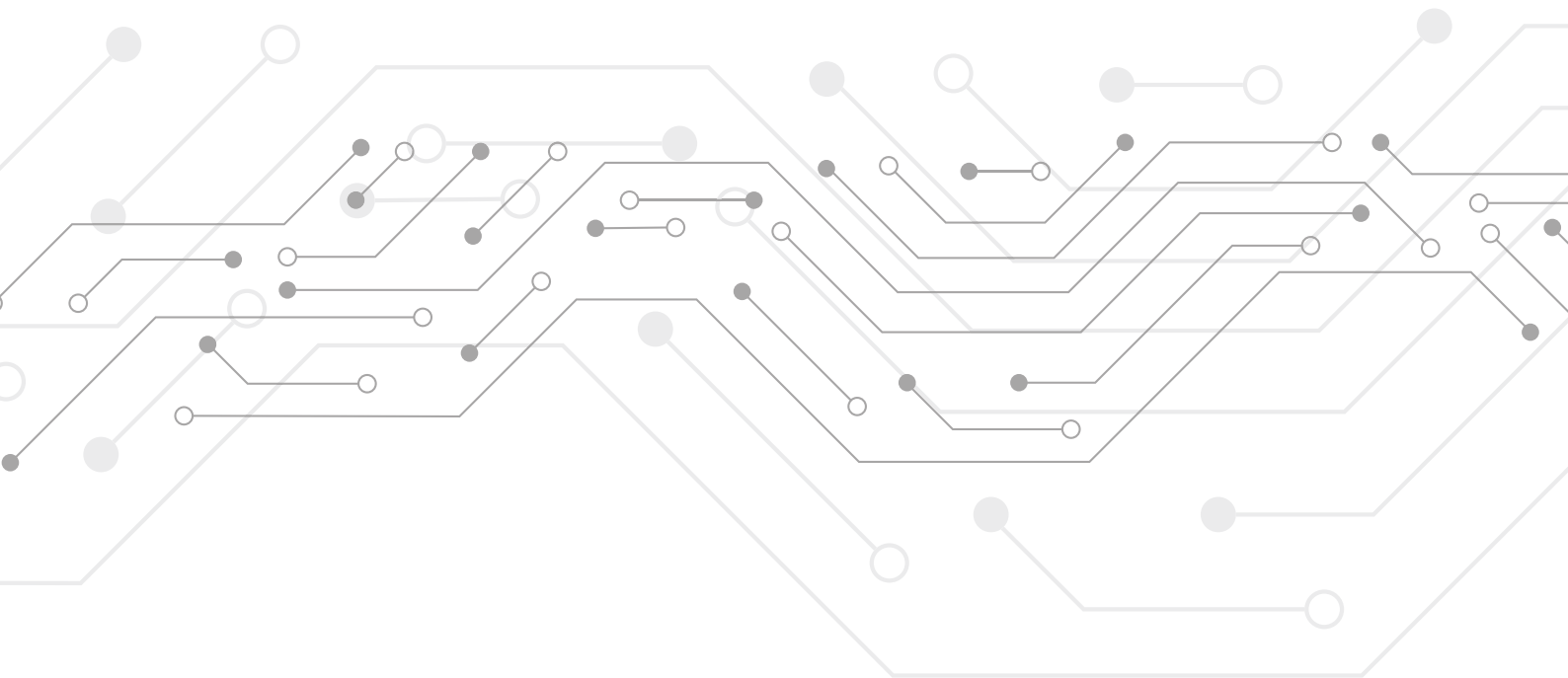


Health Trainers Evaluation

Community Rehabilitation
Company Evaluation Series



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ingeus



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Introduction

Ingeus commissioned an independent, external consultant, Russell Webster, to undertake a series of evaluations on a range of interventions which Ingeus delivered as the lead organisation in the Reducing Reoffending Partnership (RRP), alongside Change, Grow, Live, and the St Giles Trust; which operated the Derbyshire, Leicestershire, Nottinghamshire & Rutland (DLNR) and Staffordshire & West Midlands (SWM) Community Rehabilitation Companies (CRC) between 2015 and 2021. This evaluation focuses on the health trainer service which operated in Leicestershire during this time.

Chapter 1 describes the work of the health trainer team, Chapter 2 presents the outcomes achieved, and Chapter 3 summarises the report and presents conclusions.

