An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.
Health Trainers in the Criminal Justice System in the Southwest

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An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.
Executive Summary

‘Choosing Health’ (2004) gave a commitment that from 2006, NHS Health Trainers would provide advice, motivation and practical support to individuals in their local communities with the aim of addressing: Health-related lifestyle issues; access to services, particularly for disadvantaged communities; health inequalities; getting people onto the skills escalator and one-to-one behaviour change.

Offenders constitute a deprived and socially excluded group.

“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” (DH 2004: 129)

Twice as many offenders in Wiltshire probation area than the general population report ever having used illicit drugs, and there is an upward trend in reported use rising from 62 % in 2006/07 to 72 % in 2008/09 (Bolam 2008).

A recent Healthcare Commission review identified that at least 40% of young offenders have a diagnosable mental health condition and their health needs are often unmet (CHAI 2006).

By setting personal goals to change behaviours and using learning strategies to achieve these, people can develop a greater sense of control and improve both their health and well being.

The recent strategic review of health inequalities identified the Health Trainer programme as ready and suitable for expansion, with the potential to reach new settings and different age groups. This supports delivery of the Health Trainer service into offender settings.

Health Trainer services in an offender setting can impact on no less than four of the ‘resettlement pathways’ in the National Offender Management Service (NOMS) National Reducing Reoffending Action Plan (reference). These include:

- Skills and employment
- Health
- Drugs and alcohol
- Attitudes, thinking and behaviour.

Health Trainer services in offender settings can also contribute to 5 Public Service Agreements (PSAs) and 15 National Indicators (NIs).

Across the Southwest there are a number of settings where access to offenders and opportunities for health improvement can be achieved. These settings include 46 Police custody Units, 39 Criminal Courts, 34 Probation Offices, 9 Probation Approved Premises and 14 Prisons.

There are a number of Health Trainer Projects supported by PCTs, Community Safety Partnerships and NOMS that are engaging with offenders. However, their implementation is not consistent across the Southwest.

At the point of arrest an individual is taken into Police Custody with approximately 78% of individuals released either with a fixed penalty notice or without any further action; a small
Health Trainers in the Criminal Justice System in the Southwest

A proportion of individuals are not registered with a GP but many more will not have engaged with Primary Care for a considerable time. Approximately 22% of individuals seen at the point of arrest at Police Custody are charged and remanded in custody or on bail. Approximately 30% of offenders who are convicted will be awarded a custodial sentence and approximately 60% of offenders a sentence plan supervised by probation.

A journey approach has been taken to identify the opportunities for intervention in this socially excluded group as they progress through the criminal justice system. **An offender should have the opportunity to improve their health and well being through access to a Health Trainer at every corner of their journey through the criminal justice system.**

**Recommendations**

All areas in the Southwest should offer a model of engagement with offenders at key points on their journey through the Criminal Justice System either through Health Trainer Services or another appropriate community health engagement model.

**Recommendation 1**: Health care commissioners should offer a service that engages with those arrested and subsequently released at an early opportunity through the introduction of a health champion.

**Recommendation 2**: Health care commissioners, working with prison partnership boards, should engage with offenders in remand settings through the access to Health Trainers with a robust referral process.

**Recommendation 3**: Health care commissioners should take opportunity to engage with the non-sentence non-probation population by enabling access to a health champion at discharge from the courts.

**Recommendation 4**: Health care commissioners and prison partnership boards should develop a prison based Health Trainer service. Prison Governors should encourage the development of a Health Trainer service through the incorporation of service coordination in PE manager posts. Health care commissioners should provide a commitment to support the sustainability of a Health Trainer service within prison.

**Recommendation 5**: Health care commissioners should work in partnership with Probation Trust teams in developing a Health Trainer model using ex-offenders to engage with offenders in improving their health and well being and give opportunity to already qualified Health Trainers after completion of their community order to work as Health Trainers.

**Outcomes**

Outcomes linked to the successful implementation of a comprehensive Health Trainer service in the criminal justice system would see the Southwest have by 2020:-

- The highest proportion of offenders in England that are in education employment or training following completion of their resettlement pathway
- A reduction in reoffending rate
- 10% of those taken to a Police custody suite have been referred to a Health Trainer
- 15% of offenders in custodial settings a personal health plan with a Health Trainer
- 15% of offenders have a personal health plan with a Health Trainer whilst on Community Orders supervised by Probation

**An offender should have the opportunity to improve their health and well being through access to a Health Trainer at every corner of their journey through the criminal justice system.**
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- A 10% increase in smoking quitters in prisons
- 40% of those engaged with a Health Trainer have achieved their personal health plan

A Health Trainer implementation plan (Appendix 1) has been developed in collaboration between the Prison Service and the Department of Health “Implementing the Health Trainer Service for Offenders in Prison and Wider Community Settings – A Resource Guide”.

Cases studies for prison and probation Health Trainer settings in the Southwest are at Appendix 2.
Health Trainers
The Choosing Health White Paper (DH 2004) identified the need for greater focus on preventative services, fairer access to health information, resources and care, and greater emphasis on healthier lifestyles, particularly amongst disadvantaged groups.

Behaviours are a major cause of ill-health and premature death. By setting personal goals to change behaviours and use learning strategies to achieve these, people can develop a greater sense of control and improve both their health and well being.

‘Choosing Health’ (2004) gave a commitment that from 2006, NHS Health Trainers would provide advice, motivation and practical support to individuals in their local communities with the aim of addressing:
- Health-related lifestyle issues
- Universal access to services, particularly for disadvantaged communities who, in the past, have often not made appropriate use of them
- Health inequalities
- Getting people onto the skills escalator
- One-to-one behaviour change.

Whilst the Health Trainer programme specifically targets lifestyle issues, it is also addressing some of the wider determinants of ill health, eg. worklessness and lack of educational attainment. Policy, strategy, planning and delivery of the Health Trainers programme involves the Public Health Minister, NHS, local authorities, other Government departments (Department for Work & Pensions, the Department for Communities and Local Government, the Department for Innovation, Universities and Skills, the Ministry of Justice, the Ministry of Defence, the Department for Culture Media and Sports and the Department for Children Schools and Families) and third party organisations.

Recent evidence shows that the National Health Trainer programme is working (Marmott 2010). Around half of clients are drawn from the most deprived 20% of communities, and over two thirds fall into one or more deprivation indicators. The programme aims to recruit Health Trainers from the ‘hard to reach’ groups with whom they work and 51% of Health Trainers are drawn from one or more target groups. Furthermore, based on client data input into the national Data Collection and Reporting System (DCRS), in the last year, 36% of clients achieved or part achieved Personal Health Plans. In terms of health promotion, this is a huge success.

Broadly, the aims of Health Trainer services are to:
- Build the workforce with the right skills to tackle health inequalities
- Work with individuals to carry out an initial health assessment, leading to the development of a personal health plan
- Provide one-to-one support to enable individuals to achieve a positive impact on their health by making changes in their behaviour
- Target individuals whose lifestyles carry a number of risks
- Help individuals to access and use local health services and personal health support

Individual’s behaviour change might be in relation to eating, physical activity, smoking, use of drugs and alcohol, sexual activity, mental health and well being or risk taking / personal safety. The wider determinants of health such as housing, income or education would be supported by the worker him/herself, others in the workers agency (smoking cessation services, psychology services), workers in other agencies (eg voluntary sector) or significant others.

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Key facts
- National occupational standards (competences) have been developed
- An exemplar job description has been developed for tailoring by local partnerships
- Two specific roles have been developed within Health Trainer services: Health Trainers, who provide one-to-one support for behaviour change, and Health Trainer Champions, who provide information and signposting only
- Two national awards have been developed: the Royal Society for Public Health (formerly Royal Institute of Public Health) Understanding Health Improvement award, which is at Level 2 and provides recognition for Health Trainer Champions, and the City & Guilds Certificate for Health Trainers, which is at Level 3 of the national Qualifications and Credit Framework.
- Within the NHS pay scheme Agenda for Change, pay banding has been agreed at band 3
- Pay in Prison should reflect the responsibility the Health Trainer has compared with other work.

Health needs of offenders

Research on the prison population shows that prisoners constitute a deprived and socially excluded group. In 2004, a Government white paper called Choosing Health: Making Healthy Choices Easier was released.

“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” (DH 2004: 129)

There is a substantial over-representation of people in contact with the criminal justice system whose life expectancy is reduced because of accidental death and major diseases including coronary artery disease, lung cancer, chronic liver disease, substance misuse and suicide associated with enduring mental health issues. This group of people is also associated with higher levels of risky behaviour such as injecting drugs, sharing paraphernalia, smoking, excess alcohol consumption and unprotected sex.

The Prison population contains a growing number of older (55+) prisoners (Ropschitz 2008) and disabled prisoners. These factors, in combination with low expectations about the quality of their life and problems experienced in gaining access to adequate health and social care services, results in significantly reduced physical and mental health.

Prison health
Offenders in the UK constitute a deprived and marginalised group (DH 2009). In prison:
- 90% of all prisoners have a diagnosable mental health problem, substance misuse problem or both
- More than 80% of prisoners smoke
- Dental health in prisoners is poorer than the general population
- 50% have poor reading skills, 80% have poor writing skills and 67% have poor numeracy skills
- Before sentencing 58% of prisoners will have been unemployed and 47% are in debt at the time of sentencing; this general pattern is reflected for those on Probation.
- 20% of women in a custodial setting ask to see the nurse or doctor each day.

