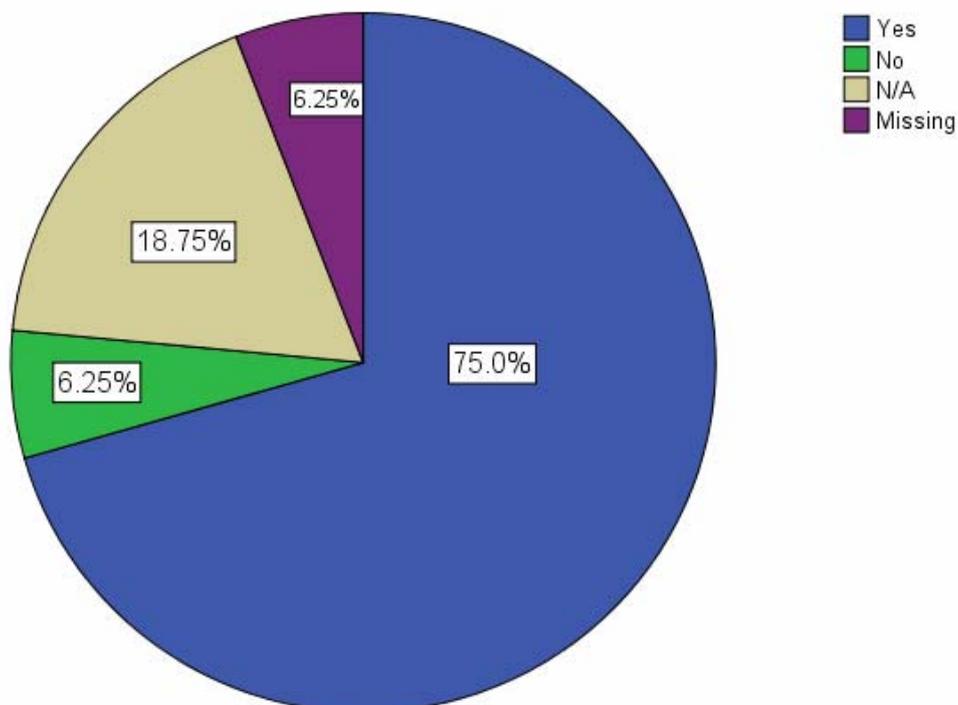
Overall, relatively high levels of confidence were also recorded regarding sign-posting into smoking cessation services. However, as shown above, 5.9% of respondents completing the survey only rated their confidence in this area as '2'.

A slightly more 'mixed' picture emerged in relation to sign-posting into services for alcohol misuse, self-harm and mental health. Future research could concentrate on unpicking the reasons behind this picture. For example, is there a greater range of scores in this area due to shortcomings in the training that the prisoners received/inadequate service provisions to meet prisoners' needs in these areas/relatively lower levels of pre-course knowledge in these subject areas? Overall however, the majority of respondents are still indicating high levels of confidence in these areas.

Finally, respondents were asked to state whether they would like to get a job as a Health Trainer when they are released from prison into the community. An overwhelming majority (75%) of respondents answering this question stated that they would.

Figure 3: Percentage of Respondents Who Would Like To Gain Further Employment as a Health Trainer

Percentage of Respondents Who Would Like To Gain Further Employment as a Health Trainer



*N.B. The 18.75% 'N/A' responses relates to Health Trainers who are already employed on probation rather than prisoners being trained in the role.

Conclusion

Thus responses from a post-training survey of Health Trainers has shown that they thought that the course had clear aims, was interesting, and prepared them adequately for the Health Trainer role. Responses showed that attending the course has had a very positive impact on them in that:

1. Respondents indicated that attending the course has increased their knowledge in all of the subject areas that they covered, with the largest areas of increase being sexual and mental health.
2. Comments from respondents also indicated that the knowledge that they have gained is beginning to impact on both their knowledge and personal behaviour – with some respondents beginning to lead healthier lifestyles as a result.
3. The course has prepared individuals to sign-post 'clients' into services.
4. Additionally, 75% of respondents stated that they would like to be employed as a Health Trainer on release.

3. Health Trainer Focus Groups

Two focus groups were undertaken with trainee Health Trainers – one with a group of prisoners being trained as Health Trainers, and a second with a group of trainee Health Trainers in the pilot probation site. Both focus groups were conducted when the participants were close to completing the course. The aim of the focus groups was to:

- a) Examine individuals' views on their training in terms of course content/design and structure and
- b) Examine its impact on their knowledge, skills and attitudes towards health topics.

Course Design

Initially, the Researchers conducting the focus group sought the trainee Health Trainers' views on the course content/design and structure. Overall, the Health Trainers appeared to be very satisfied with the course design. As shown by the following quote, the trainees were satisfied with the range of health topics that were covered on the course:

- 1: It's been really good hasn't it?
2: Yeah we've done everything haven't we?
1: Everyone's been really really nice, everybody we've met

- 3: Yeah we've done lots of training you know we had our initial stage one training and then we went onto various different courses, sexual you know sexual health awareness, mental health awareness, we've done listening skills...
- Int: Right**
- 3: You know even like interview techniques for clients
- Int: Yeah**
- 2: Yeah body language
- 1: It's all been positive
- 3: Yeah

Some of the focus group participants viewed the new Health Trainer role as a very positive use of prisoners' time, and valued the fact that they could gain a qualification which may aid in finding employment on release:

- 2: I haven't got a lot of criticisms of the course apart from that one comment because I really enjoyed it.
- Int: Yeah**
- 2: I think it's been really a positive thing for the prison service to bring in
- Int: Yeah**
- 2: I think it's good to utilise the prisoners that are here in a positive way
- Int: Mmm**
- 2: and also to have it as a qualification and then hopefully as a job outside that to me is even more important
- Int: Yeah**
- 2: because not only will we serve as as prisoners we serve the population that we live with that we want to help but also then hopefully we can do something similar outside

The trainees also appreciated that in both locations the course was taught by a variety of staff that utilised a wide range of resources:

- 2: I liked having the different instructors because they've all got their different ways of doing things which I like that was variety
- Int: Mmm mmm**
- 2: and also the variety of resources that were used as well
- Int: Yeah**
- 2: we had handouts, we had a laptop with a projector, and then also some of the learning aids some of the little things that were tasks for us to do in the class

The trainees were asked whether there was anything that they would change about the course to improve it for future learners. There appeared to be a general consensus that it would have been useful to extend the amount of time spent studying each health topic. This was for two reasons - firstly simply because the participants would have liked to study each topic in more depth to gain more knowledge:

- 2: It was knowledgeable we learnt a lot from them but I think but like for me on some of them like mental health and drugs and alcohol awareness I would have liked to have carried on and on and on and learnt more and more (laughs)
- Int: **Mmm**
- 2: but because you can go on with those
- Int: **Yeah, mmm, so if someone else was doing the course which bits would you have extended then? Just drugs and alcohol, nutrition...**
- 2: Mental health, nutrition
- Int: **And what things in particular would you be looking for? You know, what extra things?**
- 2: Well I mean you could go on talking for a whole week about mental health...really you know for me I just found it really interesting
- Int: **Mmm**
- 2: You know you could go on talking about the causes of psychosis and schizophrenia
- 3: One in how many people suffer from mental health problems?
- 2: Yeah one...
- 1: One in four
- 2: Yeah one in four, you know
- 1: So that means somebody in your family is more than likely
- 2: Yeah different levels of mental health obviously depression, to anxiety, panic attacks and
- Int: **Yeah**
- 2: You know you could go on and on and on about sectioning laws and what sectioning means...
- 1: Mmm
- Int: **So it's not that you're missing anything then it's**
- All: Oh no no no no
- Int: **More that you want more detail?**
- 2: Yeah
- 3: Yeah well we'd just like more

Secondly, the trainees sometimes felt that they were suffering from 'information overload' because a lot of material was packed into a short space of time:

- 3: I think that we should have sort of like maybe where we've had half a day on a topic have a day
- 2: Yeah I'd agree with that
- Int: **Mmm**
- 3: because I think that like for me personally I found it a *lot* of information to take in at one time I was *bombarded* with stats

Consequently, some of the trainees felt that it may have been beneficial to build more testing into the training to reinforce learning:

- 2: Just a thought about the course, I don't know what *name* thinks but I liked the course. However, if I've got one criticism
- Int: **Mmm**
- 2: I think we were given loads and loads of paperwork which is fine I love I love information I love knowledge
- Int: **Mmm**
- 2: and the way it was delivered was fantastic. However, I think if we'd been tested a bit more so that the knowledge
- Int: **Yeah**
- 2: goes a bit more you kn'...whether it's go home go here's go and answer these questions do a bit of home homework

Int: Yeah
2: wi' with what we've just read because it's all about reinforcing learning

However, some of the trainees thought that administering tests at the end of a taught session might be more appropriate than setting 'homework' in a prison environment as some prisoners might find it difficult to study in their cells:

2: I think it would be good to then for you to have to have homework that you can do in the cell that only ta' it doesn't take very long
Int: Mmm
2: but the fact that you've got to answer these questions and you might have to research and go through your information that you've just been given
Int: Yep
2: by doing that it's keeping it in there
Int: Yeah
2: putting it in that bit more
1: But then I disagree with you on that. I think you should do tests but I also think that not everybody's like you
2: Mmm
1: and that not everybody can go I could but I do know some people that are doing the Health Trainer that couldn't study in cells and do the tests themselves
2: Yeah
1: so I think maybe at the end of every topic that we've done
2: That's what I mean
1: Yeah, give a test and do it here yeah have a little exam or a test

Additionally, some of the trainees also stated that it would be useful for establishments to run refresher sessions for individuals to attend after they had completed their initial training:

Int: So would you say there's anything that you want to do more of on the course?
1: I think we should have refreshers...
Int: Like reminder sessions?
1: Yes where we can sit down with one another and if anything has come up...

Moreover, the prison-based trainees had also asked for a session to be added to their course on stress-management as this is something that prisoners at their establishment requested:

2: See when, we did a questionnaire at the beginning of the course asked and one of the questions was about what would they like to see at a health fair and one of the choices that they had was about stress management and that came up a lot
Int: Right
2: There was a huge percentage that said that they wanted to know about stress management
Int: So this is for other prisoners who would be clients?
2: Prisoners who said there is neediness in this prison for help with stress management

Finally, when asked whether there was anything that they would want to do less of on the course, all of the trainees were in agreement that there was no need to reduce the length of any of the sessions that they had received:

- Int:** **Mmm and would you say there's anything you would want to do less of...that you think they've spent too long on?**
2: No
Int: **No?**
2: because they're all areas that we're going to refer into anyway so we need sort of...it was quite balanced
- Int:** **Yeah, was there anything that you felt you did too much of?**
1: Erm...no
2: No
3: I don't, I don't think so

Thus overall, the trainees appeared to be very happy with both the course content and structure. Therefore, future establishments implementing the role may find it beneficial to utilise this model, although they may wish to consider extending the length of the sessions, including sessions on stress management; and building in opportunities for trainees to both have their knowledge tested during the course to reinforce learning, and also to refresh their knowledge after they have completed their training and started work in their new role.

Knowledge and Skills

The second part of the focus group examined whether attending the Health Trainer course had a) affected participants' knowledge of health topics, and b) taught them skills in relation to sign-posting individuals to services and/or over-seeing behaviour change goals.