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Executive Summary

The health needs of offenders

There has been growing concern about the health needs of people in contact with the criminal justice system. Official reports identify a wide range of health needs including:

- Higher prevalence of infectious diseases, and poorer vaccine coverage.
- Higher prevalence of long-term conditions.
- Higher prevalence and rates of substance misuse.
- Higher prevalence of mental ill health.
- Higher levels of learning disabilities and lower educational attainment.

Service users' life experiences and lifestyles put them at additional risk of a wide range of physical and mental health conditions and many are not engaged with helping services. Historically, there have been very few health-specific initiatives targeted at people on probation to try to address these health inequalities.

The project

Ingeus health trainers support people on probation to access appropriate health services and promote healthier lifestyles. The service is delivered on a completely voluntary basis to ensure that people can keep their healthcare information confidential and to encourage uptake of the service. The service offers a wide range of health-related services including:

- Support in registering with a GP and Dentist.
- Accessing mental health services.
- Buddying up to appointments and advocating when required.
- Substance misuse education/advice and referral to relevant services.
- Smoking cessation.
- Heathy eating and promoting good physical health.
- Sexual health advice and free condom distribution/registration

The Ingeus approach is based on all health trainers having lived experience of the criminal justice system, in order to be more effective at gaining the trust of people on probation and supporting them to access helping services.

Outcomes

A large majority of people who engage with the health trainer service succeed in achieving their health goals. Service users identified four key aspects of the service which they valued:

1. The supportive nature of the work.
2. The availability of health trainers.
3. Their non-judgmental approach.
4. Their reliability.

Those with persistent and complex needs, typically involving mental ill health and or substance misuse, were also much more likely to successfully complete their period of probation supervision.

Going forward

The knowledge and experience gained by Ingeus through the operation of the Health Trainer Team has been taken forward in a new service being delivered in Chesterfield.

Ingeus has created a proven, cost-effective model to engage vulnerable people, including people not in contact with the criminal justice system, into mainstream health provision with substantial individual gains in terms of health and quality of life and considerable long-term savings to the health service which is able to provide planned rather than emergency care and intervene much earlier in the progression of a range of physical and mental health conditions.

Chapter 1: The Health Trainer Team

The health needs of offenders

There has been growing concern about the health needs of people in contact with the criminal justice system. Official reports¹ identify a wide range of health needs including:

- Higher prevalence of infectious diseases, and poorer vaccine coverage.
- Higher prevalence of long-term conditions.
- Higher prevalence and rates of substance misuse, including tobacco consumption.
- Higher prevalence of mental ill health.
- Higher levels of learning disabilities and lower educational attainment.

Service users' life experiences and lifestyles put them at additional risk of a wide range of physical and mental health conditions and many are not engaged with helping services, with significant proportions not registered with either a General Practitioner or Dentist². Historically, there have been very few health-specific initiatives targeted at people on probation to try to address these health inequalities³.

Origins

An exception to this finding is the Health Trainer Team which was originally developed by the Leicestershire and Rutland Probation Trust, a forerunner of Derbyshire, Leicestershire, Nottinghamshire & Rutland (DLNR) Community Rehabilitation Company (CRC), in 2009 with the service formally launched in April 2010. After reviewing several different health trainer models, the probation trust decided to recruit exclusively

¹ Home Office, Public Health England & Revolving Doors (2018) Rebalancing Act: A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users.

² Revolving Doors Agency. (2013). Balancing Act. Addressing health inequalities among people in contact with the criminal justice system. A briefing for Directors of Public Health. London, Revolving Doors Agency, Probation Chiefs Association, Public Health England.

³ Sirdifield et al. (2018) Probation Healthcare Commissioning Toolkit: A resource for commissioners and practitioners in health and criminal justice

those with first-hand experience of the criminal justice system. When Ingeus launched DLNR CRC, the organisation already had a strong commitment to valuing lived experience and committed to supporting the continuation and ongoing development of the health trainer service.

Remit

The service is jointly funded by the NHS, Leicester City Council and Leicestershire County Council and its objective is to support service users to access appropriate health services and promote healthier lifestyles. The service is delivered on a completely voluntary basis, in order to ensure that people are able to keep their healthcare information confidential and to encourage uptake of the service.

