

## **An evaluation of the workbook for health trainers in prisons and the wider community: based on the Royal Institute of Public Health Level 2 award: understanding health improvement**

WILKINSON, Katherine, BALL, Linda and BROOKES, Elaine

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# **Evaluation of the student workbook for Health Trainers in Prisons and the Wider Community**

**Based upon: RIPH Level 2 Award in Understanding Health Improvement**

- **Dr Katherine Wilkinson**  
**Hallam Centre for Community Justice**
- **Linda Ball**  
**Health and Social Care research Centre**
- **Elaine Brookes**  
**Public Health Hub**

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## **SECTION 1: Introducing the Health Trainers in Prisons Initiative**

Health trainers (HT's) form part of a public policy initiative designed to tackle health inequalities. HT's were first proposed in the White Paper 'Choosing Health' (DH, 2004) and initially some 1200 NHS accredited HT's were placed in post, providing support in areas with the worst health and deprivation indicators in key Primary Care Trusts (Spearhead trusts, DH 2004). Exemplar job descriptions and standardised HT competencies were also developed, alongside two national HT accreditation schemes, the Royal Institute for Public Health (RIPH) (Level 2) and the City & Guilds (Level 3) qualification.

Today there are a wide range of successful HT models within the spearhead sites and (in advance of their national evaluation) the government have committed funding for rolling out the HT scheme across all PCT's in UK.

Alongside these developments, there has been considerable enthusiasm for HT's amongst not only the Prison Service, Local Authorities and the Armed Forces, but also a wide variety of settings such as the Royal Mail, the National Pharmacies Association, the Football Foundation, Asda and Marks & Spencer. There are currently in the region of 80 HT's working within the UK Prison Service, whilst the Army have trained approximately 450 HT's (as of December 2007).

The North West and East Midlands HT Hubs have developed the HT initiative further within the Prison and National Probation Services by the production of an educational HT workbook (summarised in Appendix 1) to support prisoners in their attainment of the RIPH (Level 2) award. A research team from Sheffield Hallam University were commissioned to conduct a brief consultation exercise to ensure that a sample of prison staff, (who would be implementing the RIPH Level 2 workbook in practice), and prisoners (who had previously completed the RIPH level 2 training) were given the opportunity to contribute effectively to the design and content of the workbook.

This is the final report of that exercise, which contains a set of recommendations based on the findings of the interviews.

## **SECTION 2: Scope of the Evaluation**

This project used a qualitative one-to-one semi-structured interview methodology, which focused upon two specific research aims:

- To provide an opportunity of prison staff and prisoners to actively contribute to the shape, design and content of the educational workbook.
- To add authenticity to the workbook by ensuring that specific prison regime-based adaptations to the delivery of the workbook content are incorporated into the health trainer programme.

These aims were accomplished through in-depth interviews with four trainers and four prisoners, located in HMP Manchester, HMP Stocken, HMP Preston and HMP Buckley Hall, all of whom had seen earlier drafts of the original workbook.

### **Interview Sample**

In-depth interviews were conducted with four individuals working within the area of health in the prison sector, selected by the North West and East Midlands Health Trainers Steering Group based on their knowledge of the HT programme. Although not all the interviewees are currently employed by the Prison service, all had recent experience of working in the prison sector. Four male prisoners (three of whom had successfully completed the RIPH level two in 2008, and the fourth who was in the process of accessing the RIPH training) were also interviewed.

Interviewee health education /background details are as follows:

- A prison-based Counselling, Advice Referral, Assessment and Through-care Team (CARAT) Worker, prison based whose approach to health originates from the healthy aspects related to drug use.
- A Health Improvement Officer based in a PCT, who was originally a special educational needs teacher who worked for the National Health Service before becoming involved in healthy schools and moving on to healthy prisons programmes.

- A prison-based Health Care Practice Manager who manages a number of prisoner health advisors.
- A Healthy Prison Co-ordinator who has a health background grounded in sexual health awareness.
- Four prisoners who provide health services awareness-raising at prisoner induction and operate out of the Health Care suite, conducting peer sessions on smoking cessation, testicular cancer and coping with stress.

All four staff members had different experiences of the RIPH level two 'training the trainers' courses and some had already provided the RIPH level two to students in prisons:

- One interviewee had successfully completed the level two RIPH course in November 2007 and undergone a prison-specific 'training the trainer's' course at a local university over two days in January 2008. They had also delivered the RIPH level two to a group of eight students over a four day period in prison. The student group was split with half being prisoners and half prison staff.
- Another interviewee had successfully completed the generic training the trainer's course in one day. They had also delivered an RIPH level two training course to 7 prisoners in the prison
- Another had completed the level two RIPH at the prison along with eight prisoners over two days. The course was facilitated by the prison's local education provider
- The final interviewee had completed the RIPH Level 2 in November 2007 and has a facilitator certificate to deliver the course in prison. They are currently planning to deliver their first RIPH level two training as soon as the workbook is launched officially

## **Data Analysis**

The interview schedule is shown in appendix two. All interviews were digitally recorded with participant consent. Recordings were transcribed and rendered anonymous and the resultant qualitative data was organised into codes, categories and themes using content/framework analysis. Theme identification was validated further by re-reading and assessing commonalities of fields (Patton 1990, Valente 2002).