The focus group participants gave numerous examples of where they had gained knowledge in relation to a number of health topics. Some individuals felt that they had learnt in every section of the course:

- Int:** **Yeah? What would you say you've learnt the most about?**
1: Nutrition.
Int: **Yeah?**
1: Yeh, diet and nutrition...I could list (laughs)
Int: **(Laughs)**
1: diet and nutrition, sexual health, mental health...everything really everything
Int: **Yeah**
1: I've learnt in every part of the topic of the course

Others gave examples of particular topics where their level of knowledge had increased. The main areas appeared to be smoking cessation, sexual health and nutrition as shown by the quotes below:

- 2: Anyway. I think the gap for me was again as I said smoking
Int: Right, yeah
1: Al' although I'm I'm anti-smoking anyway just to have...it was the chemicals thing that was big for me
Int: Yeah
2: Knowing about the chemicals
Int: Yeah
2: and then also hearing more about the different therapies that can be used
Int: Yeah
2: Like I know about the patches
Int: Yeah
2: I knew about the gym, I'd heard about the nasal spray but to actually see them
Int: Right
2: And to hear more about how they're used
- 3: And then to find out like *place* was one of the highest areas in Britain for underage pregnancy
Int: Mmm
3: That was pretty shocking
Int: Mmm
2: And also Chlamydia
3: Yeah Chlamydia
Int: Right
1: And it used to be one person a month that got told that they had AIDS but now it's one person a week
Int: Really?
1: Yes
2: But Chlamydia is exces' is excessively high in
1: (coughs)
2: *place* but apparently one of the reasons why it is is because they've done mass screening in *place*
Int: Yeah, right
2: Which is quite a n' which is a new thing
3: Yeah because there's no symptoms for it
- Int: And how are you using the knowledge in in your work?**
3: Just passing it onto clients really
1: Yeah
3: What we've learnt
1: Yeah definitely about getting the balance right sort of with food
Int: Yeah
1: Fill yourself up with starchy food
Int: Yeah
1: Potatoes, bread, then that sort of fills you up and then you're not snacking all the time
Int: Right, yeah
1: And because I used to think like too many potatoes were bad sort of thing
Int: Yeah, yeah
1: and and bread also but apparently you should eat quite a lot of that to fill yourself up a lot of starchy food

The above findings are largely in tune with the results of the post-training survey, although here, respondents had also highlighted mental health, self-harm and alcohol as areas where their knowledge had increased a lot relative to other topics on the course.

In addition to gaining knowledge of a variety of health topics, the participants were learning skills to work as a Health Trainer such as time management and listening skills:

- 2: And also diary, diary organisation
1: Yeah
2: Time, time management as it's called apparently
Int: **(Laughs)**
2: Time management you know so you've got to you know I've got
1: I'd never ever sort of used a diary
2: Exactly! You know like look at that
Int: **God!**
1: Like really professional
Int: **Yeah**
2: Put notes for who you've got to call what time you're seeing them
Int: **Yeah**
2: Because somebody might ask and want to see you on a...
Int: **Yeah, so that's another skill then isn't it?**
- 3: I liked the listening skills as well I think that was the best listening skills really
2: Mmm
Int: **Why was that?**
1: Was that because it was a Friday?
All: (Laughter)
3: Yeah it might be but I just loved it I've learnt stuff that...different angles to listening
Int: **Mmm**
3: And around different kinds of listening
Int: **Yeah**
3: You know you think you've heard someone but when you actually sort of repeat what they've said to them so you know that they know that you've heard them
Int: **That you've understood yeah**

Furthermore, even at the very early stage at which the focus groups were conducted, the trainees were already showing skills in terms of both sign-posting clients into appropriate services, and beginning to discuss ways of improving their lifestyle with clients. Several clients had been signposted to GP's, Dentists, leisure centres and smoking cessation services:

- 3: I've had about three three clients that I've signed on with doctors
Int: **Yeah? What that didn't have a doctor before you mean but you've got them a doctor?**
3: Yeah
1: Cos we was talking about that today in the presentation, a lot of people when they come out of prison
Int: **Yeah**

- 1: They've been struck off so they haven't got doctors?
Int: Yeah and you're able to get them one?
 1: Yeah and NHS I've got three people an NHS Dentist
Int: Really? Wow!
 1: Yeah, which is absolutely remarkable for this area
- Int: So what would you say are the main kinds of services that you've signposted to?**
 3: Quit smoking, GPs
 1: Exercise because I've given out quite a few leisure cards?
Int: Yeah
 1: Because *place* do a leisure card where people that don't work can get cheap exercise

Clients were beginning to be given behaviour-change advice about a range of health topics, from nutrition to Vitamin D as shown below:

- Int: Yeah what kind of advice are you giving about food then?**
 1: Like when prison there's a certain person that I know on association and how she's she's I just say to her "do you really need to take that cake because I've heard..."
Int: (Laughs)
 1: I mean I heard that the cake on Saturday had the icing on top wasn't real icing it was made with margarine which is just like lard
Int: (Laughs)
 1: (Laughs) and then I'm saying to everybody "OK do you really need that cake?" "Can you get a piece of fruit?" "No we want the cake...we've been waiting all week for this cake." "OK so take the top off the cake!"
Int: (Laughs)
 1: "Just slice it off OK" and they were all like slicing it off
- 1: That's something else that stuck into my head the other day about the amount of daylight
Int: Oh right?
 1: and I never knew about
 2: Vitamin D
Int: Yeah
 1: About daylight and you need it during the day and I actually went back to the house last Saturday and said have you been out today?
Int: Yeah, yeah
 1: And they said "no" and I said "come on"
Int: Yeah, yeah
 1: "Let's go for a walk around the block because you need a certain amount of sun"
Int: Yeah, yeah sure
 2: Ten minutes for vitamin D isn't it?

Additionally, the trainees were beginning to give out health information leaflets to reinforce their advice:

- 2: you know like I just happened to mention was salt intake and he said "I thought salt was good for you I didn't know it was bad for you"
 1: Mmm
Int: Yeah
 2: So I gave him a leaflet on that
Int: Yeah
 2: I said it's really bad for you you know

Attitudes/Behaviour Change

The focus group participants also gave numerous examples of how the course had affected their attitude towards health topics – in some areas to the extent that they were changing their own behaviour. The main areas of attitude and behaviour change appeared to be in relation to a) smoking:

- 3: Well although I haven't actually given up smoking I've cut right down
Int: **Right!**
3: Yeah working here I mean obviously you can't smoke anywhere
Int: **Yeah**
3: We have to go and sit on the police station wall to have a cigarette don't we *name*?
Int: **Yeah**
3: So it's so I've cut right down with the smoking as well which is good
- 1: I was a heavy smoker as well
Int: **Oh right yeah**
1: A very heavy smoker...I'm in the process of giving up now
Int: **OK**
1: So I'm on the patches I don't smoke during the day
Int: **Right**
1: But I do smoke in the morning (laughs)
Int: **(Laughs)**
1: And I do smoke at night but I am I'm getting there
Int: **Yeah, yeah**
1: So I even feel better in myself now
Int: **And is that down to the course or...?**
1: Mmm
Int: **Yeah, yeah**
1: Especially when we did the smoking cessation it was just seeing all the chemicals that they put into rollups

and b) diet:

- 2: Yeah anyway and I used to eat you know like chocolate
Int: **Mmm**
2: And things like that whereas now I I really don't I have fruit and make a point
Int: **Yeah**
2: Of really trying to eat fruit
Int: **Yeah, why is that? What has made you change?**
2: Because we're made more aware of it
Int: **Right**
2: With all these things now that we read about wh' like you know fruit and veg and you know going on the course about diet
- 1: It's just little things so I looked at *name* and I thought you know *name* always keeps ever so slim
Int: **(Laughs)**
1: She's dead fit and she's always so cheerful what are you what's *name* eating?
All: (Laugh)
1: So I looked at what *name* was eating and since I've started eating that just little things like lentils...and I've never eaten that before
Int: **Would you have thought of that before you did the course?**
1: No
Int: **Would you not have looked at *name* and thought**
1: No it wasn't until we did the nutrition about

Int: Right

1: I knew that you've got to eat your five fruit and veg

Int: Yeah

1: But I I'm now counting how many I eat and also colourful vegetables (laughs) I've got that in my brain. I'm quite actually addicted to all this!

Again, these are two areas which were highlighted as topics towards which a large percentage of Health Trainers had changed their attitudes. Other high-scoring areas in the survey were sexual health, exercise and mental health issues. If the number of Health Trainers working in the criminal justice system increases, a larger-scale survey of the effect of becoming a Health Trainer on individuals' knowledge, skills, attitudes and behaviours could be conducted.

Additional Themes

Several other themes also came out of the focus group data which were outside of the original aims of this section of the research. For example, the prisoners working as Health Trainers stressed the *importance of being a prisoner* rather than a member of prison staff when asking clients to take their advice on board:

2: and the difference that you you get from other prisoners because you're a prisoner

Int: Yep

2: helping them rather than a member of staff

Int: Yeah

2: who can do so much you actually know what it's like to live the experience

Int: Yeah

2: the staff are only talking from a se' from them coming in doing their job and going home

Int: Yeah, yeah

2: whereas we're actually living it twenty-four hours a day

Int: Yeah, yeah

2: so to for us to then say "oh it's difficult, it's hard"

Int: Mmm, mmm

2: they the person opposite you is going "yeah it is difficult hard" but then you can say "ah but there's this and this and this that you can do"

Int: Yeah

2: then the response is far better from the person

Int: Do you think?

2: because they can say "ooh well if you're saying it's OK then maybe it is OK" , "if you're doing it maybe I can do it too"

Similarly, the individuals working as Health Trainers in a probation setting stated that in order for the role to be successful, it was *important that potential clients knew that they worked for the NHS rather than the probation service* otherwise they might be less inclined to engage with them:

3: You know I mean for me I make sure that they know that I don't actually work for Probation

2: Yeah
Int: Is that important?
1: Yeah I agree definitely
2: Yeah (coughs)
3: I mean I came into the building one day and there was a young boy outside and I and I've known his dad for a long time
Int: Mmm
3: and he knows me this young lad he's just come out of prison and he was here to see his Probation Officer
Int: Mmm
3: and he was like "Oh hello, what you doing here?"
Int: Mmm
3: He says "you ain't on probation are you?" I went "no I'm not", "What are you doing here then?" "I work here." Straight away he turns his back on me
Int: Right
3: And he just really didn't want to know and I thought that was odd because we've known each other for a long time
Int: Yeah, long time
3: And I do have and I turned round to him and said "I ain't a Probation Officer" - straight back round
Int: Right
3: Talking to me as if nothing had happened
Int: Yeah
3: And I said "I work for the PCT I just happen to be based here"
Int: Yeah
3: And he was like all back to normal again
Int: Yeah, so do you think if you did work for Probation
3: Yeah
Int: It would be less successful?
1: Definitely I think yeah

In the future, a randomised control trial could be designed to investigate whether offenders 'really' find Health Trainers more approachable than staff and whether they are 'really' more likely to follow their advice than advice from staff. This could be complemented by a qualitative study examining the reasons why some prisoners may choose to engage with Health Trainers when they have not previously engaged with any other prison healthcare services.