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Highlights from a health needs assessment in HMP Bristol (Kipping & Scott 2008) identify that the areas of greatest health needs were dental care, mental health and substance misuse. Approximately 28% of prisoners are seen by the substance misuse team and between 13-15% receive medication for substance misuse. The mental health team is limited in size so is only able to treat prisoners with high levels of need which leaves many prisoners who would benefit, without additional support. The provision of dental care needs further consideration; it is the one service with long waiting times.

Data collected from HMP Channings Wood and Dartmoor (Richards 2008) suggests that a considerably higher number of prisoners were on the heart disease register compared with expected numbers. At HMP Channings Wood the heart disease register includes prisoners with hypertension, high cholesterol and heart-related problems and is therefore not comparable with the expected number with ischaemic heart disease. There are increasing numbers of older offenders in the Devon cluster of Prisons (55+) who bring with them challenges in maintaining and improving health in older age.

- A large number of prisoners in the Devon cluster prisons are unable to benefit from mental health care. It is expected that between the three prisons 138 prisoners will have experienced a psychotic episode within the last year, 801 will have had a neurotic disorder with symptoms experienced in the last week and 1207 will have a personality disorder

- A recent drug needs analysis, carried out only at HMP Exeter, surveyed all prisoners to assess, amongst other questions, type of drugs used. The survey was completed by 227 offenders. 225 (99.1%) stated that they used an illegal substance. More than half of survey respondents reported using heroin, cocaine, LSD, crack, ecstasy amphetamines or cannabis. Heroin, followed by cannabis, were the two drugs that prisoners felt most dependent on; with 102 (45%) admitting to being dependent on an illegal substance.

The Age Concern Older Offender Project identified concerns about the lack of exercise raised by offenders at HMP Channings Wood (Ropschitz 2008).

‘There is a lack of direction to do exercise, ‘officers who have been walking around all day stand with a cup of tea shivering and watch as prisoners exercise, they try to get you in a.s.a.p, at the first sign of rain or too much fog they call you in.’

Health of Offenders on Community Orders supervised by Probation (Wiltshire)

Twice as many offenders in Wiltshire probation area than the general population report ever having used illicit drugs, and there is an upward trend in reported use rising from 62 % in 2006/07 to 72 % in 2008/09 (Bolam 2008). The proportions of offenders assessed as having current severe or moderate alcohol misuse problems were 18 and 28 % respectively. These proportions increased progressively when considering usage in the last six months and in the past more generally.

From 2006/07 to 2008/09, the proportion of offenders starting sentences among whom alcohol misuse was linked to offending behaviour rose from 54 to 57 per cent, with similar trends observed regarding alcohol-related harm and violent behaviours.
Between 2006/07 and 2008/09, the proportion of offenders starting sentences were assessed:

- as having current moderate or severe psychological problems increased from 30 to 34 per cent;
- at risk of self harm increased from 14 to 18 per cent, and
- at risk of suicide increased from 18 to 25 per cent.

Of offenders starting sentences in 2008/09:

- 36 % had self-harmed, attempted suicide or had suicidal thoughts and feelings at any time in their life;
- 20 % had received medication for psychiatric problems in the past, ten per cent had a verifiable history of psychiatric treatment as a patient in hospital or the general community, and seven per cent were currently receiving or had psychiatric treatment pending, and
- 2% had failed to comply with psychiatric treatment, with the same percentage having evidence of being an in-patient in a Special Hospital or Regional Secure Unit during their lifetime.

- The proportion of offenders starting sentences assessed as having physical or mental health issues that needed to be taken into account in the management of their offending increased from 32 % in 2006/07 to 37 % in 2008/09.
- Between 11 and 12 % of all offender absences from probation services appointments were made on medical grounds.
- 53 % of offenders starting sentences during 2008/09 were assessed as having moderate or severe problems coping with everyday life.
- Social isolation and negative or unrealistic attitudes towards self were the most commonly reported problems in the emotional wellbeing of offenders starting sentences, with 31 and 37% assessed as having moderate to severe problems in the domains, respectively, during 2008/09.
- Among offenders starting sentences during 2008/09, 26 and 33 % were assessed as having problems in emotional wellbeing linked to risk of harm and offending behaviour, respectively.
- 2% of offenders starting sentences during 2008/09 had a history of severe head injuries, fits or periods of unconsciousness in their lifetime.

In nearly half (45%) of all violent incidents, victims believed offenders to be under the influence of alcohol. This figure rose (58%) in cases of attacks by unknown assailants and 37% of all domestic violence is alcohol related. In nearly 1 million violent attacks 2007/08 the aggressors were believed to be drunk (British Crime Survey, 2007/08).

People with a learning disability

Until recently the prevalence of people with a learning disabilities in Criminal Justice settings was relatively unknown and the data that was available was often difficult to apply due to the terminology or methodology used. The Prison Reform trust have reviewed the available evidence (Loucks 2007) and presented the following prevalence rates:

- 20-30% of prisoners have learning disabilities or difficulties that affect their ability to cope in prison.
- 7% of all prisoners have an IQ below 70
- A further 25% have an IQ between 70 and 80
- 23% of young people in a Young Offenders Institute have an IQ below 70
- Up to 9% of people with arrested have an IQ below 70

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Health Trainers in the Criminal Justice System in the Southwest

- 26% of people known to Community Learning Disability Teams show risky behaviour that could be considered an offence.

Currently there is no routinely available method for identifying people with learning disabilities in Criminal Justice settings and information relating to this is not consistently recorded or shared (SWOHT 2009). Learning disability is largely a hidden disability, which is harder to recognise the less severe the disability is. People with significant disabilities often learn ways to mask their needs and may not want to disclose their needs to others.

Young offenders
A Healthcare Commission review identified that at least 40% of young offenders have a diagnosable mental health condition and their health needs are often unmet (CHAI 2006).

Behavioural disorders, substance misuse and medical problems are common within this group and health outcomes are often compromised. The Healthcare Commission review of healthcare in the community for young offenders found significant gaps in the way that health providers address the health needs of this population.

The health needs of Young Offenders differ substantially from those of the general population but are similar to those of other vulnerable young people such as looked-after children, teenagers leaving care and homeless young people. It would be reasonable to assume Young Offenders need for targeted, appropriate health promotion would be similar to adolescents generally, but that the mode of delivery of public health messages and interventions needs to be very different. Peer delivery for example should be considered, and delivery through mentorship could be workable (Mentor 2008).

Health Trainer services within the offender setting

The recent strategic review of health inequalities (Marmott 2009) identified the Health Trainer programme as ready and suitable for expansion, with the potential to reach new settings and different age groups. This supports delivery of the Health Trainer service into offender settings. Offender Health, a partnership between the Department of Health and the Ministry of Justice, welcomed the publication of the White Paper.

Offenders are at greater than average risk of poor health and many are drawn from disadvantaged communities. A range of health issues face the prison population and Health Trainers are ideally placed to help people address those issues. In addition to addressing key challenges with the prison setting, prison trained Health Trainers will, on release, be able to offer their knowledge, skills and experience to the wider community. This is proving particularly effective in the Probation Service.

Health Trainer services in an offender setting can impact on no less than four of the ‘resettlement pathways’ in the NOMS National Reducing Reoffending Action Plan (Home Office 2004). These include:
- Skills and employment
- Health
- Drugs and alcohol
- Attitudes, thinking and behaviour.

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The Social Exclusion Unit (2002) lists mental and physical health as key influences on reoffending and the National Offender Management Service's (NOMS's) National Reducing Reoffending Action Plan (2004) names improving health as one of the pathways out of reoffending. In his speech to the Centre for Crime Reduction (2010), the Rt Hon Kenneth Clarke, Justice Secretary, announced intentions for a rehabilitation revolution.

"we must take action and shut off the revolving door of crime and reoffending." and “rigorously enforce community sentences that get people off drugs and alcohol and into employment”.

By providing offenders with the knowledge, skills and support needed to lead healthier lifestyles, Health Trainers can both encourage offenders to improve their health and help to reduce reoffending. Other positive aspects of training prisoners to be Health Trainers are developing transferable skills to improve employment opportunities by gaining a qualification, improved confidence and self esteem and a personal understanding and motivation to improve personal health and lifestyles.

The Government has focussed more closely on alcohol misuse as a factor in offending behaviour. By aligning the NOMS with the DH alcohol strategy the acute problems around alcohol can be tackled more effectively. A number of projects across the UK have extended skills in identification and brief advice for alcohol misuse for Health Trainers in custodial and probation settings (Alcohol Learning Centre 2009).

The role of Health Trainers can reduce inequalities by informing, empowering and supporting people from disadvantaged backgrounds. This follows the sentiments of the NHS 5 year plan (2009) which sets out constitutional rights for patients and heralds a new drive towards more preventative and people centred services.