## **SECTION 3: Results**

Participants provided extremely useful views on three key aspects relative to the RIPH Level 2 student workbook:

1. The approach, content and layout of the student Work Book.
2. RIPH Level 2 Tutor training and support needs.
3. Contextualising of Level 2 RIPH Health Trainer training within a prison setting.

The following sections consider specific points made relative to each theme, listed above, in more depth:

### **3.1 The approach, content and layout of the student workbook**

All eight interviewees were highly supportive of the RIPH Level 2 workbook and were unanimous in their praise of both the concept and the final draft. Responses from all the participants interviewed for this project about the work book were very positive and many felt that the work book was an excellent idea which was entirely appropriate for supporting teaching in the prison sector.

#### **3.1.1 Concept of the workbook approach**

Providing a physical work book which students could utilise during 'lesson' time and to be used for reference outside teaching time was considered a positive step:

*'It's a fantastic aid. It allows them to take something away, it's something concrete as well, it's something they can handle'* (Prison Staff).

*'I think for the groups themselves, allow the individual to take away and review and continue to learn'* (Prisons Staff).



Interviewees described how the approach used within the workbook encouraged, supported and rewarded prisoner learning:

*'That kind of encouragement - 'Well done, you've now completed the second...' - I love the way that those 1, 2, 3 steps - now we're going to go on to step 2 - it kind of encourages them to take it through and they'll probably get a sense of achievement without pre-empting it. They get to those pages and it's like 'Well done, you've now completed the second' - that should make you feel good.'* (Prison Staff)

*'I think what's really good is there's a section here 'Question everything you do', I thought that was fantastic because that's what I tell the lads all the time - It's that whole thing about questioning what we've heard before. So those kind of questions I would then start a debate about well where have you heard that... see if there's any proper evidence base for that and then talk to them about it next week.'* (Prison Staff)

*'This is targeting people's strengths and weaknesses. Some people might find it easy to read the text and find the answers, some people might like the true or false, some people just like to do it the old-fashioned way of just learning it parrot fashion - there's a few different ways to learn in this book... A lot of it is more graphic, more colourful. It's a lot more interesting book.'* (Prisoners)

*'The past couple of months I've been reading so much stuff that I'm getting my facts and figures mixed up and I'm thinking I'll have to go back, so this would be good in terms of - you get so many figures, you get the ATSM and you get different kinds of board publishing different kinds of information, you forget what did this board say, so in a way it's good to have something to refer to'* (Prisoners).

### **3.1.2 The Content of the workbook**

#### **a) Additional explanation of the HT role**

It was reflected by participants that the workbook would benefit from beginning with a section which provided a clear indication of what a health trainer does:

'A section that says 'A health trainer is...' and it is just an A4 that explains what they do. I think also it needs to be explicit in the introduction by the facilitator, that's where that information needs to be' (Prison Staff).

Another participant commented on the difficulties of explaining this in the front of the workbook, as:

'The health training in each different establishment will mean something different. Although there's this one health training qualification you can get, whether you move on to do the City and Guilds Level 3, it's being done differently in every single establishment, and to say this is what a health trainer's going to do in the front of this, I don't think you can do that. Especially if it's going to go on to be used in say probation sentence or whatever as well, it's going to work differently wherever you go' (Prison Staff).

Students in prison were reported to be keen to know what the RIPH level two qualified them to do, with the view to gaining employment on their release. Prison staff felt it was important that prisoners took from the training the value of 'looking after themselves' rather than simply viewing the training as a route to employment:

'A lot of them have asked 'Are the NHS going to give me a job' and it's trying to get that across to people, How do you explain that this might not get you a job as a health trainer but it's a useful qualification? Trying to get across to them that it might be useful to them for other things but no the NHS might not give you a job because not all PCTs will take on offenders' (Prison Staff).

Staff considered that a clear indication of where the RIPH level two was positioned with respect to the overall health trainer qualification would also prove helpful to them:

'The question they asked was what's the qualification going to be and what does it lead onto? I had to actually go into my own paperwork from my trainers training course to actually find that answer at that time' (Prison Staff).

One participant reflected that although this level two covered some of the health trainer competencies, as it was not the full health trainer qualification, this was unintentionally misleading to prisoners and therefore the health trainer label could be removed for clarification:

'The title should be 'Understanding Health Improvement for Health Guides'. Because also what it does explicitly say in here is that this is the first step. It covers some of the competencies for being a health trainer, but it needs to say somewhere here: This programme is the first step on the ladder to health trainer development so I think the terminology should change to health guide' (Prison Staff).