The focus group data also showed that the *participants were using the knowledge that they gained on the course to help more than their target client group*. For example, some trainees were using their new knowledge and skills with their family/friends

2: I went out with my family on Saturday and my niece was smoking and my brother-in-law and I was saying to them I'll leave you two to smoke your x-amount thousands of chemicals
Int: (Laughs) yeah
1: Your arsenic
2: Your arsenic and cyanide and everything you know so I'm still I'm even quoting it
Int: Yeah, yeah
2: When I go outside of here and I know that when I leave the prison as well I want to use this qualification

Furthermore, in the probation setting, ***Probation Officers were also benefiting from the trainees' knowledge.*** The Health Trainers stated that often an offender's health problems are not addressed by their Probation Officer as they do not have time to find out about local health services, and the Health Trainers were able to fill this gap:

- Int:** So like it's not just the clients that are learning then you're saying that the Probation staff are learning about the services as well then?
- 2:** Yeah. It's like she said to me "I haven't got time". She said "I didn't even know this *name* project existed".
- Int:** Yeah
- 2:** She said "it's amazing!"
- Int:** Yeah
- 2:** And she said like I I wish I did have time to find out the right services so that people
- 1:** Most people don't even live in *place* do they?
- 2:** Yeah, no, yeah, but she said like she hasn't got time

Similarly, the prison-based trainees felt that they were filling a gap in service provision in terms of offering advice to improve prisoners' self-esteem and to help with stress management and coping with a prison sentence:

- Int:** So how do you think your role can help others to cope then?
- 1:** We can educate them
- Int:** Right
- 1:** Because I I'm a strong believer that it to be able to handle your sentence is that you you've got to be physically and mentally OK yourself
- Int:** Yeah
- 1:** And so and even you know obviously some people need a lot more help than others
- Int:** Mmm
- 1:** But if you're educated in that way the way you eat the way you do exercise
- Int:** Mmm
- 1:** And everything
- Int:** Mmm
- 1:** It'll make you feel better in yourself
- 2:** I think that's what's good about the Health Training is is wi' with anybody if we get given a bit of time
- Int:** Mmm
- 2:** For somebody to actually show that they care
- Int:** Yeah
- 2:** Then that moti' encourages people. Especially in here wi' women tend to women tend to have issues about....a greater number of women prisoners have issues with confidence and self-esteem
- Int:** Mmm
- 2:** So if if you then have somebody sitting down with the person who's got self-esteem and confidence issues and saying "look you know I'm actually here for you and I'm listening to you"
- Int:** Yeah
- 2:** "and I'm gonna help you"
- Int:** Mmm

2: That's such a huge boost a really huge boost
Int: **Yeah**
2: So we're sort of there to help people along

Additionally, the trainees were beginning to highlight where they thought that service provision could be improved:

2: We're already there's something that's come up from the sexual health session that I've already raised at one meeting...they don't provide dental dams here (laughs)
Int: **Right, yeah, yeah**
2: They don't do them here yet they provide condoms in a male prison
1: Not that we need dental dams
Int: **(Laughs)**
2: The male prisoners use within the prison and I'm saying that they have to be...a sexual orientation's there so therefore they should be
Int: **Yeah**
2: provided

1: You know for telling people there is no, there is no such thing d'you know like with an eating disorder you have you can show them go and make an appointment with the eating disorder department
Int: **Mmm**
1: Healthcare, sexual health yeah we can make you an appointment to go and see the make you an appointment to go and see healthcare
Int: **Mmm**
1: But where do you go for stress management?
Int: **Yeah, yeah**
1: Only the gym...
Int: **Yeah...so do you think Health Trainers might be able to help fill that gap a bit then?**
1: Yeah

The researchers also asked two of the individuals trained as Health Trainers in this pilot project (from a prison site and the probation site) to write a page to explain what becoming a Health Trainer has meant to them. These two case studies can be found in Appendix 3.

Conclusion

The Researchers conducted two focus groups with trainee Health Trainers to investigate their views regarding the course content/design and structure; and also the effect that attending the course had on their knowledge, skills and attitudes towards health topics. Results showed that in terms of **course design**:

- The trainees were satisfied with the range of health topics covered on the course, and appreciated that the course was taught by a variety of staff using a wide range of resources.
- However, some of the trainees felt that the course could have been improved by:

- Extending the amount of time dedicated to each topic
- Running a session on stress management
- Administering more tests throughout the course, and
- Running refresher sessions
- The trainees also stated that they thought the Health Trainer role was a very positive use of prisoners' time, and they valued the fact that they could gain a qualification through attending the course

The trainees stated that they had **gained knowledge** of a variety of health topics such as smoking cessation, sexual health and nutrition. They had also gained skills such as time management, sign-posing and listening skills.

Finally, the focus group participants reported **changes in their attitudes and behaviour** in relation to topics such as smoking and diet.

A number of **additional themes** also arose from the focus group data, namely:

- The importance of being a prisoner/working for the NHS rather than Probation
- Trainees passing their knowledge onto people outside of their target client group such as their family/friends
- Probation Officers benefiting from the trainees' knowledge
- Trainees beginning to fill a gap in service provision
- Trainees beginning to highlight where they thought that service provision could be improved for their clients.

C) Organisational Consequences of the Role

Aim: “To obtain information about strategic decision-making from key players with specific reference to the implementation of a new initiative and the organisational consequences”

Method: Information for this section of the report was gathered in two ways:

- Firstly, the researchers attended a sample of steering group meetings (n=4) and obtained minutes of these meetings in order to be able to relate any strategic decision-making and/or examine any organisational consequences of the role that were discussed at this level.
- Secondly, telephone interviews were conducted with key staff within the pilot establishments (both prisons and the probation area) such as Prison Governors, Heads of Training and Skills, Health Trainer Managers and Physical Education Senior Officers. These interviews aimed to establish key figures' views on the Health Trainer project, where they felt it would go in the future, and what they thought its organisational consequences had been in terms of its impact on the prison regime, services within the prison and so on. Telephone interviews were selected as they minimise the time and money involved in interviewing a geographically dispersed population (Robson, 2002). All respondents were fully informed of the purpose of the interviews and assured that their responses would remain anonymous in any publications produced by the researchers.

The researchers made notes on the interviewees' responses throughout the interviews, and these were manually axial coded into themes.

1) Steering Group Minutes

The steering group minutes briefly outline some of the strategic decision making that occurred regarding creating and introducing the New Futures Health Trainer role. A summary of these decisions is provided below:

- **Defining the Role:** Staff considered how the New Futures Health Trainer role should be defined and stated that it should act as an “extra tier of health promotion who would identify offender health problems and communicate the problems so action can be taken”.
- **Recruitment and Selection Procedures:** When considering recruitment and selection strategies, representatives viewed Health Trainers' personal qualities to be a key concern. They also thought that the New Futures Health Trainer role should be built upon the existing Health Trainer core competencies being used in community settings. Moreover, they estimated that five individuals would need to be trained as Health Trainers in an average prison.

- **Choosing Pilot Sites:** In terms of which types of prison should be targeted to implement the role, steering group members thought that it would be wise to avoid high secure prisons as access would be difficult here, and also to avoid prisons where the Integrated Drugs Treatment System was being piloted.
- **Training:** Members of the steering group recognised that although Tutors can approximate the amount of hours that it takes to deliver the Health Trainers course, the amount of time that the course is delivered over will vary between establishments due to internal issues such as security, gym availability, prison routine, and time lost in responding to 'incidents' on the wings.
- **Course Accreditation:** Steering group representatives agreed that the New Futures Health Trainer course needed accreditation in order to offer an incentive to potential participants to take the course. After initially considering NVQ accreditation, they agreed to ask for OCN accreditation of the training course at Level 2 and Level 3 as there were concerns that not all prisoners would meet the standard required for Level 3.
- **Future Funding:** Steering group representatives stated that after the initial pilot funding was complete, they expected the New Futures Health Trainer role to be sustained financially by the PCTs. Therefore, 'new' sites wishing to introduce Health Trainers could approach their local PCTs for funding.

The steering group minutes did not relate any organisational consequences of the role (positive or negative); although they did state that representatives hoped that the New Futures Health Trainers would have a positive impact in areas such as increasing the amount of exercise that prisoners undertake (linking in with Walking the Way to Prison Health/Exercise on Prescription projects), improving prisoners' diets and encouraging prisoners to quit smoking. Additionally, the steering group representatives have begun to meet with NOMS leads and members of probation staff with a view to increasing the number of probation sites offering the Health Trainer service, and also with a view to alerting probation areas when a Health Trainer will be released there so they can help them to use their qualification to gain employment.

2) Key Figures Interviews

Interviews were conducted with six key figures from the pilot sites. HMP Stafford was the only pilot site not included these interviews, and this was due to the fact that training was incomplete at this establishment when the interviews were conducted. The interviews aimed to establish key figures' views on the Health Trainer project, where they felt it would go in the future, and what they thought its organisational consequences had been in terms of its impact on a range of topics including the prison regime, services within the prison, and prison/probation targets.

All of the interviewees stated that the Health Trainers project had been a very positive thing for their organisation to introduce, and that they would recommend it being introduced into another establishment/probation area. One interviewee stated that he thought the project might be more successful in prisons with long-term prisoners as they are less likely to be released/transferred shortly after completing their training than other prisoners and should therefore spend more time working as a prison-based Health Trainer. (In relation to this issue, one of the pilot sites is now considering asking prisoners to be put 'on hold' for a set period following their training).

The main organisational consequences of the role that the interviewees highlighted were as follows:

- **Staff Time/Workload:** All of the interviewees stated that introducing the new role had *not* had an adverse effect on staff time/workload in terms of escorting prisoners to training/to see clients. However, many of the interviewees stated that inevitably the project had impacted on staff time – often meaning that the PE department had an increased workload. In many cases, during the pilot, PESOs/PEIs were required to attend course development meetings in London. Additionally as many of the pilot sites based the Health Trainers with the PE Department, PEIs were often involved in course delivery and supervising and mentoring Health Trainers. In one case, this meant that other items were removed from the PE Programme to allow staff to deliver the project. Some prisons may not have sufficient resources to allow PE staff to be involved in course delivery, and would therefore need to ensure that the course can be delivered by outside speakers (as was the case at HMP Kingston and at Portsmouth Probation). This said, interviewees stressed that generally this increase in workload was very positively received by the prison PE Departments concerned and that these staff were very enthusiastic about the project throughout.

In the pilot probation area one probation employee had the main responsibility for overseeing the New Futures Health Trainer project. This individual had dedicated approximately 2.5 days a week to the project for the first three months, but the amount of time that this individual needed to dedicate to the project has gradually reduced since, and it was estimated that the project would only require 0.5 days a week management time in the future.

Future research could perhaps investigate how successful a Health Trainer project would be if it was not based in the Gym, or if it was in an environment where staff were less committed to it than those involved in the pilot have been. The study could also examine whether visiting staff at a pilot site would increase staff skills and motivation to implement the project and/or change the focus of the gym. Moreover, future research could examine differences in project management between prison and probation sites.