An Impact Assessment by Brooker and Sirdifield (2007) has shown that introducing Health Trainers into prison/probation settings provides offenders with a further source of support for addressing their health problems, and has a number of advantages for the individuals trained as Health Trainers, their clients and the wider establishment. These findings are briefly summarised below:

**Advantages for prisoners/ex-offenders on probation being trained as Health Trainers**
- Survey results show that prisoners attending the course report improvements in their level of knowledge of a variety of health issues (with the largest increases of knowledge being shown in relation to mental health); and are confident that they know how to improve their health and the health of others. This was also reflected in comments made in focus groups with trainee Health Trainers in both prison and probation sites.
- Individuals attending the course gain the ability to assess an individual’s readiness and ability to change, and motivate them to change
- Trainees state that they are given an incentive to lead a healthy lifestyle themselves
- Tutors and key figures within establishments state that attending the course produces improvements in individuals’ confidence, self-esteem and self-worth
- The training improves individuals' communication and teamwork skills
- The role provides purposeful activity for prisoners
- Resettlement – the qualification, skills and knowledge gained on the course can be used by prisoners on release, and can be used by Health Trainers in probation settings as the first step towards a health-related career.

**Advantages for Health Trainer clients**
Health Trainers in the Criminal Justice System in the Southwest

• Health Trainers encourage vulnerable and/or disengaged prisoners to access services that they would not previously have accessed such as the PE activities and education.
• In time, data should be available to show that Health Trainers are also encouraging offenders on probation to access health services in their area
• Prisoners are receiving peer-support, which is arguably more effective than staff support.
• Prisoners realise that there are people within the prison who are concerned about their health and will support them to try to lead a healthier lifestyle.
• Pilot programmes (Sirdfield et al 2007) have demonstrated an increase in the number of prisoners showing an interest in smoking cessation and healthy eating and referrals being made to a variety of services.
• Prisoners may continue ‘healthy lifestyle changes’ on release from prison

Advantages for the wider establishment

• Introducing Health Trainers may help to expand the range of health services on offer in the establishment and change the focus of the prison gym to being a centre for health improvement
• Training Health Trainers promotes closer working between PCT and prison staff
• Long-term Health Trainers may have a positive impact on performance indicators e.g. reduction in positive screening to drugs tests/engaging in purposeful activity/work skills
• Key figures in establishments state that introducing Health Trainers can contribute to the Reducing Reoffending Action Plan
• Health Trainers provide an additional resource for Personal Officers to draw upon
• Key figures state that organising appointments with Health Trainers to be directly before appointments with Probation Staff might improve compliance with probation orders
• Having Health Trainers within the probation team improves staff awareness of health issues and services that are available in the local area
• Long-term, Health Trainers may aid in highlighting potential mental health issues in prisoners/offenders on probation, and behaviour change instigated by Health Trainers (e.g. increases in exercise/healthy eating) may lead to improved mental health and well being for some individuals (Sirdifield, 2006). Health Trainers may also be able to help to ensure that their clients are referred onto mental health services if appropriate.
• Health Trainers signpost to services and or support offenders to attend appointments when the health issues are beyond their competencies to help ensure the correct help and support is reached

Public Service Agreements and National Indicator Targets

The Community Health Trainer Programme applied to offender settings can address a number of Public Service Agreements and contribute to national targets and indicators:

PSA 2  Improve the skills of the population
PSA 16 Increase the proportion of socially excluded adults in settled accommodation, employment, education or training
PSA 18 Promote better health and well being for all
PSA 23 Make communities safer

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PSA 25  Reduce the harm caused by alcohol and drugs

NI 8  Adult participation in sport and active recreation
NI 18  Adult reoffending rates for those under probation supervision
NI 32  Repeat incidents of domestic violence
NI 38  Drug (class A) offending rate
NI 39  Rate of hospital admissions per 100,000 for alcohol related harm
NI 40  Number of drug users recorded as being in effective treatment
NI 119  Self-reported measure of people’s overall health and wellbeing
NI 120  All age, all cause mortality rate
NI 121  Mortality rate from all circulatory diseases at ages under 75
NI 122  Mortality rate from all cancers at ages under 75
NI 123  16+ current smoking rate prevalence
NI 137  Healthy life expectancy at age 65
NI 143  Offenders under probation supervision living in settled or suitable accommodation at the end of their order or licence
NI 144  Offenders under probation supervision in employment at the end of their order or licence
NI 163  Working age population qualified to at least Level 2 or higher
NI 164  Working age population qualified to at least Level 3 or higher

Offender settings in the Southwest
Within the Southwest there are six Criminal Justice Boards with 46 Community Safety Partnerships supported by 14 PCTs, an active Offender Health Board and the Southwest Health Trainer Partnership. Across the Southwest there are a number of settings where access to offenders and opportunities for individuals to conduct a health self assessment result in important outcomes such as effective engagement with primary care and achievement of personal health plans. These settings include 46 Police custody Units, 39 Criminal Courts, 34 Probation Offices, 9 Probation Approved Premises and 14 Prisons.

Current Health Trainer projects in the Southwest
There are a number of Health Trainer Projects supported by PCTs, Crime and Disorder Reduction Partnerships, latterly Community Safety Partnerships and NOMS that are engaging with offenders in health improving ways. However, their implementation is not consistent across the Southwest.

Erlestoke Prison
Earlestoke Prison has completed its second wave of recruitment and training of Health Trainers from the offender population and is strongly supported by the PCT and Prison Governor. The service is managed internally by the PE Officer who now has this function within their job description and externally through the Health Trainer Coordinator at NHS Wiltshire. The Prison is committed through Prison Service Orders on Physical Education and the Good Practice Guide from the National Audit Office on Promoting Healthier Lifestyles for Prisoners. Health Trainer training sits within training and education. The Health Trainers promote their service through opportunities at induction, notice boards, staff meetings, health fairs and a referral process through

An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.
the staff; Health Care refer most prisoners. The PCT is working much more closely with the PE department in developing what is offered to help improve fitness. The Health Trainers received ‘walk your way to prison health’ training and set up walks to support unfit and older prisoners. The service has impacted on the range of exercise initiatives available to offenders, a reduction in smoking habits and a reduction in the number of offenders over weight. Additional benefits include prisoners engaging in literacy and numeracy level 1 and 2 courses.

‘Health Training is important to me because it has taught me how to take care and look after my own health. I can use my knowledge on my release to help my family and guide my children to lead a much healthier lifestyle.’ (Health Trainer)

‘I can use all the skills from the course in many ways, by providing the knowledge to those who require and ask for it, in my everyday life when making decisions and in other lines of work that I undertake.’ (Health Trainer)

‘The Health Trainers at Erlestoke are making a difference to the way that prisoners here live their lives. They are a motivated and motivating bunch of guys who are ensuring that a healthier lifestyle can be achieved. Prisons can be difficult environments to improve lifestyle but I have seen a marked improvement in the way that the men at Erlestoke are taking their health seriously. This has not been the result of accident but by hard work and planning from a number of prisoners, staff and outside agencies that are making Erlestoke healthier.’ Andy Rogers, Erlestoke Governor

‘Making life changes can be tough for all of us. The Health Trainer model has been specifically designed to engage with people who choose to improve their health. Health Trainers motivate these people to get these changes in place for the rest of their life. I’m delighted that we are supporting the programme in the criminal justice system as this means Health Trainers are really reducing health inequalities.’ Maggie Rae, Joint Director of Public Health NHS Wiltshire & Wiltshire Council

HMP Channings Wood, Exeter and Dartmoor
A Health Champion model is supported through Age Concern and piloted across the Devon Prison Cluster. The Age Concern Older Offender Project (ACOOP) is engaged with the prison over 50’s committee and offer drop-in sessions to engage with other offenders and offer support for improved diet and activity levels. Initiatives such as pedometer training are highly successful.

Health Trainers within the prison setting give opportunity for 1:1 planning to support health and lifestyle behaviour change and have been identified as effective where signposting to services is limited.

Dorset Probation Trust
Dorset Probation Trust manages two Probation Approved Premises, Weymouth and Bournemouth which provide beds for 44 individuals. Four Health Trainers and four Health Trainer champions have been recruited to provide health and well being support to all offenders resident in Probation Approved Premises within Dorset. Each trainer will be assigned a line manager (the manager of the approved premises) and an offending manager mentor who provides ongoing mentoring and operational support at regular intervals. Having assumed full duties, Health Trainers will receive referrals from supervising officers to provide peer-to-peer support in the context of health and well being on an individual basis. The Health Trainers are not currently seeing clients whilst agreements are being signed off for the referral process and Health Trainer supervision and meeting with all offender manager teams to ensure they understand fully the role of the Health

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Trainer and the referral and reporting pathway. They have started their City and Guilds qualification and assessment process. In addition the Health Trainers will receive training in Identification and brief intervention for alcohol awareness (IBA). This will prove to be vital as nearly 40% of offenders enter the criminal justice system due to behaviour linked to alcohol.

Gloucestershire Health Trainer Programme and Probation Approved Premises

Gloucestershire Probation Trust and the Primary Care Trust (PCT) have good working arrangements through the local partnerships including the Local Area Agreement, the Safer and Stronger Communities Partnership and the Community Safety Partnership. As part of GPT, Ryecroft Approved Premises (16 bed all male hostel) in Gloucester has a specific aim to work with the resident offenders to:

- Develop constructive lifestyle plans to help them move on and stay free of offending
- Draw up individual treatment programmes
- Help with rehabilitation plans and
- Ensure awareness of the effects of their crime on the wider community.

These aims fit well with the Health Trainer concept - to equip local people with the skills, knowledge and competencies to turn support from others to in turn support others from the community to improve their health and reduce health inequalities.

The Health Trainer identified to work in Ryecroft Approved Premises, has completed the Level 3 City and Guilds Health Trainer qualification and the Health Trainer Programme was launched at the beginning of February 2010.