- The service offers a wide range of health-related services including:
- Support in registering with a GP and Dentist.
- Accessing mental health services.
- Buddying up to appointments and advocating when required.
- Substance misuse education/advice and referral to relevant services.
- Alcohol education/advice and referral to relevant services.
- Smoking cessation.
- Healthy eating and promoting good physical health.
- Sexual health advice and free condom distribution/registration.

Staff

The Health Trainer Team comprises a manager, administrator, four health trainers and a varying number of health champion volunteers. All four health trainers have lived experience of the criminal justice system and received extensive training with all first completing the Royal Institute for Public Health Level 2 Award in Understanding Health Improvement, before achieving the City and Guilds Level 3 Certificate for Health Trainers, the mandatory qualification for all health trainers⁴. This qualification is divided into four units based on the four key competences:

1. Establish and maintain relationships with communities while working as a health trainer.
2. Communicate with individuals about promoting their health and wellbeing while working as a health trainer.

⁴ This qualification has subsequently been replaced by the Royal Society for Public Health Level 3 Certificate in Health and Wellbeing Improvement.

3. Enable individuals to change their behaviour to improve their health and wellbeing while working as a health trainer.
4. Manage and organise your own time and activities while working as a health trainer.

In addition to the full-time, paid health trainers, the project continuously recruits health champions with lived experience (seven new recruits in 2019/20), predominantly from Ingeus' peer mentoring service. Health champions receive the same Level 2 training and engage in similar work to support the health trainers but on a part-time basis.

Referral routes

There are two main referral routes to the health trainer service. Firstly, CRC staff are all able to refer directly to the team. The referral process is deliberately informal, workers merely telephone or e-mail the team with a request to see a service user and a reason for this request (to get registered with a GP, to help with healthy eating, to help stop smoking etc). The allocated health trainer then logs in directly to the probation case management system and can access the person's contact details and any information relating to risk management about which they may need to be aware. The health trainer then makes contact directly with the service user.

The second referral route involves service users referring themselves. The health trainer team undertakes several open access drop-in sessions at a range of venues including probation offices and hostels across Leicestershire, in addition to a wide range of substance misuse, homelessness and women's services. Health trainers promote their service and engage with service users at these drop-in sessions and start work directly with those who are interested.

The work

The health trainers engage in a range of work including some group work interventions and health promotion campaigns. However, the core service involves providing an intensive and extensive health advice and support service targeted at service users with high levels of health-related needs. These individuals typically have complex needs, usually relating to mental health and/or substance misuse. Every person referred to the service has a personal health plan (PHP) developed as a response to their individual needs. The health trainers then engage in a plan of work jointly with the individual to meet the goals identified in the PHP.

Health trainers provide a service which can perhaps best be described as like the historical role of probation officers until it changed in the year 2000:

"To advise, assist and befriend".

They engage with service users with these high levels of health-related needs and assist and support them in any way possible including:



To give a better understanding of the nature of the work undertaken by the health trainers team, we have included three case studies (all names have been changed to preserve confidentiality).

Tony - opening doors to help

Tony had been regularly binge-drinking alcohol since his father passed away two years previously. He had worked with his father in the family building business and told me his father had always been his hero and positive mentor. The Ingeus health trainer received an urgent message from Tony's probation officer to contact Tony, and said that he was "in a terrible state" and wanted to go into residential rehabilitation as soon as possible. The probation officer had referred Tony to rehab but there was a very long waiting list.

Tony was consuming very high volumes of alcohol and his family were very concerned that he might die if he did not get assistance quickly. The health trainer spent many hours getting in touch with different rehabs with no success but then reached out to a contact who he knew had experience of going through rehab, this person had recently started work in a job with the remit to fast track people into rehab and helped the health trainer organise admission within the week.

Two months later, Tony had successfully completed rehab and was living happily again in the family home. Although it was Tony's own actions which allowed him to turn his life around, he would not have had the opportunity without the knowledge and commitment of the Ingeus health trainer.

Sajid - the power of advocacy

Sajid spent over 12 years in prison and had severe mental health issues prior to his conviction. Whilst in prison he suffered with hearing loss, developed cataracts, and was starting to lose his sight. His anxiety and mental health worsened and by the time he was released he had completely lost his vision. The Ingeus health trainer helped him access a wide range of support including getting hearing aids and successfully advocating with the NHS to perform a cataract operation within two months (the original date would have involved a two-year wait). The health trainer also helped Sajid to access dental care and has successfully negotiated with the local authority to provide Sajid with his own flat once the cataract operation has been done.