- **Increased Service Use:** Many interviewees stated that they had already seen an increase in service use in some areas (with smoking cessation and the gym being the examples cited most frequently). In most cases, this was thought to be because hard-to-reach individuals who would not engage with staff were more willing to engage with Health Trainers, and were consequently being sign-posted towards services that they might not have accessed previously. Thus these prisoners were seen as more willing to engage with the prison regime as a result of the introduction of the Health Trainer role. In the future, data should be available to show which services offenders on probation in Portsmouth have been signposted towards too.
- **Impact on Prison/Probation Service Targets:** At the stage at which interviews were conducted, the interviewees stated that it would be very hard to prove that the Health Trainer role was contributing to prison/probation service targets. However, they were hopeful that it would in a number of ways. For example:
 - Some interviewees stated that the role could contribute towards purposeful activity, as Health Trainers were sign-posting individuals towards services, and encouraging them to achieve behaviour-change targets, prisoners were using their time positively. This also applied to the Health Trainers themselves, who were using their time to gain a qualification and experience of working in the Health Trainer role.
 - Many interviewees also hoped that encouraging engagement in purposeful activity when in prison would lead to individuals using their time positively when they are released, which in turn could lead to a reduction in re-offending. It would also contribute towards meeting prison work-skills targets.
 - Many interviewees felt that if Health Trainer clients were achieving behaviour change goals (such as increasing the amount of exercise that they do/eating a healthier diet), then they would feel physically and mentally well, and feel good about themselves. They hoped that this would reduce the amount of self-harm (KPI for self-inflicted death) and/or contribute towards the KPI for reducing the number of serious assaults as a percentage of the population. However, interviewees stated that this effect would be very hard to measure/prove.
 - If the Health Trainers were able to successfully encourage prisoners to access the CARATS team/drug support workers, the interviewees hoped that this would reduce the incidence of positive screening to drugs tests, and thereby contribute towards this KPI.
 - Interviewees also stated that in the long-term, the project might contribute towards the KPI for ensuring that prisoners have a job, training or education outcome on release as hopefully prison Health Trainers will be able to use their qualification and experience to gain employment on release.
 - In the probation setting, Health Trainers were said to contribute towards their rehabilitation aims (both in terms of the work done with clients, and the achievements of the Health Trainers themselves).

- Additionally, it was hoped that by timing appointments with Health Trainers to follow on directly from appointments with Probation Officers, offenders' rate of compliance with Probation Orders would be increased as individuals would have an added incentive to attend.

Some interviewees felt that it was beneficial to link the Health Trainer project to the prison Reducing Re-Offending Action Plan to ensure that staff are clear that it aims to have an impact on re-offending rates as well as prisoners' health, and the effect of doing this could be the topic of future research.

This area should be the focus of future research – to investigate the extent to which Health Trainers can be seen to contribute towards these targets.

- **Training:** There may be a need to run training for Health Trainers periodically due to quite a large number being 'lost' through transfer/release/finding other employment. Indeed at HMP Stafford, a large number of prisoner transfers were partly responsible for the first cohort of trainees at this establishment being unable to complete their training in the time allocated for this impact assessment to be conducted.
- **Expansion of Prison Healthcare Services:** At some establishments, the introduction of the Health Trainer role had led to special PE sessions being offered regularly for vulnerable prisoners. One establishment is now offering a Healthy Living course for vulnerable prisoners, which includes a mixture of educational curriculum and things like aromatherapy and acupuncture. Additionally, in many of the pilot prison sites, interviewees stated that introducing Health Trainers had led to a change of focus for the gym – from a place to 'work-out' to a centre for health improvement/promotion.
- **Staff Awareness of Health Issues:** Many interviewees stated that the Health Trainer project was raising staff awareness of health issues. For example, staff in both prison and probation settings were aware that they had an additional resource to draw upon to tackle health issues. Additionally, the project was beginning to expand Probation Officers' awareness of the range of health services available in the community. Additionally, interviewees reported that in some prison settings, the project had led to closer working between the PE Department and Healthcare.
- **Risk Issues:** The introduction of the role had raised a range of risk issues across the establishments involved in the pilot project. For example, staff from some establishments felt that it was essential that specialists from the PCT delivered certain aspects of the course so that trainees received the "right" information. There were also potential issues regarding breach of client confidentiality in all settings. Additionally, in the probation area, Health Trainers are permitted to see clients outside of the probation setting, so this necessitates checking with a Probation Officer that the client is classified as a "low risk" offender, and following lone-working safety procedures.
- **Prison Regime:** Interviewees stated that in some cases vulnerable/hard-to-reach prisoners were beginning to engage with the prison regime due to the influence of having peer (rather than staff) support. Additionally, at one establishment, some prisoners were being released from work commitments to attend exercise classes. However, overall interviewees stated that the role had had very little impact (positive or negative) on the prison regime.

- ***Raising Awareness of Lack of Services:*** Interviewees from some of the pilot sites stated that introducing Health Trainers had highlighted issues such as a lack of mental health provision for issues such as depression and whether there is a need to increase the number of healthy options available on prison menus. In one case this had already led to steps being taken to address these issues.

Conclusion

This section of the report aimed to obtain information about strategic decision-making from key players regarding implementing the New Futures Health Trainer role, and the organisational consequences of introducing the role. Information was gathered from both Steering Group minutes and interviews with key figures in the pilot sites.

The Steering Group minutes did not relate any direct organisational consequences of introducing the new role. However, in terms of strategic decision-making, they showed that staff involved in the pilot project had dedicated time to clearly defining the purpose of the Health Trainer role, and considering their recruitment, selection and training procedures. Additionally, they showed that staff had considered future funding for the role, and stated that getting the training course accredited was a key concern in order for the new role to be successful.

The interviews with key figures showed that there were a number of organisational consequences of introducing the role.

Prison Sites: Areas considering introducing the role in the future should be aware that it may have an impact in terms of producing an increased workload for prison PE Departments, a need to periodically run training sessions, and raising risk issues such as the potential for Health Trainers to breach their client confidentiality.

However, these issues had not caused a problem in any of the pilot sites, and interviewees stated that introducing the Health Trainer role also had a number of positive organisational consequences. For example, many interviewees reported an increase in health service use, including use by hard-to-reach individuals. Moreover, at some of the prison sites, introducing the Health Trainer role had resulted in a change of focus for the gym – from a place to ‘work-out’ to a centre for health improvement/promotion. Consequently, some prisons were also offering new health

courses/PE sessions aimed specifically at vulnerable prisoners as a result of introducing the Health Trainer role. Furthermore, introducing Health Trainers had highlighted a lack of health services in some areas, and in some cases, steps were already being taken to address this. Additionally, the project had raised staff awareness of health issues and/or services available in many of the pilot sites.

Finally, interviewees stated that although in some cases it may be hard to measure, the role had the potential to contribute towards a number of prison targets such as purposeful activity for prisoners, work-skills targets; reduction in self-harm; reduction in positive screening to drugs tests; and having a job, training or education outcome on release.

Probation Sites: Interviews with key figures showed that there were also a number of organisational consequences of introducing the role in the pilot probation site too. For example, a member of staff was required to supervise the New Futures Health Trainers. This demanded 2.5 days of time a week for the first three months of the project, and it was estimated that this figure would reduce to 0.5 days a week in time.

Introducing the New Futures Health Trainer role was seen as having the potential to contribute to a number of probation targets, including the rehabilitation of offenders (in terms of both the trainee Health Trainers themselves, and their clients), and compliance with Probation Orders.

As in the prison sites, the project had raised some risk issues in relation to potential breaches of client confidentiality. Additionally, in the probation area, Health Trainers could meet clients outside of the probation setting. This necessitated ensuring that Health Trainers checked with Probation Officers that these clients were classified as “low risk” offenders, and that they followed appropriate lone working procedures.

Finally, the project had raised Probation Staff’s awareness of offender health issues and the range of services available in the community. The New Futures Health Trainers provided them with an additional resource to improve offenders’ engagement with health services.

D) Impact of New Futures Health Trainers on Clinical Outcomes for Prisoners/Offenders on Probation

Aim: “To investigate the likely impact of New Futures Health Trainers on clinical outcomes for prisoners including referral systems, interventions and eventual outcomes”

- **Method:** Initially, the researchers designed an anonymous ‘clinical activity’ data form to collect information from each referral received by each Health Trainer. This includes details of the health services that the prisoner/client is already in contact with, their identified health problem, the intervention offered/referral made, and whether the prisoner/client made a further appointment with the Health Trainer. This form was subsequently adapted slightly by the Tutors at some establishments to include a text box for ‘key areas of concern’ and an action plan, plus space for staff to be able to countersign the record. Again, this form was designed with prisoners’ likely literacy levels in mind - it had a Flesch Reading Ease rating of 72.6 (on a 100 point scale – the higher the score, the easier the document is to read); and a Flesch-Kincaid Grade Level of 4.7 – meaning that a child in the fourth-fifth grade in the US (i.e. aged less than 11 years) should be able to read it.

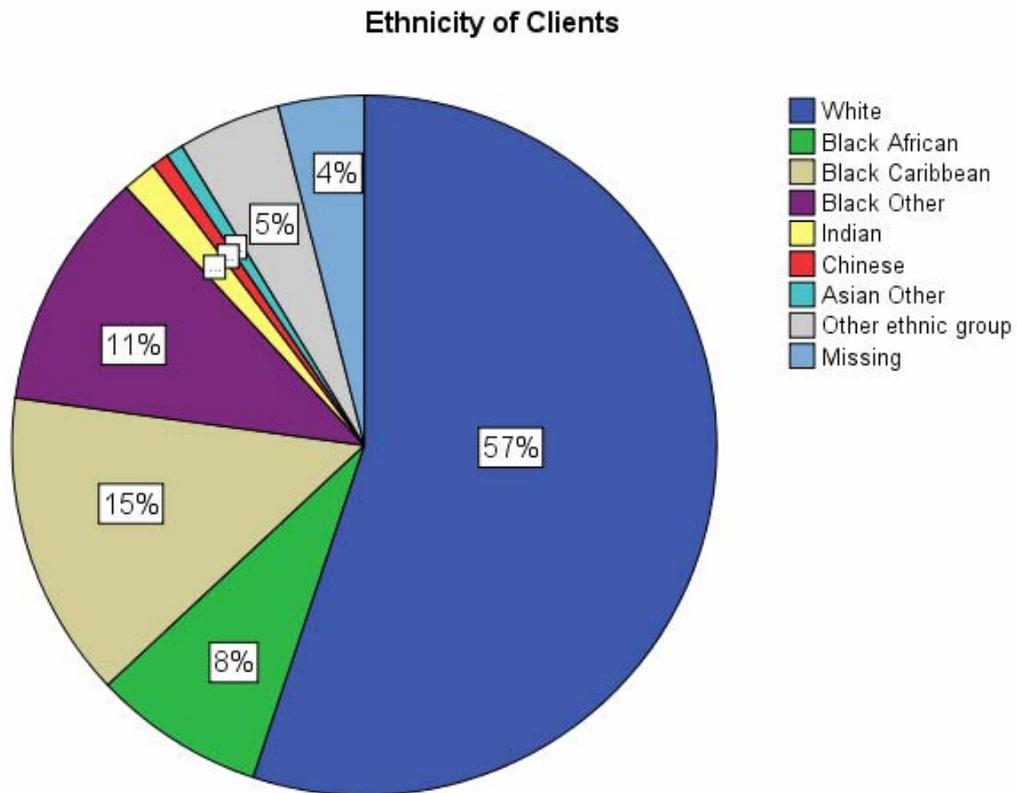
The researchers asked each establishment to send them copies of these forms for the first fifteen clients that each Health Trainer saw. The cut-off point for the researchers collecting this data was the 1st of August 2007, however, data from one establishment was received after this deadline and was subsequently included in the report. This resulted in an overall sample of 127 forms (48 from HMP Drake Hall, 15 from HMPYOI Swinfen Hall, 55 from HMP Wandsworth and 9 from HMP Kingston – data was not returned from the other sites as they either did not utilise this form (as was the case with the probation site), or began their training relatively late in the impact assessment period).

Data from the anonymous ‘clinical activity’ data forms received was entered into SPSS and analysed using descriptive statistics to give a snapshot of the types of issues that Health Trainers were discussing with their clients, the services that clients were being referred onto, and the proportion of clients who were making a further appointment with a Health Trainer.

Client Demographics

As shown on the chart below, results showed that where a client’s ethnicity was recorded, just over half (57%, n=70) of the prisoners seeing Health Trainers were White. 11% (n=14) were Black Other, and 15% (n=18) were Black Caribbean.