‘When I was approached about the Community Health Trainer role at Ryecroft I was immediately interested as it would involve working in an environment with offenders which I understood. I felt I could offer the residents the benefit of my experience and empathise with their situation.’ Health Trainer at Ryecroft

New Programmes

Three new programmes have been approved in July 2010 to implement health trainers in other parts of the criminal justice system in the Southwest as a result of Regional Competition. These are:-

Gloucestershire - To employ a female Health Trainer to work at the ISIS Women’s Centre in Gloucester with women offenders and those at risk of offending.

Torbay - To set up Health Trainers for offenders on community supervision and payback orders in Torbay, training two probation officers to deliver RSPH level 2 to all on supervision.

Wiltshire - To develop the Health Trainer service within Wiltshire Probation Trust.

The expectation is that these, along with current health trainer projects will be rigorously evaluated and their results published in a peer review journal.

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Southwest Health Trainer Strategy for the Criminal Justice System

The offender population is subject to movement across and often outside the Southwest as a result of availability of appropriate accommodation and the sentence planning process. In order to offer a successful matrix of support and contribute not only to the reducing reoffending agenda but improving the health of offenders, a coordinated approach to the development of a Health Trainer service throughout the criminal justice system across the southwest is required.

There is now opportunity to build upon the initial developments where Health Trainer initiatives are making a difference to the health of offenders and contributing to reducing reoffending. The aim is to share the valuable learning that has taken place, supported by the Southwest Health Trainer Partnership and Offender Health Board and to take this forward to offer a comprehensive service to all offenders in the Southwest. This will require a commitment from Police, Prisons, Probation, PCTs, Community Safety Partnerships, NOMS and Offender Health.

A journey approach has been taken to identify the opportunities for intervention in this socially excluded group as they progress through the criminal justice system (Figure 1). This identifies not only the opportunity for an offender to improve their health but the opportunities for the service to identify potential Health Trainers and champions.

Referrals to Health Trainers could be included in the sentence plan for each offender which will incorporate those in Custody and serving a Community Sentence. Those released from custody on a licence would then have a record of engagement that would go with them and information would be easily accessed by Probation. If an offender agrees that they want to engage with a Health Trainer then these appointments could be made as part of the sentence plan and identified as a health and well being intervention within the community, making them specified appointments.

Strategic Aim: An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.

Recommendation: All areas in the Southwest should offer a model of engagement with offenders at key points on their journey through the Criminal Justice System either through Health Trainer Services or another appropriate community engagement model.

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Policy Custody Suite
At the point of arrest an individual is taken into Police Custody and a risk assessment is carried out by the custody sergeant. Between 30 and 50% of offenders have an initial health assessment to determine fitness to be interviewed and fitness to be detained is conducted by privately contracted nurses or a Forensic Medical Examiner. However, this has very little mental health input. Approximately 78% of individuals are not charged and released with a caution and possible fixed penalty notice. Evidence shows that there are a number of repeat offenders known to custody suites who are regular customers. Although a small number may not be registered with a GP, a higher proportion have not engaged with primary care services for some time. Devon and Cornwall Constabulary, for example, have seven designated units with an annual turnover of approximately 55,000 people. Approximately 27,000 medical examinations are conducted each year. There is an opportunity for the offender to complete an initial health self-assessment at this point with referral to a Health Champion to be collected for further intervention.

Recommendation 1: Health care commissioners should offer a service that engages with those arrested and subsequently released at an early opportunity through the introduction of a health champion.

Remand
Approximately 22% of individuals seen at the point of arrest at Police Custody are charged and remanded in custody or on bail. Many of the prisons in the Southwest have a remand facility; there is often a delay in moving through the courts process to facilitate mental health assessments etc. Interaction with Health Trainers at this point could be facilitated by Prison based health trainers at reception or external community based Health Trainers where turnover of offenders does not allow for a sustainable service provision within the prison. An offender’s engagement with Health Trainers at this stage may be taken into consideration as part of the sentence planning process.

Recommendation 2: Health care commissioners, working with prison partnership boards, should engage with offenders in remand settings through the access to Health Trainers with a robust referral process.

Courts
Ministry of Justice records (2008) show that 56% of offenders from Crown Courts and 4% of offenders from Magistrate Courts, who pleaded guilty or who were found guilty, were awarded to immediate custody; and 17% of offenders from Crown Courts and 81% from Magistrate Courts, who pleaded guilty, or who were found guilty, were given a community sentence some of which will include a supervision plan with a Probation team. A smaller percentage were tried and released, described as non-custody non-probation. It is important to engage with this small number of people who may be at risk of reoffending, for whom there is no sentence plan but come from the same socially excluded population with increased health needs. There is opportunity for a health self-assessment to be completed and referral to be picked up by a health champion to enable GP registration if required and signpost Health Trainer or community health services. These referrals could come on release from remand, custody or bail settings or engagement in the community.

Recommendation 3: Health care commissioners should take opportunity to engage with the non-sentence non-probation population by enabling access to a health champion at discharge from the courts.

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Prison
There are 14 prisons in the Southwest, one of which is for female offenders with a total population of approximately 4,500 men and 360 women. Ministry of Justice records (2008) show that 56% of offenders from Crown Courts and 4% of offenders from Magistrate Courts, who pleaded guilty or who were found guilty, were awarded to immediate custody. Many of these offenders will need a period of adjustment before they are able to confront and assess the quality of their health and lifestyle issues. The opportunity to do so will help with their resettlement pathway, opportunities for health improvement and employment both within and outside the prison setting. Health Trainers in a custodial setting can improve employment opportunities by gaining a qualification, improved confidence and self esteem and a personal understanding and motivation to improve personal health and lifestyles. Making prisoners aware of the Health Trainer service will be crucial to its success. New clients to the service can be recruited through the normal induction session for new prisoners, from consultations with health care staff or through contact with the gym. In addition services can be promoted at Health Fairs and other special events organised at the prison. The Health Trainer or Health Champion model chosen would depend upon the category of the Prison. For Category A or B, the risk assessment would not permit work on a one to one basis therefore a signposting route would only be available such as those offered by Health Champions.

Prison Partnership Boards
A National Partnership Agreement (NPA) underpins and complements the local partnership arrangements between NHS PCTs and public sector prisons within the Prison Service (HMPS). Those local arrangements are managed through PCT/Prison Partnership Boards that usually consist of key senior managers from both the PCT and the prison who meet regularly. It is the role of this board to manage the policy and strategy for the delivery of health services to offenders.

A number of Health Trainer/Health Champion projects are running in custodial settings such as the Health Trainer programme at HMP Erlestoke in Wiltshire and the Age Concern Older Offender Project (ACOOP) at HMP Channings Wood, HMP Dartmoor and HMP Exeter. Programmes in Prison include ‘walk the way to prison health’.

This strategy supports the implementation of qualified Health Trainers taken from the offender population but recognises that on transfer to probation then the requirements for the individual sentence plan take precedence over the opportunities to use those skills developed whilst in Prison. There should be opportunity to utilise these skills and apply for positions once their commitment to the plan is completed.

Recommendation 4: Health care commissioners and prison partnership boards should develop a prison based Health Trainer service. Prison Governors should encourage the development of a Health Trainer service through the incorporation of service coordination in PE manager posts. Health care commissioners should provide a commitment to support the sustainability of a Health Trainer service within prison.

Probation
Ministry of Justice records (2008) show that 17% of offenders from Crown Courts and 81% from Magistrate Courts, who pleaded guilty, or who were found guilty, were given a community sentence some of which will include a supervision plan with a Probation team. For some this does not involve probation input, e.g. fines etc. For those given a community order supervised by Probation, an initial assessment is undertaken. The Offender Assessment System – OASys is a risk based offender management assessment tool, which incorporates some elements of a health assessment but is designed to risk assess the offender as part of their probation plan. OASys

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examines lifestyle and associated behaviour such as drug misuse, alcohol misuse, emotional wellbeing, thinking and behaviour, attitudes and health. It still leaves gaps in terms of helping offenders self assess their health needs, development of personal health plans and engagement with primary care services.

Model of best Practice – Hampshire Probation Area
In 2007 Hampshire Probation Area launched a pilot Health Trainer Initiative with Portsmouth PCT. It started with 4 Health Trainers (all ex offenders) working from Portsmouth probation premises being managed by Hampshire Health Trainer programme manager and offender Health Trainer lead. Since the completion of the initial pilot period in February 2008 the number of Health Trainers working in Hampshire probation area has grown to 13. These Health Trainers continue to be funded by the PCTs but are retained on Hampshire Probation Area Contracts, the management costs of the programme have now been incorporated into the probation service’s financial budget due to the size of the programme, and the level of resource that this requires and additional support offered by mentors within the sites that the Health Trainers are based.

The main health issues at Portsmouth seem to be either centred on mental health (non-psychotic, anxiety/stress/depression) and/or drugs and alcohol; smoking cessation and exercise. Many clients come with multi-health issues, caused by years of self neglect due to living chaotic lifestyles. Many are not registered with a dentist and have not seen one for many years and neither have they been to a doctor. Most never exercise, never eat fruit, live off fast foods and the majority are smokers. In many cases the health issues that clients present with are beyond the remit of health goal setting with a Health Trainer. In these cases the Health Trainer has a vital role in signposting clients on to more appropriate services and supporting them in accessing them.