Heather – the value of long-term support

Heather had been dependent on heroin for many years, funding her addiction through shoplifting. The Ingeus health trainer had worked with Heather for two years, providing general support and motivation and helping her to access her GP, drug service and dental appointments. As a result of building this trusting relationship, Heather came to the health trainer for help in changing her life. The health trainer helped her find a secure home for the first time in her adult life and this enabled her to stop using heroin and the related shoplifting. Despite the challenges of lockdown, continued support from her health trainer has enabled Heather to maintain a healthy and positive lifestyle.

Chapter 2: Achievements & Outcomes

Introduction

The health trainer annual report for 2019/20 provides a detailed account of the volume of work undertaken in the most recent “typical” (not affected by the pandemic) year and the impact of that work.

Activity

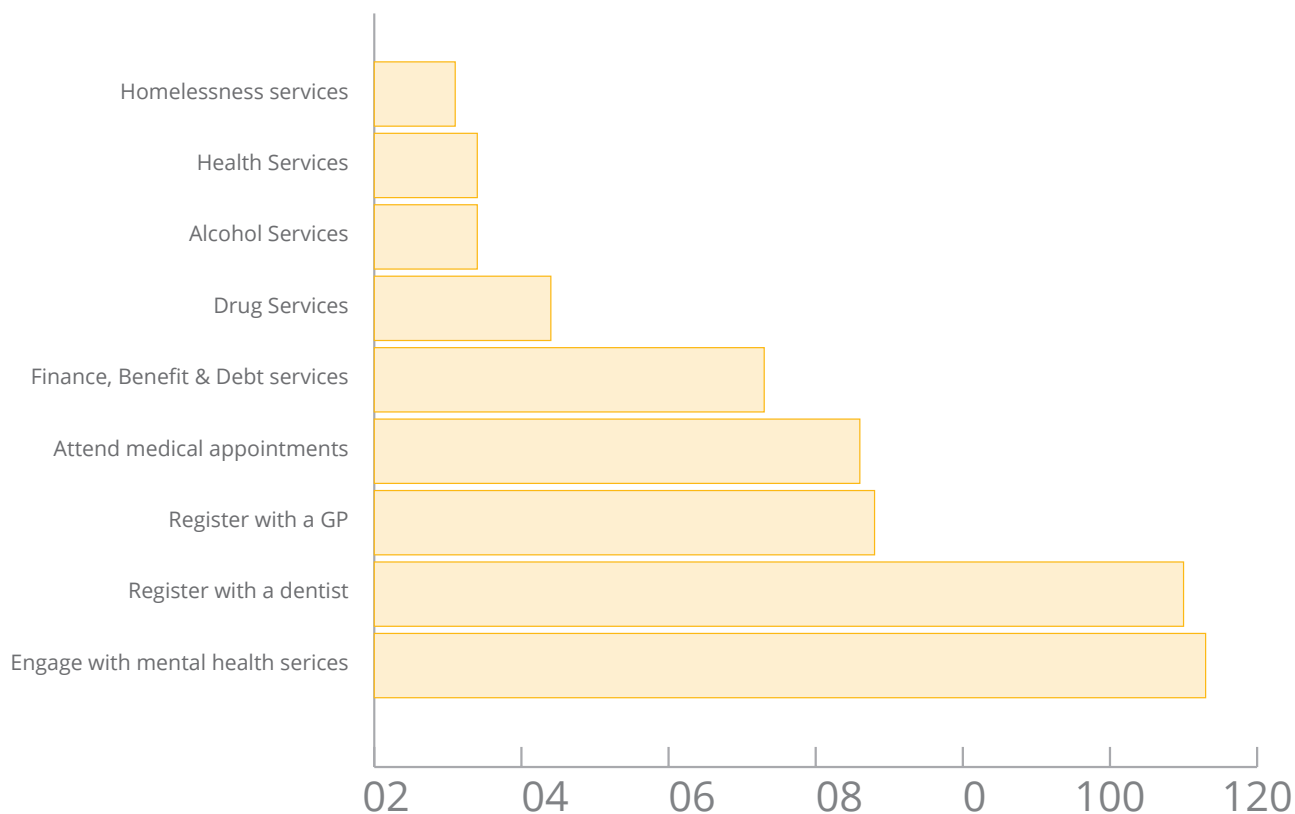
The health trainers provided a service to 571 individuals in the 2019/20 financial year (exceeding their target by 25%). At their initial assessments, these service users were helped to access a total of 55 different services across Leicester City and Leicestershire.