Figure 4: Ethnicity of Health Trainer Clients

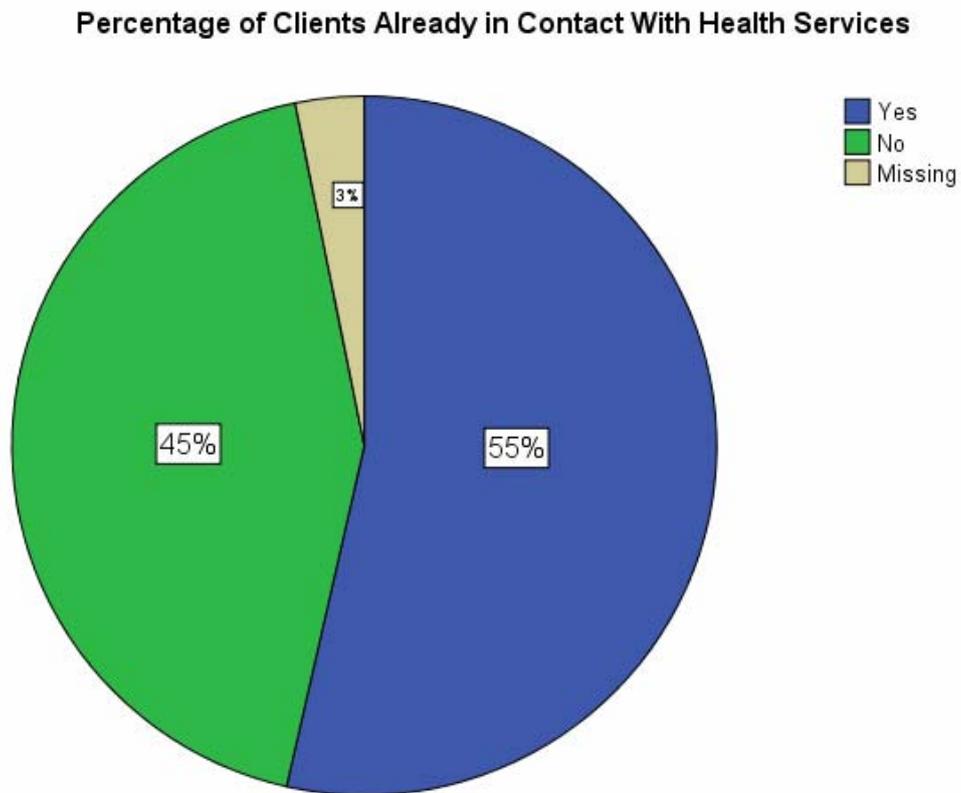


The mean age of the prisoners seeing Health Trainers was 32 years.

Contact with Services

As shown on the chart below, only 55% (n=68) of the individuals seeing Health Trainers and answering this question were already in contact with one or more prison health service before they saw a Health Trainer, and 45% (n=55) were not. Thus, for nearly half of the Health Trainer clients, a New Futures Health Trainer was the first health service that they had chosen to engage with whilst in prison. Future research should examine the reasons for this, as it could be that Health Trainers can provide the first step towards hard-to-reach individuals beginning to engage with the prison regime.

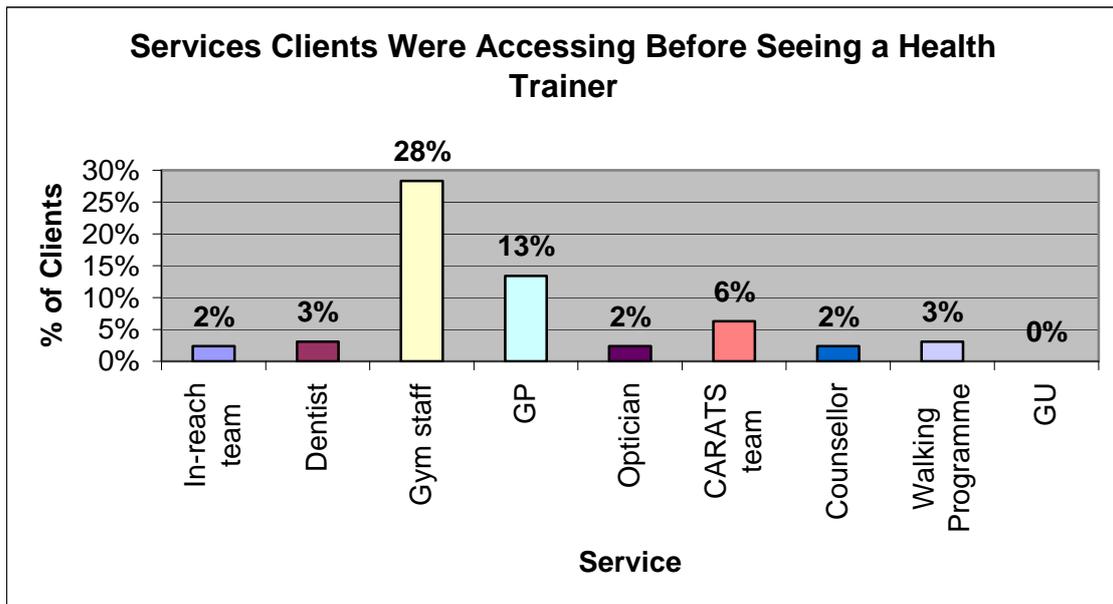
Figure 5: Proportion of Health Trainer Clients Already in Contact With Health Services



During the key figures interviews conducted to inform section C of this report, many of the key figures commented on this issue, stating that in some of the pilot sites, vulnerable prisoners are now accessing services that they would not previously have accessed – for example, some vulnerable prisoners were regularly attending the gym.

The chart below shows that of those already in contact with services, the largest proportions were already in touch with Gym staff (28%, n=36); and a GP (13%, n=17). None of the prisoners seeing a Health Trainer were in contact with GU.

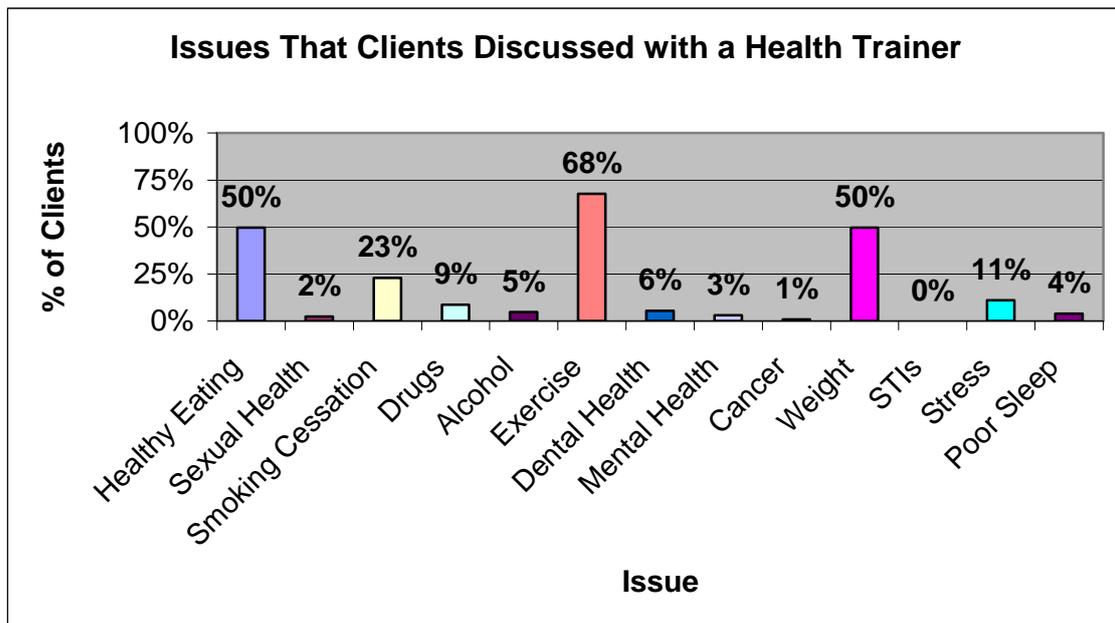
Figure 6: Types of Services Clients Were Accessing Before Seeing a Health Trainer



Issues Discussed in Assessment

The chart below shows that the issue that was most often discussed with a Health Trainer was exercise, which was discussed with 68% of clients. Healthy eating was discussed by 50% of clients, and weight was also discussed by 50%.

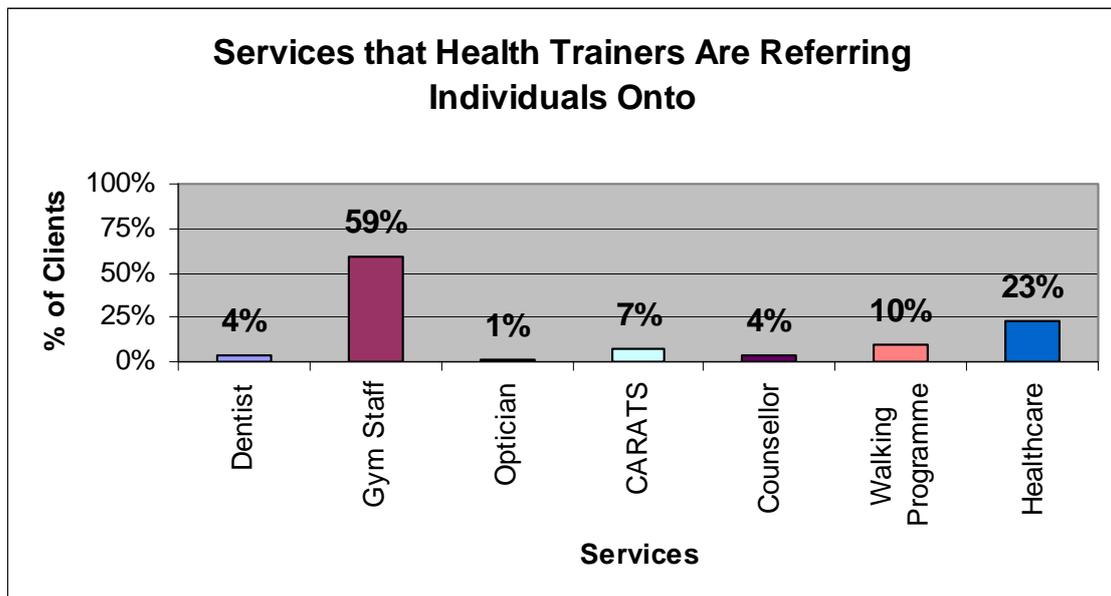
Figure 7: Issues That Clients Discussed with a Health Trainer



Onward Referral

The chart below shows that the service receiving the largest number of referrals from the Health Trainers was the gym – 59% of individuals seeing a Health Trainer were referred to the gym. Additionally, 23% of individuals seeing Health Trainers were referred onto Healthcare (which includes smoking cessation, in-reach and GU).

Figure 8: Types of Services that Health Trainers Are Referring Individuals Onto



During the key figures interviews conducted for section C of this report, individuals stated that consequently, some prisoners were already successfully stopping smoking, losing weight, and improving their mental health and wellbeing. As a result, key figures believed that prisoners were starting to feel better about themselves, and this could be the first step towards being able to address other issues within their lives.

For those individuals who had previously had no contact with any services within the prisons,

- 38 individuals were referred onto see Gym staff
- 1 individual was referred to see an Optician
- 3 individuals were referred onto a Dentist
- 7 individuals were referred onto a CARATS team
- 4 individuals were referred onto see a Counsellor
- 9 individuals were referred onto a Walking Programme
- 9 individuals were referred onto Healthcare

This indicates that 'hard-to-reach prisoners who had not previously engaged with any prison health services were keeping appointments with New Futures Health Trainers, and being referred on to a variety of services. Thus it may be that New Futures Health Trainers provide the first step towards prisoners engaging with the prison regime.