The role of Health Trainers within Probation Teams has been positively evaluated

“Since the Health Trainers have started they have become in my opinion an invaluable asset to Probation in assisting our aim in reducing offending by addressing criminogenic needs”

“I have used the Health Trainers for most of my offenders for a variety of reasons. To date, I do not have anything negative to comment upon and to the contrary have found their input invaluable, informative and positive.”

The Health Trainers have in partnership with an alcohol support organisation initiated a ‘drop-in centre’. Any offender who wishes to join this self-help group can get advice and support on a range of subjects

There are 34 Probation Offices and 9 Approved Premises in the Southwest serving approximately 4,500 offenders. Current Health Trainer initiatives in probation settings are newly developed in Dorset and Gloucestershire. There is opportunity for employing Health Trainers already qualified in the prison setting once they have achieved their commitment to their sentence plan.

Recommendation 5: Health care commissioners work in partnership with Probation Trust teams in developing a Health Trainer model using ex-offenders to engage with offenders in improving their health and well being and give opportunity to already qualified Health Trainers after completion of their community order to work as Health Trainers.

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Implementation

A Health Trainer implementation plan has been developed in collaboration between the Prison Service and the Department of Health “Implementing the Health Trainer Service for Offenders in Prison and Wider Community Settings – A Resource Guide”.

This guide is intended to act as an aid for Healthcare commissioners, Prisons or Probation services, wanting to establish offenders as Health Trainers in specific offender settings. It offers information and practical guidance on getting started, together with some context in relation to the Offender Health agenda. Some Health Trainer services work with a range of communities, including offenders. This guide is not specifically focused on such services.

This guide gives links to download the competencies for Health Trainers, the Health Trainer Handbook, and Understanding Health Improvement for Health Trainers in Prisons and the Wider Community. It works thorough issues such as Health Trainer training, recruitment from the offender population and the Data Collection and Reporting System.

A copy of the Implementation Guide can be found at Appendix One

Health Trainer selection and development.

The selection of Health Trainers from the offender population has been identified by nationally accepted criteria and can be seen in “Implementing the Health Trainer Service for Offenders in Prison and Wider Community Settings – A Resource Guide”. The following pathway (figure 2) highlights the recruitment and training process.

Sustainability

The Health Trainer programme leads to the opportunity for increased skills and for employment. One of the fundamental tenets of the programme is to develop and widen public health knowledge and skills. As opportunities for employment arise there will be a need to recruit more Health Trainers. Within custodial settings, offenders will be moved from setting to setting as their sentence plan allows which will lead to gaps in Health Trainer provision. There will be opportunity to use these skills in other custodial settings. As an example, the Health Trainer lead at NHS Wiltshire has co-taught the course at HMP Erlestoke which has reduced costs considerably. A member of the PE staff is qualified to teach adults which will improve the sustainability of training for new Health Trainers.

Opportunities exist for qualified Health Trainers to practice in the probation setting once they are ex-offenders, i.e. they have completed their sentence plan. By offering a comprehensive Health Trainer service across the Southwest a greater degree of sustainability will exist.

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Outcomes

Health Trainer services in an offender setting can impact on no less than four of the ‘resettlement pathways’ in the NOMS National Reducing Reoffending Action Plan. These include:

- Skills and employment
- Health
- Drugs and alcohol
- Attitudes, thinking and behaviour.

Health Trainer services can also develop the public health workforce by:
- Offering a work-based learning programme to help offenders become Health Trainers
- Helping offenders to develop transferable skills that they can use when released into the general community
- Contributing towards the reducing reoffending agenda.

Health Trainers and Health Champions in the Criminal Justice System can contribute towards a reduction in reoffending rates and improved health and well being of offenders and contribute towards national indicators 8,18,32,38,39,40, 119, 120, 121, 122, 123, 137, 143, 144, 163 & 164.

Outcomes linked to the successful implementation of a comprehensive Health Trainer service in the Criminal Justice System would see the Southwest have by 2020:-

- The highest proportion of offenders in England that are in education employment or training following completion of their resettlement pathway
- 10% of those taken to a Police custody suite have been referred to a Health Trainer
- 15% of offenders in custodial settings a personal health plan with a Health Trainer
- 15% of offenders have a personal health plan with a Health Trainer whilst on Community Orders supervised by Probation
- A 10% increase in smoking quitters in prisons
- 40% of those engaged with a Health Trainer have achieved their personal health plan

An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.
References

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An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.


Southwest Offender Health (2009) Including the excluded: the needs of people with learning disabilities in the criminal justice system.

An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.
Appendix One - Offender Health Trainer implementation guide

Taken from “Implementing the Health Trainer Service for Offenders in Prison and Wider Community Settings – A Resource Guide”. DH 2009

Introduction

This guide is intended to act as an aid for those, from Primary Care Trusts, Prisons or Probation services, wanting to establish offenders as Health Trainers in specific offender settings. It offers information and practical guidance on getting started, together with some context in relation to the Offender Health agenda. Some Health Trainer services work with a range of communities, including offenders. This guide is not specifically focused on such services.

Background

National Implementation Team
The national Health Trainer Implementation Team (‘the Hubs’) comprises the National Programme Lead, the Programme Manager, working group Chairs and all the Hub Leads. The Team’s role is to provide information, support and advice to service providers and local Health Trainer services, to promote best practice and to support the growth of the programme.

Health Trainer Hubs
The central Health Trainer team at DH is supported by a group of regional implementation teams known as Hubs, whose role is to support their constituent ‘spokes’ - PCTs, Strategic Health Authorities (SHAs), local authorities, voluntary organisations and third parties - in delivering Health Trainer services throughout the country.

The Southwest Health Trainer Partnership supports the “spoke” partnerships by providing advice and guidance on all matters related to developing and sustaining Health Trainer services. It is also responsible for ensuring that national reporting requirements are met and that local contributions on the experience and effectiveness of Health Trainers are added to the national evidence base. In addition, they help facilitate the roll out of the Data Collection and Reporting System (DCRS) within individual PCTs. This is essential for ensuring the collection of monitoring data for the national Minimum Data Set.

Key documents

The Health Trainer programme has published a range of documents that provide support and guidance for Health Trainer services and individual Health Trainers, and set out evidence of the programme’s effectiveness.

Publications which provide practical support and guidance include:

- Competences for Health Trainers (2006)
  Developed for the Department of Health by Skills for Health and the British Psychological Society, the national competences inform those setting up local Health Trainer services and form the basis of national awards for Health Trainers.

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Competences for Health Trainers can be downloaded from http://www.dh.gov.uk/en/Publichealth/Healthinequalities/HealthTrainersusefullinks/index.htm?

• The NHS Health Trainer Handbook (2008)
This handbook introduces the evidence-based psychological principles of behavioural change to guide the day-to-day work of the Health Trainers. It provides a structure for Health Trainers to conduct their work and highlights key techniques that can be used to facilitate and support behaviour change. These techniques include goal setting, self-monitoring, creating action plans and building social support.

The handbook aims to help Health Trainers:
- Boost clients’ motivation to change and confidence in their ability to change
- Teach people how to take control of their health and related behaviours
- Help people to focus on their achievements and positive aspects of changing.

The Health Trainer handbook can be downloaded from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085779

• Understanding Health Improvement for Health Trainers in Prisons and the Wider Community (2008)
This has been developed for Health Trainers in prisons and wider communities as an addition to the learning and teaching resources which support the Royal Society for Public Health (RSPH) Level 2 Understanding Health Improvement Award. Accredited trainers of Health Trainer Champions may obtain these teaching and learning resources directly from the RSPH, at: The Royal Society for Public Health, 3rd Floor Market Towers, 1 Nine Elms Lane, London SW8 5NQ, Tel: +44 (0)20 3177 1600.


Nationally and locally, evidence of the impact and benefit that Health Trainer services are having in disadvantaged communities is now clear. A number of documents have been published, and other studies undertaken, which demonstrate progress and provide evidence of the effectiveness of Health Trainers. These include:-

- National NHS Health Trainer Programme End of Year Report 2007/8
- National Health Trainer Data Collection and Reporting System (DCRS) First National Report (October 2008)
The first DCRS report, providing analysis of evidence for the scale and impact of the national Health Trainer service at a national level.

In addition, since December 2008, information on the work of Offender Health Trainers has been collected by Hub Leads.

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Ex-offenders as Health Trainers in the probation area may not have full access to information systems. The offender accessing the Health Trainer service must be assessed as safe to do so. If not, there needs to be measures put in place to ensure any risk is monitored and wherever possible contained so Health Trainers remain safe.

Features of successful Offender Health Trainer services

- **Programme launch**
  Implementation should always be treated as a project and managed as such. A formal and well-publicised launch will ensure that all key staff are aware of the programme, who is involved and what it aims to achieve. In a prison, this may take the form of a health fair attended by the senior management team. A range of health agencies is usually invited and Health Trainers are given the opportunity to advertise their service and recruit clients.

- **Funding**
  As with all programmes, there should be a clear, sustainable funding stream identified.

- **‘Buy in’ across the management team.**
  All the local agencies (such as Healthcare Commissioners, Prison Service, Probation Service, voluntary organisations) involved with the Offender Health Trainer service should meet to steer the programme effectively.

- **Links with the Health Trainer Hub**
  Linking all offender Health Trainer services to the local Healthcare Commissioners/Health Trainer Partnership is vital. The Partnership is a valuable source of support throughout, and ensures that offender Health Trainers are linked with the wider Health Trainer service across the country.