All these service users received initial support, advice and signposting to helping services and just under one half (274 = 48%) became clients of the health trainer team and developed a Personal Health Plan which set individual goals identified by the service user with the advice and support of their health trainer.

Outcomes

Two hundred and forty-two individuals (88%), fully (69%) or partly (31%) achieved the goal in their personal health plan. The eight most achieved goals are shown in the chart below. Other goals not shown related to entering counselling, attending gyms and exercising more, getting help with giving up smoking, and getting support for a number of individual health issues.

Figure 1 Most frequently achieved goals



When completing an initial personal health plan, health trainers recorded a range of self-reported health behaviours which were then followed up when the plan was reviewed. The annual report records the average change on nine key variables, the table below summarises these outcomes.

Health behaviour	Average Score at assessment	Average Score on completion	Average change
Daily fruit & vegetable consumption	2.00	2.16	8% improvement
Alcohol consumption (weekly units)	23.68	22.24	6% improvement
Smoking (number smoked per day)	10.2	10.01	2% improvement
Exercise sessions per week	6.98	8.29	19% improvement
Self-efficacy score	9.45	10.74	14% improvement
General health score	5.10	5.40	6% improvement
WHO wellbeing index	9.28	10.51	13% improvement
Mental health score	3.94	4.41	12% improvement

Service user feedback

The annual report also contains feedback comments from service users which identified four key aspects of the service which they valued:

1. The supportive nature of the work.
2. The availability of health trainers.
3. Their non-judgmental approach.
4. Their reliability.

These views are illustrated by the following comments (all from different individuals):

"She has given me confidence, she is down to earth, easy to talk to. She has same past as me."

"You can text him and he will get back to you straight away if you're having a crisis. It keeps me motivated"

"If she says she is going to do things, she will always do them. If she can't do them, she rings me and explains why"

"It really helped having the health trainer attend hospital with me as I was really anxious."

"I am homeless and struggle to keep my appointments, but my health trainer always made me feel there was light at the end of the tunnel."

"I like the fact that he can go to appointments with me and is always on the end of the phone if I need help."

Conclusion

In addition to these impressive activity and outcome figures and positive service user feedback, an earlier evaluation⁵ of the health trainer scheme found that service users with complex needs who accessed the health trainer service were between two and four times more likely to successfully complete their period of supervision than their peers who did not access the service.

⁵ The Institute of Criminal Policy Research (2013) Evaluation of the LRPT Offender Health Service.

Chapter 3: Conclusions

Overview

This evaluation report started by showing the wide range of unaddressed health needs facing people in contact with the criminal justice system. The Health Trainer Team has shown in its work over the last decade that a dedicated service, led by people with lived experience of the criminal justice system, can be successful in engaging service users with complex health needs into treatment services. Not only does the service address unmet health needs but it promotes general wellbeing and desistance from offending with those accessing the service much more likely to complete their mandatory supervision period.

One of the continuing strengths of the project (which is particularly valued by probation staff) is the team's success at registering offenders into primary care services and supporting them to use these services and other secondary services to which they are referred. There are potentially significant long-term savings to the NHS from this approach as health problems can be diagnosed and treated at an earlier stage and primary care is a much cheaper health delivery system when compared to the alternative of using Accident and Emergency services.

Over the years, the team has developed a range of specialised knowledge and skills in motivating and enabling service users with complex needs to engage with mental health services in particular. The potential health savings derived from engaging service users in continuous community-based support rather than episodic inpatient treatment are likely to be significant, although they are not quantifiable at this time.