Referral patterns and the idea that peer-support may be an effective way of engaging hard-to-reach individuals could be the topic of future research.

Repeat Appointments

Clients were asked to state whether they would like another appointment with a Health Trainer. 75% of individuals answering this question stated that they would like another appointment with a Health Trainer, which is a strong indicator of both the fact that there is demand for this service within prisons, and the fact that individuals seeing Health Trainers are satisfied with the service that they receive. This figure may also indicate that many of the New Futures Health Trainers are doing health promotion work with their clients, rather than simply acting as sign-posters.

Conclusion

Thus the data collected from the clinical activity data forms shows that the main issues that individuals were discussing with the New Futures Health Trainers were exercise, healthy eating and weight.

Consequently, the services receiving the largest proportion of referrals from the New Futures Health Trainers were the Gym Staff and Healthcare. The New Futures Health Trainers were also making referrals for individuals who had not previously accessed any services within the prison – showing that they are managing to reach previously excluded individuals.

Finally, a very large proportion (75%) of individuals seeing Health Trainers had asked for another appointment – indicating both a demand for and satisfaction with this service.

Future research could investigate the concept of 'peer-support' and the extent to which Health Trainers are able to engage hard-to-reach individuals on a larger scale. A larger-scale study could also be conducted into patterns in the types of services that Health Trainers are referring individuals into, and what the long-term outcomes are for individuals seeking advice from/completing behaviour-change plans with Health Trainers.

E) Relationship Between 'Early Adopter' Sites for Health Trainers in the Community, and the Prison/Probation Equivalent

Aim: "To examine the relationship between the development of mainstream Health Trainers currently operating in the 'early adopter' sites and the prison equivalent being rolled out by this project"

Method: Staff from the University of Lincoln liaised with the Hub evaluators for 'early adopter' sites to discuss methods and common findings.

In 2005, twelve areas were identified as 'early adopter' sites for the introduction of the Health Trainer role in the community:-

- Bradford District
- Tameside and Glossop PCT
- SE London
- Manchester
- Gateshead
- Hull
- Kirklees Council and Three PCTs Partnership
- Bristol
- Birmingham and The Black Country
- County Durham and Tees Valley
- Derbyshire
- Northumberland, Tyne and Wear SHA

Subsequently, in 2006 the Health Trainer role was introduced into other PCTs which were identified as disadvantaged and therefore having the highest level of need. As stated previously, to date, very little research has been conducted to examine the degree of effectiveness of the Health Trainer role, although some sites have conducted local-level evaluations; and a national Health Trainer meeting produced a 'minimum dataset' of information for sites to gather to facilitate national comparison of different Health Trainer models achievements.

Staff from the University of Lincoln liaised with Hub evaluators for 'early adopter' sites and found that a national survey of Health Trainer activity is currently being undertaken by staff at the Centre for Outcomes Research and Effectiveness at University College London. The outcome of this study is due to be reported in September 2007. The table below draws on criteria that will be employed in this study to provide a summary for the Health Trainers based in the pilot prison sites

examined in this report, which could then be compared to findings given in the report regarding those based in the community.

Table 3: Similarities and Differences Between Prison and Community-Based Health Trainers

Criteria	Prison/probation-based	Community-based
Project aims (prevention work/health promotion/increasing service access)	All Health Trainers are trained as 'sign-posters' to facilitate offenders' access to services. They may also be trained to do 1:1 health promotion work with prisoners.	
Level of delivery (individual/particular group/regional)	Health Trainers target offenders within their establishment/community, and work on a 1:1 basis.	
Who is the project delivered by (where do the HT come from)?	Health Trainers are recruited from within the prisoner/offender population.	
Where is the project delivered?	Within the prison/probation setting, with most prisons within the pilot basing the Health Trainers in the prison gym.	
What intervention(s) are offered?	Health Trainers offer advice on a number of topics including healthy eating, exercise, stress-management and smoking cessation; and refer individuals onto appropriate services for further support where necessary.	
Cost (£)	Establishments involved in the pilot received money from the Department of Health to cover 'set-up' costs. Health Trainers are now being funded through the PCT/Prison budgets and are considered to be very cost-effective.	

The Centre for Outcomes Research and Effectiveness at University College London is also working to further develop a minimum dataset for all Health Trainers to

contribute to. This is a complicated undertaking due to the wide variety of different Health Trainer service models in existence across the country. However, at the time of writing, it is proposed to include information such as:

- Basic information regarding the *Health Trainers and service structure* such as the number of Health Trainers at a given site, demographic information for Health Trainers, WTE and banding/skill of HT's, targeted client base, and amount of time spent on different activities.
- Information regarding the *client group and service delivery* such as how the client heard about the service, client demographics (including post-code as a measure of deprivation), and where the client was seen.
- *Client issues* – e.g. what was the clients' main goal, was the client signposted to another service, and did the client complete a personal health plan/guide.
- *Impact* – e.g. client self-report data regarding: attending the service that they were signposted to, intention to achieve their goal, confidence in achieving their goal, and the extent to which they have achieved their goal so far. This section would also include information on the Health Trainer's view of the client's achievements, and the client's level of satisfaction with their achievements and the Health Trainer service.

Most of this data is currently collected on a routine basis by Health Trainers in the criminal justice pilot sites examined in this report. However, it may be necessary to expand the paperwork that Health Trainers use at some sites to meet the requirements of the 'impact' section. Also, the relevance of providing the post-codes of Health Trainers and clients in a prison setting as a measure of deprivation is questionable, as is the relevance of providing 'banding' information for prisoners working as Health Trainers.

Northumbria University also successfully submitted a bid to the NHS Health Technology Assessment Programme to review the effectiveness and cost-effectiveness of different types of health-related lifestyle advisers, which will take place over 18 months, and will include the work of Health Trainers.

Both of these teams are aware of the work of New Futures Health Trainers, and may choose to include them within the scope of their reviews.

Conclusion

Staff from the University of Lincoln assessed the impact of the New Futures Health Trainer role in the criminal justice system in terms of:

a) *The impact on the Tutors/Progress with developing the Health Trainer course*

Here, although the Tutors attended their initial training sessions expecting to be taught how to deliver an existing training course, rather than to be developing the training course; their training was successful in that:

- The Tutors successfully identified what they wanted the role of the New Futures Health Trainer to be
- The Tutors modified the Health Trainer job description for use in the prison/probation environment and developed transferable skills that prisoners could use on release into the community
- The Tutors carefully considered how to identify, recruit and select New Futures Health Trainers
- The Tutors successfully summarised the teaching and assessment elements required within the training programme – and produced a course which has now been accredited by the OCN

The Tutors also listed various ways in which they felt that their training could have been improved, and stated that they thought the role would benefit various groups including the PCT, the second wave of prisons, and the prisoners themselves.

b) *Impact of training on New Futures Health Trainers*

The main areas of learning experienced by the Health Trainers that a sample of their Tutors highlighted in interviews were:

- Effective communication with peers
- Confidence in discussing health issues with peers (with confidence seemingly being increased through assessment exercises and organising Health Fairs)
- Knowledge of health services available within the prison, and confidence in referring prisoners to them
- Ability to assess both an individual's readiness to change and level of confidence that they can achieve the desired change
- The role of a Health Trainer in motivating an individual to change and/or increasing their confidence
- Teamwork skills

Survey responses from Health Trainers at HMP Drake Hall, HMP Wandsworth and Portsmouth Probation area showed that:

- The majority of individuals thought that the aims of the course were clear, the course was interesting, and that they had received enough training to do the job.
- Respondents stated that their level of knowledge had increased in all of the subject areas covered on the course, with the largest increases being in relation to sexual health and mental health.
- Respondents stated that attending the Health Trainers course had changed their attitude in many of the subject areas – with over 50% of trainees stating that their attitude had changed in relation to healthy eating/diet, sexual health issues, smoking cessation, exercise and mental health issues.
- Respondents felt very confident in sign-posting individuals into services in the majority of subject areas – with the highest levels of confidence being recorded in relation to smoking cessation, drugs and exercise, and a more ‘mixed’ picture emerging in relation to alcohol misuse, self-harm and mental health.
- 75% of *prisoners* trained as Health Trainers stated that they would like to find employment as a Health Trainer on release.

c) *Organisational consequences of the role*

Analysis of Steering Group minutes and interviews with key figures from pilot sites showed that when introducing the role, strategic decision making had centred on clearly defining the purpose of the New Futures Health Trainer role, recruitment, selection and training procedures; achieving course accreditation, and future funding of the role. Key figures identified a number of organisational consequences of introducing the role, including:

- An increased workload for prison PE Departments
- A need to periodically run training sessions
- Raising risk issues (e.g. potential breach of client confidentiality)
- Increased engagement with health services (including by hard-to-reach individuals)
- Change of focus for the gym (from a place to ‘work-out’ to a centre for health improvement)
- Highlighting a lack of health services in some areas
- Raising staff awareness of health issues and/or services available
- Potential to contribute towards a wide range of prison and probation targets.

d) *Impact on clinical outcomes for prisoners/offenders on probation*

The researchers designed a clinical activity data form to show which health services Health Trainer clients had previously been in contact with, the types of issues that they discussed with the Health Trainer, and where they were referred onto. A sample of 127 forms was analysed, which showed that:

- Only 55% of prisoners stated that they were already in contact with one or more prison health services before they saw a Health Trainer – so for many prisoners, Health Trainers were the first service that they had chosen to engage with.

- A wide variety of issues were discussed with Health Trainers, with the main topics being exercise - discussed by 68% of clients, healthy eating – discussed by 50% of clients, and weight – discussed by 50% of clients.
- Clients were referred onto a variety of services, with the most frequent being Gym Staff (59%), and Healthcare (23%).
- 75% of prisoners stated that they would like another appointment with a Health Trainer.

e) *Relationship between ‘early adopter’ sites for Health Trainers in the community, and the prison/probation equivalent*

A national survey of Health Trainer activity is currently being undertaken at the Centre for Outcomes Research and Effectiveness at University College London. A summary of information from the criminal justice system sites investigated in this impact assessment is provided using the assessment criteria that should be used in the national survey. A minimum dataset is being developed for all Health Trainer sites to use, and at present it appears that the sites covered in this impact assessment should be able to provide the majority of the data required using their existing data collection/monitoring systems. In addition, New Futures Health Trainers may be surveyed by Northumbria University as part of a review of the effectiveness and cost-effectiveness of different types of health-related lifestyle advisers.

Recommendations for Future Research

The main aim of the research was to identify areas for further research regarding Health Trainers. Throughout this report, it has been suggested that future research could be conducted into the following areas. Any number of these topics could be included in a large-scale formal evaluation of Health Trainers based in the criminal justice system across the country:

- ***Role Development*** – an examination of how the New Futures Health Trainer role develops over time in the establishments. This could highlight similarities and differences between establishments in the type of work done by the Health Trainers. For example, at the time of writing, staff at HMP Wandsworth are training a new cohort of Health Trainers, who will work specifically with overweight prisoners and those aged 45+. Will other groups start to specialise too? If so, how?
- ***Value of Peer-support*** – a randomised control trial to investigate whether offenders ‘really’ find Health Trainers more approachable than staff, and whether they are ‘really’ more likely to follow their advice than staff advice. Also a qualitative investigation of the reasons why some prisoners appear to be engaging with Health Trainers when they have not previously engaged with any other healthcare services.