- **Recruitment strategy**
  It is important to have a clear recruitment strategy (Recruiting from the offender population) and to consider whether Health Trainer, Health Trainer Champions, or both should be offered.

- **Established training plan**
  A clear training plan, reflecting the nationally agreed educational framework for Health Trainers must be in place.

- **Training and qualifications**
  To establish and maintain credibility, Health Trainer Champion training and Health Trainer training should use the national qualifications that have been developed for this purpose, ie the RSPH Level 2 Award in Understanding Health Improvement and the C&G Level 3 Certificate for Health Trainers.

  Both the awards are on the national Qualification and Credit Framework (QCF) and should therefore be eligible for national funding through the Learning and Skills Councils.

- **Establishing a mentor system**
  Each Health Trainer has an individual mentor (probation or prison officer) who they meet on a regular and ad hoc basis, to discuss operational questions, concerns, problems and
opportunities. They are an additional link between the Health Trainer and their line manager.

- **On-going programme evaluation**
  As part of the project methodology, regular evaluation is essential. Consideration needs to be given for DCRS to non-NHS organisations employing Health Trainers.

- **Marketing**
  Distributing and displaying promotional posters, and providing Health Trainers with T-shirts or badges, have proved successful in raising the profile of the programme.

- **Celebration of success**
  For individual Health Trainers and the programme as a whole, publicly celebrating success both confirms that success and increases awareness of best practice.

**Supporting Health Trainers**

Trainee Health Trainers will need to have effective support in the work setting to be able to gain competence for the role. That responsibility for support and assessment needs to be determined as part of the arrangements for management of training and preparation for the roles of Health Trainer Champions and Health Trainers.

** Recruiting from the offender population**

The selection and recruitment of Health Trainers will always need to take careful account of the nature of the role. The recruitment of offenders for such a role is often enhanced by having a ‘champion’ within the prison to support the process. Discussions should be held with the Governor of the establishment and a suitable individual identified who would be able to support what could be a lengthy process. This could be the Gym/PE department or the education department. As one-to-one workers, Health Trainers need to be able to establish a level of trust that allows honest sharing of information and creates confidence that personal issues will not be discussed with others. With this in mind, certain exclusions and restrictions will be required and these may differ between prisons and probation services.

However, there are some basic requirements.

- Offenders with convictions for sexual offences should be excluded.
- Prisoners with less than three months’ sentence left to serve should be considered carefully (they may not complete the training), although this may depend on the individuals’ arrangements for probation on release. Ideally, prisoners should have at least nine months of their sentences left to run.
- Transfers between prisons can occur with little notice, so it may be best to recruit more people to the training than will be needed in the delivery of a service, but it will never be right to build up an individual’s expectations if they are unlikely to be met.
Health Trainers in the Criminal Justice System in the Southwest

Who can be recruited?
In prison, potential Health Trainers can be recruited from those already actively working in a health improvement role (e.g. gym assistants), as well as from the general prison population.

The Health Trainer or Health Champion model chosen would depend upon the category of the Prison. For Category A or B, the risk assessment would not permit work on a one to one basis therefore a signposting route would only be available such as those offered by Health Champions.

Health Trainers will work with prisoners in defined areas - usually those within the same wing, unit or house. Recruitment should take this into account, ensuring that the maximum number of areas can be served by the Health Trainer team.

In probation, offenders will be expected to have demonstrated their ability to conduct themselves in an appropriate manner. This may mean that they have served a clearance time following their sentence, during which they have not re-offended. This should be agreed locally.

- The individual will have been at least 3 months clear of the last order
- If they had an addiction, they will have been clean for at least 2 years
- Ex offenders who may be undertaking voluntary or community work
- Successful candidates will have demonstrated some or all of the following characteristics to their offender manager during the supervision period
  - Confidence
  - Motivation
  - Communication skills
  - Initiative

Due to the need to complete paperwork and record responses from clients, basic skills in reading and writing will be required.

The relationship between Health Trainer and client can be intense. Recruitment panels will need to use their knowledge of individual offenders to assess their ability to deal with this and avoid recruiting those who may exploit their positions.

Prison and probation-based Health Trainers may be recruited, and work, to the same job description and person specification as those of a community-based Health Trainer. Local adaptations may sometimes be applied. For some prisoners who are unlikely to return to the general community, this is not significant. For others who will want to secure employment on release it is important that their skills match those within a mainstream service. It is also important for clients to know that they are receiving the same level and quality of service as they would in the general community.

Future employment possibilities
Potential future employment is an important factor in selecting offenders for Health Trainer training. There is some variation in policies and attitudes relating to the recruitment and employment of offenders into Health Trainer roles. The Criminal Records Bureau (CRB) process will highlight any previous offences so that employing organisations can decide whether to employ the candidate.

Potential Offender Health Trainers must understand the above before undertaking training if future employment is a major element of their personal decision-making.
Nevertheless, the Health Trainer qualification is a positive influence on decision making for employers, who are advised to seek best practice guidance from the Chartered Institute of Personnel and Development (CIPD).

CIPD has produced guidance on employing people with criminal records and a risk assessment process for employers. Local services are encouraged to use these, and the wealth of research and information on employing ex-offenders which can be found at: http://www.cipd.co.uk/subjects/dvsequil/exoffenders/crimrec.htm?IsSrchRes=1

**Training for Health Trainers**

In line with workforce development recommendations within the Health Inequalities report, *Progress and Next Steps* (DH, 2008), national qualifications for those working towards being a Health Trainer Champion (fulfilling a signposting and ‘buddying’ role) or a Health Trainer (fulfilling a full behaviour change role) have been developed. The qualifications are based on the national occupational standards (competences) for Health Trainers.

The Royal Society for Public Health level 2 award, *Understanding Health Improvement*, supports Health Trainer Champions and the City and Guilds level 3 Certificate for Health Trainers recognises the knowledge and skills of Health Trainers. Individuals are helped to achieve the requirements of these national qualifications through locally developed training programmes which focus on the four Health Trainer competences.

The table below summarises the Health Trainer competences.

<table>
<thead>
<tr>
<th>Health Trainer competences</th>
</tr>
</thead>
<tbody>
<tr>
<td>301   Introduction to the roles and responsibilities of a Health Trainer</td>
</tr>
<tr>
<td>302   Establishing and developing relationships with communities while working as a Health Trainer</td>
</tr>
<tr>
<td>303   Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer</td>
</tr>
<tr>
<td>304   Enable individuals to change their behaviour to improve their health and wellbeing while working as a Health Trainer</td>
</tr>
</tbody>
</table>

**Table 1. Health Trainer competences**

The diagram at figure 4 sets out the Health Trainer training and qualification pathway. It is important to bear in mind that the pathway offers benefit to clients, to individual Health Trainers and to potential employers.

*An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.*
Health Trainers in the Criminal Justice System in the Southwest

Royal Institute of Public Health Level 2, and
City & Guilds Health Trainer Certificate Level 3

A Pathway Approach

Fig. 4 The Health Trainer selection, training and qualification pathway

Royal Society for Public Health (RSPH) level 2 Understanding Health Improvement Award for Health Trainer Champions

A level 2 award, Understanding Health Improvement, is available from the Royal Society for Public Health. A specially-designed workbook for offenders, Understanding Health Improvement for Health Trainers in Prisons & the Wider Community, has been developed and endorsed by DH and acts as an appropriate addition to the learning and teaching resources which support the Royal Society for Public Health (RSPH) level 2 award.

The workbook will be continuously developed and the latest version can be found at: http://www.dh.gov.uk/en/Publichealth/Healthinequalities/HealthTrainersusefullinks/index.htm

On completion of this and a multiple choice questionnaire, individuals who have successfully attained this award will be recognised as Health Trainer Champions, working in a supporting role with Health Trainers who have achieved the Level 3 award, where they are in post, or providing a “signposting” service only where Level 3-qualified Health Trainers are not in post.

Health Trainer Champions will act as “sign posters” to relevant health services required by their clients but will not undertake the behaviour change aspects of the Health Trainer role. They will be encouraged to take the level 3 qualification in order to do this, if appropriate and where possible.

In offender settings the RSPH level 2 award is proving valuable because it provides recognition of achievement and an underpinning knowledge. It can also be completed in a relatively short time, recognising time pressures and the potential for rapid change within offender settings.

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The City and Guilds Certificate for Health Trainers (7562)

The Certificate for Health Trainers provides national recognition of the knowledge and skills that Health Trainers have developed and can apply in their role. The Certificate is based on an assumption that individuals will need about 70 hours of guided learning to achieve all of the requirements. The certificate is awarded on successful completion of all of the learning outcomes.

It is recommended that early consideration is given to the issue of who will be able to provide the learning and certification within offender settings. To offer the Certificate, organisations/institutions need to be registered with City and Guilds, but not all prisons, for example, need to be registered centres. Instead, other providers such as a local college can deliver for them.


As the Certificate is on the QCF, it should be possible to attract funding for the associated learning programmes through LSCs.

Both awards used in the educational framework for Health Trainers are on the national Qualification and Credit Framework and funding should be available from educational sources. Those using either the RSPH level 2 award, Understanding Health Improvement, or the C&G level 3 National Certificate for Health Trainers should talk to the Health Trainer Partnership Lead about sources of funding and opportunities to keep costs to a minimum by sharing approaches to training with the wider NHS and its partners.

It is essential that there is a generic regional approach providing continuity across areas, all workshops delivered for probation areas should be delivered against a template after consultation with Probation reps to ensure standards are maintained and specific details regarding offender health / inequalities are included.