Outcomes

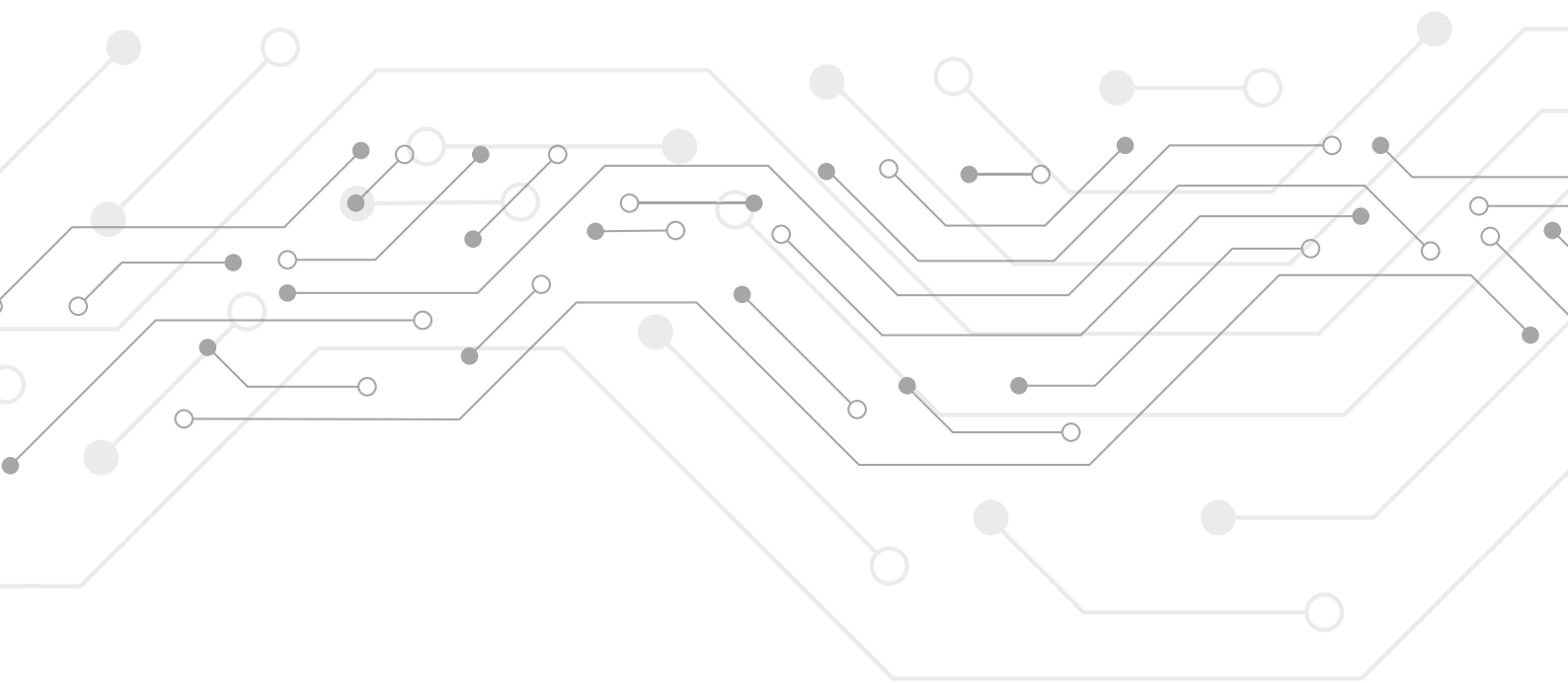
The success of the service is evidenced by the high numbers of people receiving the intervention and the significant outcomes described earlier in this report. The service sees well more than 500 individuals per year and works intensively with almost 300 of these. Health outcomes across a wide range of domains are proven to improve because of the team's interventions.

Conclusion

The case studies featured in this evaluation have shown the profound impact on individuals' lives. The open-ended support is a rarely seen feature of service delivery in the criminal justice sector and has been critical to the team's success. Continued engagement in mental health services has often resulted in service users finding secure accommodation for the first time in their lives and them being able to move to a constructive and law-abiding lifestyle.

The knowledge and experience gained by Ingeus through the operation of the Health Trainer Team has been taken forward in a new service being delivered in Chesterfield. The model adopted for this new service replicates fully the original health trainer approach with a team wholly comprising workers with lived experience which was found to be the single most important determinant of successful outcomes.

Ingeus has created a proven, cost-effective model to engage vulnerable people, including people not in contact with the criminal justice system, into mainstream health provision with substantial individual gains in terms of health and quality of life, and considerable long-term savings to the health service, which is able to provide planned rather than emergency care and intervene much earlier in the progression of a range of physical and mental health conditions.



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