- **Impact of the role on Health Trainers** – A larger-scale survey of the effect of becoming a Health Trainer on individuals' knowledge, skills, attitudes and behaviours.
- **Importance of Staff Morale** – how successful would a Health Trainer project be in an environment in which prison/probation staff are less committed to it than those involved in the pilot have been? Would visiting staff at a pilot site increase staff skills and motivation to implement the project and/or change the focus of the gym?
- **Tutors Training** – How will Tutors in 'new' establishments be trained? How much variation will there be in the course content and methods of delivery at different establishments?
- **System Effects** – Quantifying the extent to which Health Trainers contribute to targets such as a reduction in self-harm/positive screening to drugs tests.
- **Health Trainer Career Pathways** – What proportion of Health Trainers are released from/transferred out of the establishment that they were trained in (collect data at various time intervals)? What proportion of these individuals go on to utilise their qualification to acquire a position as a Health Trainer/similar post elsewhere?
- **Reducing Re-Offending** – What proportion of establishments link the work of Health Trainers to their Reducing Re-Offending Action Plan, and what effect does this have?
- **Referral Patterns and Outcomes** – A larger-scale study of the types of services that HT are referring individuals into. A long-term follow-up of health outcomes for individuals seeing HT for advice
- **Setting** – How do Health Trainer projects that are not based in a PE Department differ from those based within a PE Department?

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Appendix 1: New Futures Health Trainer Tutors Training Days: Objectives for 24/25 April 2006.

Hopes and expectations for these two days/HT role.

Group A	Group B	Group C
<p>Learn about offender service structure</p> <ul style="list-style-type: none"> • Prisons • Probation <p>Understand how community HT programme in Portsmouth can adapted for prison and probation.</p> <p>To come away with a clear understanding of the way that the programme will operate, i.e. role, how they will deliver it.</p> <p>How offenders will be recruited – sustainability of offenders, accreditation.</p> <p>Understanding the role of the HT.</p> <p>Terminology.</p>	<ul style="list-style-type: none"> • Programme of produced material (aims, content, development of portfolio). • We are starting from scratch – getting into the loop as not a spearhead PCT. • Want to know the role of the HTT and role of the HT. • Outcomes of each of PCT staff. • What level of training are we going to deliver? • Is this the same as the HT in community? • Gain skills and skill mix. • Portfolio development. • How will it complement our own roles? • Can other people from same PCT come to next wave or could we train them and prison staff? • How structured will the programme be? • Link to health inequalities. • How it will all mesh together. 	<ul style="list-style-type: none"> • Semi-structured framework. • Measurable outcomes. • Create standard paperwork e.g. standardised individual assessment paperwork. • Clear guidance. • Pathways and flowcharts • Training aims for HTTs to deliver to HTs. • Standards, boundaries – core content • NHS financial situation – ensure money is spent effectively, not just allow work to be absorbed into current job roles. • Options for NVQ development to allow offenders to take useful skills back into community. • Key Performance Targets conflict. • Build on successful existing groups of prisoners e.g. substance misuse, peer support, gym orderly.

Role of the HT.

Aim: To identify what they anticipate the role of the HT is, (group work, from flip chart pages).

Expectations	Issues arising
<p>Assessment and support in objective setting. Signposting to services and facilities.</p>	<p>Number per caseload. Ability to communicate and understand. Interested in Health improvement. What educational level for HTs? (Level 1 literacy & numeracy). Peer support – ongoing. Issues of confidentiality and understanding. Security record. Basic fitness course. Language barriers (non-English speaking, different ethnic origins). Issues related to how prisoners will be enabled to access a standard course (clashes with other courses).</p>
<p>Signposting (element of information gathering/resources to share). Support role (both informative and interim support between services). Hand-holding/arranging appointments. Behavioural change (up to brief intervention level). Arranger – making appointments. Identify gaps in services (e.g. weight management). Managing health information.</p>	<p>How to manage and store information, confidentiality. When move out of prison, need to move into a community that they can identify with and contribute to (e.g. Offending service), and (credibility). Not necessarily able to know about health issues in “external” community after release. External community will need to feel able to accept and trust ex-prisoner (HT). Focus on skills rather than a role.</p>
	<p>Six-week programme. Issues about being willing to remain at one prison (on hold). Reward is important. Skills as attractive part of package. Tackling drugs through physical education (as a model) Rehabilitation of Addicted Prisoners Trust (RAPT) Potential HTs.</p>

The role of the HT would initially be developed for use in the Offender environment. However there was debate about how HTs (in respect of potential National accreditation) might be able to use elements/aspects of this role in the wider community on release. There was broad consensus that in the wider community the HT would not necessarily have the required trust confidence and knowledge of the community and may not be able to transfer the role directly. The key transferable skills inherent in the role could potentially still have value.

Review HT job description in light of New Futures HT role.

Aim: To annotate/modify job description in light of above and specific settings (group work, based on modified job descriptions).

Summary of changes to job description:

There was a general acceptance that the job description in broad terms was appropriate because it matched to the competences however the wording of some of the statements needed to be changed:

- to reflect the offender population, rather than communities (unspecified),
- to make the wording more user friendly for both offenders, prison staff and management.

It was agreed that they should develop job descriptions appropriate to their own environments, within the broad structure of the existing job description.

Recruitment: identification of New Futures HTs.

Red/blue bands (usually within category C or D, trusted prisoners with various levels of security clearance).

- Security clearance
- Respected by others
- Recommended by PEI/prison staff
- Based on behaviour in prison etc

Possibly one HT in each wing (SWS-PCT both groups). Depends if two each wing is possible. Alternatively, two in more vulnerable wings, one in others. Alternatively, one per two to three “houses”.

Must have interest in this area (health promotion etc).

Communication skills.

Trusted by others.

Possibly prison representative from each working group.

Recruiting/advertising for New Futures HTs.

PE wing notice-boards (problems in that all notices tend to merge into one).

Access through contact with offenders during existing PE training courses.

Notices under each offender’s door.

HP working groups – approach individuals.

Issues: how many HTs per HTT? Based on community HT experience, no more than 3 each HTT.

Through induction programme when prisoners admitted or during twice-weekly induction into gym, (via blue-band prisoner).

Induction/orientation programme: prison life, services, routines, etc.

Recruitment: selection/interview process.

Only sentenced prisoners (i.e. not remanded). Six months plus left to run in sentence.

Life skills/interests.

Able to use information outside prison context.

Must be interested.

Formal interview process:

- job description
- mark against competences
- knowledge of individuals.

Interviewing as part of HTT role.

54 through programme in gym at any time,

Recruit 12 from these 54.

Team challenge activities – informal, subsequent selection from these 12.

HTs not to be managed by PEI, unless PEI is designated as HTT alone (funding dependent).

Good communication.

Accepted in the community (community within community e.g. vulnerable wing). Probably not new prisoners as not known/trusted by community.

Confidentiality/power.

People skills.

In prison for 12 months plus.

Possibly workshop but timing can be problematic. Regimes get in the way (e.g. Health Fair).

Must be interested, but do not have to be experts.

Discussion re use of checklists etc.

HTT preparation in the future.

Give examples of how to recruit New Futures HTs.

Introduce to the model/systems.

Assume that HTTs will have certain level of skills.

Interview skills.

Mentoring skills.

Competences.

Two teaching models evident within community HT programme in Hampshire & IOW. First is bring in and teach (group orientated), second is individually based (ad hoc, one-to-one, a learning contract approach). Second model means that the HTs needs are identified and met on an individual basis.

Feedback/initial thoughts (from groups):

- Some models may be too academic. Better to have more scenarios, role-play etc. Formal timetable possibly too prescriptive.
- Some structure needed followed by individual assessment.
- Some structure but health related behaviours may need to be more individual e.g. using role-play, scenario etc.

In summary a mix of the two approaches may be appropriate, but a structured approach is the predominant requirement.

Levels of New Futures HT roles (from Louise Bevan, PCPCT): Needed to access the “hard to reach” individuals. Divided the HT role into four levels. Individuals work through competences at each stage, must complete each level in order to progress. Some will not want to, but will seek to remain at one specific level.

Name of level	Name at that level	Activities at that level
Stage 1	Apprentice Health Trainer	Observing and training only. Taking part in group and 1:1 training sessions with other apprentices & Health Trainer Tutor. Shadow special services. Working towards the role of Sign Posting Health Trainer.
Stage 2	Sign Posting Health Trainer	Employed to signpost to services. Activities could include managing signposting resources at place of work, e.g. display boards @ Foyer Centre. Working to complete competences from stage 1 and starting some competences for stage 3. Consider: low level of education, low confidence.
Stage 3	Assistant Health Trainer	Signposting to services and observing/assisting in behaviour change work in a group setting e.g. smoking cessation. Completing competences started in stage 2. Working on behaviour change competences required to work on 1:1 level with individuals. Example: set up smoking cessation in locality.
Stage 4	Health Trainer	Health Trainer working with individuals on a one-to-one level Working on competences to allow full qualification. Example: brief intervention work.

Teaching elements of HTT role.

Aim: To summarise the teaching elements required within New Futures HT programme (group work, summarised from papers).

HT 1 (London)

Teaching element required	Emerging issues	HTT learning needs
Team-building exercises/activities	Language barriers, cultural barriers, interpretation	Resources, translators
Interview each other, feedback to group.	RAPT member could be HT, graduated from HT course, act as peer support. Church groups – participant could be HT.	Use graduates from HT courses in future.
Listening skills, communication skills, showing empathy.	Assessments and evaluation – can be done through observation, ? shadowing.	
Present and introduce trainers to other communities.	Resources – rooms etc.	
Small group discussions in semi-formal setting looking at ethical issues, protocols.	Meet on fortnightly basis for supervision.	

HT 2 (SWS-PCT Drake Hall)

Teaching element required	Emerging issues	HTT learning needs
Questionnaire: What does health mean to you?	Participatory approach. People have different perceptions of health.	How prison affects their health and access to health choices.
Health quiz: the myths. Discussion on the promotion of health messages. Where are the health messages at the moment. How to get information.	Where people get health information problems with misinformation “urban myths”.	Myths will exist in prison population.
Life size body with stickers of factors affecting health. Determinants of health.	Everything affects health. Need to think holistically.	HPC behaviour change.
Gaining information	Shadowing opportunities/agencies (may be practical issues that need exploring for prisons). Identification of different services.	Setting up shadowing structure.
Key principles of health promotion, e.g. specific subjects. Video/scenario in pub re smoking.	Identify different arguments raised, and questions to challenge behaviour.	Inviting other people who work with offenders e.g. H&S officers.
Referral routes. What hinders access to services?	Links with HT1 – relate to health specifically, arguments against changing behaviour. Identify different arguments raised.	Alternative approaches e.g. self-directed learning, one-to-one for sustainability & contingency.
Boundary setting – knowing limits.	Scenario, role play, (link with HT1 confidentiality).	

HT 3 (SWS-PCT Swinfen hall)

Teaching element required	Emerging issues	HTT learning needs
Basic information on key health issues and risks. Interactive quizzes and flipchart exercises. Reference manual for each HT. (Examples: substance misuse, smoking, diet etc).	Who to deliver these sessions? Some gym staff, others outside experts.	Stages and levels. Timescales.
Cycle of change, helping people change.	What kind of records will HTs keep?	
Scenarios.	Problems with offenders not being able to supervise another offender in one-to-one setting, e.g. can learn to coach football on release, but not able to supervise others in offender setting.	Need to discuss with strategic stakeholders (e.g. governors).
Flipchart of pros and cons.	Skills and information to achieve full achievement of all 4 levels can be given in offender setting. Levels can come in fully on release.	
Group discussions and debates.	Standardised paperwork (avoiding duplicate).	
Planning for change.		
Coping strategies.	On individual basis (each setting).	