How will the competencies be assessed?

Organisations will need to decide at a local level who is best placed to assess the competencies at the different stages. This might vary from organisation to organisation. The competencies will be assessed by submitting a portfolio of evidence.

The City and Guilds qualification handbook December 2008 states:
‘Candidates must demonstrate application of the specified knowledge and understanding to their work practice. Most usually, knowledge and understanding will be apparent in candidates’ performance evidence. If the assessor cannot positively infer the knowledge and understanding from candidates’ work practice they should use an alternative method to elicit this which may include questioning, professional discussion, assignments etc. Assessors must retain records of questions and answers or the focus and outcomes of professional discussion.

Professional discussion, where used, must be conducted by candidates’ assessors. It is most appropriately used in the Certificate for Health Trainers to elicit underpinning knowledge, gain explanations of how to deal with contingencies and can provide opportunities for candidates to clarify or expand on evidence presented in portfolios. Professional discussion must be included in candidates’ assessment plans and thereby agreed in advance with candidates. The assessor should not use professional discussion merely to ask a set of prescribed knowledge questions. A summary of the areas covered and the outcomes of the discussion must be recorded. If audio or visual recording is used it must be of a good enough quality to be clearly heard/seen.

Range of assessment methods or evidence sources

An offender should have the opportunity to improve their health and wellbeing through access to a Health Trainer at every corner of their journey through the criminal justice system.
In addition to observation, assessors will negotiate the most effective and appropriate mix of methods/evidence sources from the list below to ensure all requirements are met.

- Direct observation by an assessor is required as the primary source of evidence for the qualification.

- Expert witnesses may observe candidate practice and provide testimony for specific units which will have parity with assessor observation. If an assessor is unable to observe their candidate she/he will identify an expert witness in the workplace, who will provide testimony of the candidates work based performance.

- Simulations can be used where it is not possible or inappropriate to gather evidence because of the lack of opportunity within their practice.

- Work products can be any relevant products of candidates’ own work, or to which they have made a significant contribution, which demonstrate use and application within their practice.

- Professional discussion should be in the form of a planned and structured review of candidates’ practice, based on evidence and with outcomes captured by means of audio/visual or written records. The recorded outcomes are particularly useful as evidence that candidates’ can evaluate their knowledge and practice across the qualification.

- Candidate/ reflective accounts describe candidates’ actions in particular situations and/or reflect on the reasons for practising in the ways selected. Reflective accounts also provide evidence that candidates’ can evaluate their knowledge and practice across the activities embedded in this qualification.

- Questions asked by assessors and answered by candidates’ to supplement evidence generated by observations and any other evidence type used. Assessors may be able to infer some knowledge and understanding from observing candidate practice. They may ask questions to confirm understanding and/or cover any outstanding areas. Questions may be asked orally or in writing but, in both cases, a record must be kept of the questions and responses.

- Witness testimonies: these should be from people who are in a position to provide evidence of candidate competence. Where testimony is sought from individuals who are service users, care should be taken to ensure the purpose of the testimony is understood and no pressure is felt to provide it.

Projects/Assignments/APEL: candidates may have already completed a relevant project or assignment which they have completed and which demonstrate their professional development may also be used

Case studies must be based on real work practice and experiences and will need to be authenticated by an assessor if used as evidence of a competent performance. Theoretical or simulated exercises would only be admissible as evidence of knowledge and understanding.
Health Trainers in the Criminal Justice System in the Southwest

Who will assess the competencies and support the Health Trainers in the workplace? 
It is recognised that Health Trainers will need support in the workplace to develop and apply their knowledge and skills and be given feedback on their work. This means that there will need to be people in the workplace who have the role of ‘workplace tutor’ to the new Health Trainers. Individuals who act as a ‘workplace tutor’ may have already developed their own competence in this role and might have qualifications/awards in relation to these skills. Those developing the Health Trainer role need to consider where there is sufficient expertise locally for all aspects of the role (eg behaviour change techniques grounded in psychological science, community engagement). It is possible that such expertise will need to be commissioned from elsewhere to develop local capacity.

Where Health Trainers are being developed and employed locally, coordinators are encouraged to make sure that individuals who are training to become Health Trainers maintain a portfolio of their work. This will enable them to gain credit and recognition for their achievements in the future.

The public health career framework 
The Public Health Resource Unit has been working in collaboration with Skills for Health and public health stakeholders to develop a coherent, flexible public health career framework for use across the UK. For the first time, public health competences have been brought together in a user-friendly format to underpin knowledge, training and qualification routes, registration requirements and a database of job descriptions across nine career levels. The framework can be used as a route map for careers in public health regardless of the start and end points. For further information see: http://www.phru.nhs.uk/Pages/PHD/public_health_career_framework.htm

Building the evidence base - Data collection, evaluation, and performance management

- Building the evidence base
  The collection and analysis of both qualitative and quantitative data is vital and enables an evidence base to be developed which demonstrates the effectiveness, at both local and national levels, of the Health Trainer programme. It also informs the commissioning and development of services and can be used to identify areas for service improvements, as well as highlighting examples of good practice.

Some of the ways this evidence is being developed include:
  - Developing a central database of current evidence, reports and local evaluations which can be used to help design future local evaluations and provide examples of best practice.
  - Collecting and analysing case stories of Health Trainer and client experiences.
  - Further development of the DCRS, including:
    - Increasing uptake and data input from Health Trainer services within offender health settings
    - In-depth analysis of data within the DCRS
    - Further development of the reporting functions of the DCRS to meet national, regional and local requirements.
National Health Trainer Data Collection and Reporting System (DCRS)
This system, commissioned by DH and developed and supported by Birmingham Primary Care Shared Services Agency, is the recommended data collection reporting system for all Health Trainer services. The system has been developed in consultation with Hub Leads and local Health Trainer services currently using the system. The system as a whole is based on the Health Trainer Handbook, enabling the capture of service and client data at each stage of the behaviour change process and providing valuable details of the client experience from first contact with the service through to the last. The DCRS can be accessed via any NHS site or from community-based Health Trainer service sites, using a remote access token and reports can be produced to meet national, regional and local needs. Prisons would need to put in place support for this data to be added to the data base as prisoners don’t have access to the net.

National Minimum Data Set (MDS)
All local Health Trainer services are being asked to collect data included in the Minimum Data Set (MDS). This provides a means of capturing a consistent set of data, specifically aligned to the core principles underpinning the Health Trainer concept, as set out in ‘Choosing Health’. It has also been cross-referenced to the DCLG: Single Set of National Indicators (Oct 2007) and has been integrated into the DCRS V2.2.

The minimum data set is intended to add to the existing body of evidence by focusing attention on those outcomes which represent the benefits this intervention can have for Health Trainers, their clients and local communities.

Outcome 1 – Build the workforce with the skills to tackle health inequalities
Outcome 2 – Reach the ‘hard to reach’
Outcome 3 – Deliver sustained health improvements through behavioural change
Outcome 4 – Provide access to and encouraging the appropriate use of and take up of NHS and other local services

For those not on the computerised DCRS system, a paper version and resource pack to support implementation has been produced.

Reporting on the MDS will be quarterly in the first year, to encourage input.

To enable the much broader and in depth service provided by Health Trainers to be captured and reported on at a local, regional and national level the DH have also supported the development of a national Health Trainers Data Collection and Reporting System (DCRS). The Minimum Data Set is now an integral part of the DCRS and all data fields within the minimum data set have been made mandatory within the DCRS.

IT requirements and accessing the DCRS
The DCRS can be accessed directly through the NHS secure network via any NHS networked PC. Health Trainers working from non-NHS sites can access the DCRS by the Internet through Broadband or a 3G connection using a secure ID ‘token’. DCRS is free for existing PCT users until the end of February 2012.

To take a look at the DCRS and to see how the Minimum Data set fits into this you can visit at:

https://nww.trainersinhealth.nhs.uk & select ‘training org’ from the PCT list

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Performance management
Data recording requirements, as part of performance management, may vary between institutions and between services, and may extend beyond the scope of the DCRS when it is introduced to offender settings. However, there is an expectation that, in future, all Health Trainer services nationally will use the DCRS, wherever possible. In particular, it will be used for the recording of the national minimum data set. It is recommended that recording of the national minimum data set is also included in any local recording practices carried out.

Current practices
The experiences described below offer examples of how supervision and performance management may be undertaken in prison and probation settings.

Prisons
At Swinfen Hall, Health Trainers are based with PEIs, who offer daily informal advice and supervision, whilst at Drake Hall, staff run fortnightly meetings with Health Trainers to allow them to share knowledge and discuss issues arising with clients. Drake Hall also offers six-monthly update sessions for Health Trainers.

In many cases, the Health Trainers complete a clinical activity data form on their first contact with a client. This provides a record of the activities undertaken with the client – showing which health services within the prison the client was previously accessing, which types of issues the client discussed with the Health Trainer, and which services they are referred onto. This form provides a means of recording information to contribute to the national Health Trainer data collection and reporting system.

Staff supervising Health Trainers may wish to add a line for them to sign-off these activity forms and/or add a service evaluation form for the client to complete as a means of evaluating the Health Trainer service. This approach was employed at HMP Wandsworth, and allowed PEIs to supervise the Health Trainers' work, and enabled the Health Trainers to receive regular feedback on their performance from their clients.

Probation areas
The Portsmouth Health Trainer Implementation Group, consisting of the PCT Programme Manager, Health Trainer Line Managers and Portfolio Tutors for all Community, Probation and Prison Health Trainer services, was set up to discuss the individual progress of Health Trainers in the workplace and the various aspects of training and portfolio development.

In addition, feedback on Health Trainers' progress is obtained in a number of ways, including:

- Monthly one-to-one supervision and portfolio progress sessions, in which referral numbers, problem cases, performance against targets, portfolio progress, evidence gathering, training etc are discussed.
- Feedback from Offender Managers to line managers, at monthly supervisions, on the quality of service Health Trainers are providing. The Line Manager also holds a short weekly forum with the Health Trainers to discuss any ongoing issues, effectiveness of client referral pathways etc.
- Three-part reports on individual Health Trainers, covering their own views on their progress, their tutors' comments on portfolio progress and their line managers' comments.

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- Service reports, collated by Health Trainers and written up by line managers, and a monthly data feedback form, recording continuing service delivery outcomes and individual Health Trainers' progress.
- Monthly time sheets, completed by Health Trainers. This has been useful, as they were tending to exceed their contracted hours.
- Monitoring of Health Trainers' interviews/sessions with clients. This is recorded on an Observation of Practice document. Sharing experience and development of good practice through the Probation Health Trainer network, which meets every six weeks and is led by a Health Trainer tutor.

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Appendix 2  
Case Study A – A Health Trainer journey

I am 22 years old. I am currently serving a life sentence in HMP Erlestoke. I am fully deaf and experienced difficult times whilst growing up. As a youngster I tried my hand at sport, including rugby, which I really enjoyed. Unfortunately as I grew up I got distracted from what I really enjoyed, to enter a period of my life which included smoking, taking drugs and general anti social behaviour. I had the love and full support of my family to lead a normal life and was given every opportunity to do so. My downward spiral culminated in imprisonment. Since being in prison I realised that I needed to turn my life around and engage in reconstructing my behaviour and mindset.

When I first arrived in prison I was 17 years old. I continued to smoke and didn’t make a real effort to change. I realised that the one thing missing from my life that I really enjoyed was sport and healthy living. I started to go to the gym on a regular basis and saw an improvement in my confidence and self esteem. I stopped smoking and have continued to do so for the last 6 years. I started to play for the prison rugby team and won numerous accolades, including being voted players player in my first two sessions. I was really pleased with how I had started to turn my life around with the support of my family.

When I was transferred to Erlestoke I managed to gain a gym orderly’s job. This consisted of maintaining the cleanliness of the gym and ensuring safe practices were being undertaken. Whilst enjoying my first real taste of employment I was pointed in the direction of an upcoming course. I was told that the prison would be running a Health Trainers course and was asked if I would be interested. I was keen to know more about the course but was very apprehensive, due to the need for a full time interpreter. I had previously been told in other prisons that with the current economic climate, to pay for a full time interpreter would be unrealistic. I was encouraged by my fellow orderlies to enrol on the course with the hope that some assistance could be sorted out. The course tutor, assured me that she would be able to get me the assistance I needed to complete the course. I was really excited to be included in a mainstream course and felt I would benefit from such inclusion. The course was by no means easy. Although with the support of the tutor, my interpreters and also the support of my fellow Health Trainers in training, I managed to pass the course to a good standard. My family are so proud of me and I am proud of myself as there were points on the course where I found it difficult. I enjoyed the course and feel I have learnt a lot about how to assist other people who are less confident in their own abilities than myself. I feel that as a deaf Health Trainer, I could really help not just the deaf community, but anyone who needs the advice and support of a Health Trainer. Within the prison set up we now have qualified Health Trainers that engage with the prison population and are fully committed to changing the outlook of individuals’ health.

Since qualifying as a Health Trainer I have had a number of clients and also have ongoing clients. All the clients are motivated to achieve their goals and it is simply a matter of me giving them the belief that they can do it. I have had no complaints, and all the clients seem happy with the support I give them. It is good to be able to put into practice what I have learnt and it feels good seeing clients change their behaviour and lifestyle through the support and advice I give them.

I want to thank all the people who have supported me through this process. I have really benefited through becoming a Health Trainer and feel that it has been a large contributor in increasing my lifestyle. I hope that in the future I can pass on my knowledge to the deaf community and become a success in life and in health.
Health Trainers in the Criminal Justice System in the Southwest

Case study B – A Health Trainer at HMP Erlestoke, Wiltshire

When I was learning to be a Health Trainer, I was very intrigued by what the course was teaching me. It taught me to look at health on a much wider scale, rather than being defined by just your medical health or physical health.

I now understand about the 8 dimensions of health and why it is important to keep them all in check as they can all affect your state of health in some way.

I think Health Trainers are important in prisons because they offer a lot of support and advice that Prisons do not provide, and help reduce the health inequalities that occur in prisons. Prisoners may be more confident working with other prisoners rather than staff, and be more open about their concerns because Health Trainers offer a private and confidential service unless clients are at risk to themselves or others. Something that prisoners may not trust prison staff to do (keep confidentiality).

Health Training is important to me because it has taught me how to take care and look after my own health. I can use my knowledge on my release to help my family and guide my children to lead a much healthier lifestyle. It has given me confidence, given me key skills to work with clients which I have really enjoyed doing whilst at Erlestoke.

I had one difficult moment as a Health Trainer where I had to breach client confidentiality. The client pleaded with me not to but it was detrimental to his health, he was at risk so I had to say something to a member of P.E. staff. I was labelled a Grass by the client which did bother me for a bit, at the end of the day his health was more of a concern to me than being called a Grass.

High point of me being a Health Trainer was the success I had with my first client. He had high blood pressure, Type 2 diabetes and was slightly overweight. In the 6 weeks I was working with my client he lost weight, his blood pressure came down and his confidence grew and grew. I was proud of my client’s accomplishments, and now a few months down the line he is able to take control of his own health and is now learning to be a Health Trainer.

I believe in Health Training because I have seen it start from nothing at Erlestoke and watched it grow and become very successful. It gives people a better understanding of health and teaches people how to take control of their own health. Not every client is successful but the ones that are give you such a buzz. The fact that you helped that person and their health will be a lot better for it. Especially the clients that lose weight. The morale and glee you see in their face when they see a few pounds are lost on the scales and you see they are confident in you but most of all in themselves.

I would like to do this type of work when I get out as I have really enjoyed it in prison, even if I don’t I know that myself and my family will benefit from the knowledge this course has taught me and we will see what happens on my release.

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Case Study 3 – A Health Trainer in Approved Premises in Gloucestershire

For over 10 years I was a drug addict and in and out of prison for drug-related offences. When in recovery I lived in and was a service user of many supporting housing projects, including the Approved Premises. I then worked as a Supported Housing Officer in a number of projects, most of which I had formerly been a service user at. During a brief period of unemployment I was approached by a former employer from one of the projects about the Community Health Trainer role.

When I was approached about the Community Health Trainer role I was immediately interested as it would involve working in an environment with offenders which I understood. I felt I could offer the residents the benefit of my experience and empathise with their situation. After a number of roles in supported housing, I also felt the role as a Community Health Trainer with the NHS offered a good career opportunity, as it offered training and career potential, something which was sometimes limited in supported housing.

I most enjoy the one-to-one work with clients, and the opportunity to develop the Community Health Trainer role in a new setting. I also find it very rewarding when clients have successes and I see them making positive progress and changes.

What gets in the way of you doing your job as a Health Trainer?
Time restrictions and fitting everything in to my 30 hours – my work with residents at the Approved Premises, my work with other clients in the community, promoting the service and attending events, catching up on office-based work, and training.

What helps you to do your job as a Health Trainer?
- My knowledge, skills and experience, including the City & Guilds Level 3 Certificate for Health Trainers, and my previous work experience
- I enjoy talking to people and supporting them to change their behaviour
- Understanding my job role and client group
- Support from the Community Health Trainers team
- Local knowledge of criminal justice and support services

If you move on to another job, what would you like it to be?
Specialist drug support role within the NHS, and eventually I would like to manage a service in the field of substance misuse.
Appendix 3

Key contacts

Southwest Health Trainer Partnership
Manager South West Region   Jacinta Jackson
Health Trainer Partnership   Jacinta.jackson@nhs.net
01395 282 037
Partnership Officer   Andy Pratt
SW Health Trainer Partnership   Andrew.pratt@nhs.net

Other useful contacts

Chartered Institute of Personnel and Development (CIPD)
151 The Broadway,
London, SW19 1JQ
Tel: 020 8612 6200
www.cipd.co.uk

City & Guilds
1 Giltspur Street
London, EC1A 9DD
Tel: 020 7294 2800
www.cityandguilds.com

Criminal Records Bureau
CRB Customer Services
PO Box 110
Liverpool, L69 3EF
Tel: 0870 90 90 811
www.crb.gov.uk

Learning and Skills Council
Cheylesmore House
Quinton Road
Coventry, CV1 2WT
Tel: 0845 019 4170
www.lsc.gov.uk

Royal Society for Public Health
3rd Floor Market Towers
1 Nine Elms Lane
London, SW8 5NQ
Tel: 020 3177 1600
www.rspht.org.uk

Skills for Health
2nd Floor
Goldsmiths House
Broad Plain
Bristol, BS2 0JP
Tel: 0117 922 1155
www.skillsforhealth.org.uk

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