HT 4 (London/SWS-PCT)

Teaching element required	Emerging issues	HTT learning needs
Time management. How to manage workload and planning.	Some aspects out of HTs control. Need a good knowledge of community in which they are operating.	
How to keep a log/diary of caseload and record interventions.	Levels of literacy, duplication of paperwork, confidentiality. May get side-tracked, coerced by others. Two-way process, (HT to others, others to HT)	
What advice given, boundary setting exercise (scenario, role-play, brain-storming).	Check with client what advice given.	
Evaluation of interventions.	Practical issues related to peer pressure/bullying. Paper-trail must be in place to monitor HTs.	
Average time for assessment.	Standard assessment paperwork. Session/review plans.	
Review with clients.	Confidentiality HT (storing records).	
Group case managers meetings.	Seeking advice and clarification.	
	Evaluating standards of information given (goals set etc). Quality, standards and governance.	

Assessment of competences

Aim: To summarise the assessment elements required within HT programme (group work, summarised from papers).

JW covered theory of assessment briefly (see handouts). Related to New Futures HT competences. Groups asked to outline the elements of assessment necessary for the specific competences that they covered in the morning.

HT 1 (London)

Assessment element required	Emerging issues	HTT learning needs
Achievements (past experiences in other groups/courses) (K1&K10)		
Episodic (i.e. team building (K1)		
Paper & pencil (K3, K9)		
Practice & oral (K2, K4, K11)		
Quantitative assessment info (to record findings, K5)		
Qualitative assessments (info up-to-date and accurate, K6)		
Formative assessment regularly updating information (K7,K8) Prisoner well-being day, led by HTs as a way of assessing their abilities.		

HT 2 (SWS-PCT Drake Hall)

Assessment element required	Emerging issues	HTT learning needs
At recruitment	Role play/observing/shadowing and application.	
Within course <ul style="list-style-type: none"> - observing (by HTT) - tick box - specific questions - Multiple choice quizzes) 10 min quiz - End of session test) at end of session 	Literacy levels (make more simple) List three things that affect people's health.	
Outside course (what you have learnt, e.g. written, verbal) <ul style="list-style-type: none"> - portfolio - reflective practice - one-to-one supervision 	HTT feedback.	
Case studies – describe, state	Important: HT at Health Fair in Stafford Prison & Drake Hall.	
Written piece of work	Assessment has to be levelled at the 4 different stages.	

HT 3 (Swinfen Hall)

Assessment element required	Emerging issues	HTT learning needs
Criteria: baseline knowledge.	Competences to be interpreted into more user-friendly language.	
Informal quizzes (true/false).		
Scenarios/role play practice and oral.		
Portfolios.		
Handbook.		
Review assessment paperwork, goal setting and outcomes.		
Evaluation.		
Simple assessment markings.		

HT 4 (SWS & London)

Assessment element required	Emerging issues	HTT learning needs
N/a		

Mentoring and supervision.

Probably part of the role – as a closed community they are more closely supervised anyway. Not such an issue as in the NHS. Discussion re role of HTT in monitoring records of HTs in the settings. Is there a place for standardised records and processes for this? BP “volunteered” to draft a record sheet to collate anonymous numerical data re referrals from HTs.

The HTT role.

- Very responsible role
- Delivery of training to HTs (does this include planning and designing teaching?)
- Teaching/supervision/training skills
- Collate information/figures/statistics
- Monitoring activities
- Assessing HT
- Support/nurturing/mentoring of HTs
- Qualifications (reskilling/updating/CPD) ? HP Foundation Course, 7407 training.
- Accountability (two-way process)
- Part of recruitment process (+ healthcare, + security, + in house)
- MD approach to recruitment of HTT

Qualifications/skills

- Good listener
- Motivated/interested
- Working knowledge of offender setting
- Networks/contacts
- Knowledge of behaviour change
- Develop outcomes for HTT, map against person spec.

Action plan

Each setting to modify existing job description in light of their own setting.

All groups to develop outline teaching sessions (aim, learning outcomes, lesson plan, teaching approaches, key resources) and send to JW by 16.05.06.

JW & IR to collate all teaching plans and standardise format for 05.06.06.

Assessment elements to be formatted at a later date (in groups).

Map competencies against four stages.

Interpret wording in competences into more user-friendly format.

Design (and pilot) data collection sheet for HTs to use to demonstrate their referrals (for impact assessment).

Appendix 2 – Example of a Prison-Based Health Trainer Job Description and Person Specification

Job Description

Post Title	Health Trainer
Grade	
Department	<i>Establishment name</i>
Base	Prison Service
Reports to	PE Senior Officer
Responsible to	Head of Learning and Skills
Accountable to	Head of Learning and Skills
Statement of job purpose	To improve the health of individuals in <i>establishment name</i>
Job Summary	<p>To improve the health of individuals in <i>establishment name</i> through:</p> <ul style="list-style-type: none"> • Engaging with individuals from target groups (as agreed with manager); • Supporting individuals in learning how to make better health choices and supporting them in initiating and sustaining appropriate behavioural changes; • Helping people to find and use the right services; • Recording and reporting activity and results; • Identifying and informing manager about people you are worried about
Main Responsibilities	<ul style="list-style-type: none"> • Advise on healthy living options and behaviours for individuals in their context • Help individuals to develop an ‘action plan’ to change behaviour and sustain those behaviours, leading to more healthy choices and actions • Support individual’s ‘action plan’ over time through practical help • Review and revise ‘action plans’ with individuals as appropriate • Help individuals to access local services • Keep records and monitor progress • Keep in touch with individuals as they are working on changes • Report concerns about individuals and those who’s needs cannot be met by Health Trainers to managers as appropriate <p>Work with others/teams</p> <ul style="list-style-type: none"> • Develop communications with your own and other linked teams • Understand the nature of, and engage with the local community • Work with existing groups to receive referrals from and engage with individuals with health issues

	<p>General</p> <ul style="list-style-type: none"> • Report to Line Manager on your work • Manage own time and resources • Prioritise workload in liaison with manager • Participate in appraisal and learning activities • Understand and apply H&S requirements relating to self and clients
<p>General Areas</p>	<p>Confidentiality and Data Protection All staff which have access to personal data in relation to patients or staff will be aware of their responsibilities under the Data Protection Act 1998 and will abide by the eight principles of that Act. Any breach of the Act could result in disciplinary action being taken and criminal charges being brought against the individual who has breached the act.</p> <p>Health and Safety All staff have a responsibility for the health, safety and welfare of themselves and others who may be affected by their acts or omissions. Staff will attend an annual update on health and safety at work and other issues relating to their safety. All incidents at work must be reported.</p> <p>Policies and Procedures All staff will familiarise themselves with tPCT policies, procedures and protocols relating to their service and work within the guidelines at all times.</p> <p>To be familiar with, actively promote and work within the spirit of the tPCT's Equal Opportunities policy at all times.</p> <p>Clinical Governance To actively contribute towards the organisation's clinical governance systems, taking responsibility as appropriate for quality standards and work towards the continuous improvement in clinical and service quality.</p> <p>Job Design and Review This job description may be subject to change in the future. Any proposed changes will normally be discussed fully with the post holder and confirmed via the issue of an updated job description.</p> <p>Diversity All staff through personal example, open commitment and clear action, should ensure diversity is positively valued, resulting in equal access and treatment in employment, service delivery and external communications.</p> <p>Smoking The Trust operates a no smoking policy.</p>

Person Specification

POST: Health Trainer

GRADE:

JOB REQUIREMENTS We will select people who have the following skills or experience and we may ask you to tell us about these at the interview. When you fill in your application form you can use examples to show us that you have the relevant skills and experience. Examples can be from past jobs or from activities in your life such as organising a wedding or a birthday party, because if you can do those things you will have the same skills that it takes to organise a meeting	Essential/ Desirable	How Tested	Weighting
Qualifications and Training <ul style="list-style-type: none"> • No formal qualifications are needed but willing to be trained as a Health Trainer • Effective knowledge/understanding of English Language • One or more language that is used by the population within the prison setting 	E E D	A/I A A	
Experience <ul style="list-style-type: none"> • Experience of working with local community groups in some capacity • Knowledge of the prison population • Knowledge about the broad health and health services needs of the local community within the prison • Knowledge of the services provided within the prison setting and how to support individuals to use them • Knowledge of the behaviour change methods • Know your own limits of skills, competencies and responsibilities and work within them 	E E D D D D	A/I I I I I I	
Skills, Knowledge and Abilities <ul style="list-style-type: none"> • Ability to effectively communicate face to face • Effective interpersonal/listening skills • Ability to remain non-judgemental and be supportive of individuals in difficult situations • Appreciation of the importance of confidentiality • Ability to find information in order to help individuals or alternatively refer them to others who can offer them support • Willing to work within the prison environment 	E E E E E E	I I I I I A	

How tested:

A = Application form P = Presentation
I = Interview O = Other
T = Test

Weighting:

H = High
M = Medium
L = Low

Appendix 3 – Health Trainer Case Studies

The researchers asked two of the individuals trained as Health Trainers in this pilot to write a page to explain what becoming a Health Trainer has meant to them. This produced the following two case studies:

Case Study One (Probation Site)

I started my job as a Health Trainer in January and since then I have gone through intensive training, and been on courses that have included sexual health, mental health and diet. We have had meetings with Probation Officers, including managers, taken part in role play and been to many open days and seminars.

For me, the role of Health Trainer has changed me in many ways. For example, a friend who I hadn't seen for over a year mentioned to me that he thought I was a lot more 'focused' and said that I had an aim in my life! This is how much I've changed. I feel I am a lot more 'calmer' and a lot more easier to talk to. I certainly listen to people a lot more.

One of the things I enjoyed as a Health Trainer was networking the different agencies in our community. In doing this I've met all sorts of people who have taken time out to explain what they do. It's really opened my mind about all the different ways people help other people in need in our community.

I've now started seeing offenders and it's gone really well. The response has been positive and I've worked alongside some Probation Officers. When you get people the help they need and it works out well for them you really have a sense of achievement and we all really feel that we have made a difference to some people's lives. This has made us feel that we have really done something with our lives and other peoples.

Case Study Two (Prison Site)

I wanted to have a better understanding of health, to utilise my passion for health related topics, and to fulfil my desire to help my peers, so having completed a course in January, I began a voluntary function as an active Health Trainer.

As a Health Trainer, positive team dynamics has been essential. This I have developed as a member of the Health Trainer team. We support each other, share ideas and help each other, by acting as one voice. I have reinforced my own sense of good work ethic and time management, as well as strengthening the value of supporting others and the benefits of exercising patience. Around the prison, relationships have developed between the groups we signpost to, other prison departments, staff and prisoners. It is fantastic to be part of a scheme that spreads a good message.

Being a Health Trainer has helped me with addressing personal offending behaviour work targets and, by achieving an accredited qualification, not only do I feel a valued and useful member of the prison community, the transferable skills will aid me in securing work in the community as paid employment so that I can lead a useful and purposeful life on release. As a long serving prisoner, I can not over-emphasize how important this latter point means to me.

The Health Trainer role has given me so much. I am carrying out a task that is fulfilling, purposeful and worthwhile. A two-way beneficial partnership flows between the Health Trainer and the client, as confidence and self-esteem is increased, as well as improved communication. It is a privilege to focus on the client, assisting peers to realise an improvement in their own lives.