The issues raised indicate that there is uncertainty surrounding where the RIPH level two is positioned in relation to the health trainer qualification and the realistic potential for prisoners gaining successful employment in the area of health advice on release:

*'They're thinking from a criminal justice point of view is 'We want these guys with jobs' and that's their driver. Where actually what I'm looking at is trying to get these people thinking about looking after themselves, so they're slightly different things. There's only about 10 in the entire prison population that won't be released, 12 at the most. Huntley will die in prison, Ian Brady will die in wherever he is, but most of them are coming out. What you really want to do is gear them up (if that's the right phrase) for coping with themselves, because the NHS ain't gonna look after you' (Prison Staff).*

## **b) Glossary/ language used**

The language and terminology used were discussed and it was felt that in places this needed further attention:

*There are going to be pre-requisites in terms of basic skills and knowledge, but I think maybe it's a bit too wordy. (Prison Staff)*

*There's lots of different things that aren't defined or things that are taken as read. (Prison Staff)*

*I didn't know what para-verbal meant....it's jargon - when you read it you can see what they're talking about is nods and grunts, but 'para-verbal', do they need that? Do I use that in my day-to-day work - no I don't! (Prisoners)*

## **c) Graphics and layout**

In terms of structure, graphics and lay out, both staff and prisoners alike particularly liked the graphics and colours used in the workbook:

*'What I found is it kind of wipes out all the stuff of 'which way do you learn?' type thing, it helps' (Prison Staff).*

*'A lot of it is more graphic, more colourful. It's a lot more interesting book' (Prisoner).*

*'I like the colour' (Prison Staff).*

The prisoners particularly reflected their pleasure at working with a book that broke down the information they needed to learn in inventive and stimulating ways:

*'Pages and pages of text tire you out after a while, so little bright bits here and there are great. It's less large bodies of text and it's more broken up into little...sound bites' (Prisoner).*

'It's like an internet page; you know where you see the little footprints at the bottom' (Prisoner).

Participants also enjoyed the light hearted quotes inserted throughout the work book:

'I love the little quotes at the bottom; I think they're really thought-provoking and good' (Prisoner).

However, one interviewee expressed surprise at the inclusion of one particularly health trainer specific quote:

'The Oscar Wilde's one is 'It's always a silly thing to give advice, but to give good advice is fatal' and fatal means death, so what's that saying is if you give good advice to someone that can cause death and that's exactly what we're not supposed to be doing. In this sense, good advice and encouragement is to improve health, it's not going to be fatal' (Prison Staff).

#### **d) Sound bite approach**

Both prisoners and prison staff identified the visual and 'sound bite' approach of the workbook as aiding different learning styles:

'It's quite clever how they make you take the information in actually' (Prison Staff).

'I liked the questions all the way through it because I thought they provoked a lot of thought and discussion. The little quizzes and things were really good as well, they give you something to focus on I think' (Prison Staff).

'What I found was that they went straight to those initially, they were like 'Ooh, it's asking me', it's interactive' (Prison Staff).

### **e) Workbook signposting**

Some prison staff felt that the workbook would benefit from more explicit signposting. Many reported that they found the section contents were not introduced clearly and felt that more guiding information would improve the ease with which both student and tutor could be guided through the purposes of the different sections:

'The dimensions of health- it needs an introduction, it just goes straight into dimensions of health, what affects your health and it doesn't explain why that's there. It doesn't link it to the previous page, maybe it needs to say explicitly, it's a signposting thing' (Prison Staff).

'What is the purpose of the case study? It doesn't say that they're going to come to it later because in step 4 or 5 it comes back to that case study, so again it's about introducing the case study - because it didn't make sense why it was there' (Prison Staff).

'I don't understand why that notes box is there, there's no introduction. Nothing saying 'Use this to jot down your ideas'. Perhaps have a separate notebook or perhaps have a section at the back of each section so instead 'To make notes, go to this page' - that just appears, it says 'What factors influence health improvement' and then all of a sudden it's Gimme 5 and it's like where are we going with this? So more signposting and more subheadings and little introductions: this is what this is here for.....' (Prison Staff).

### **3.2 RIPH level two tutor support**

It was reported that some prison staff felt the need for prison-specific tutoring support to aid their delivery of the RIPH level 2 award:

#### **3.2.1 Undertaking the RIPH level 2 training**

In conjunction with their views of the final draft of the RIPH level 2 workbook, all interviewees also provided in depth views on their experiences of undertaking the RIPH trainer training:

This section contains a brief overview of reflections on the interviewees RIPH training experiences.

### **a) Attaining the RIPH level 2 qualification**

Of the interviewees who had completed the RIPH level 2 course, all reflected that the qualification was not difficult to attain, due to pre-existing knowledge and competencies.

The prisoners noted that:

*'Most of us here are involved with different aspects of health anyway, so I don't think any of us found it - like, some of us work in the gym, we've all done Level 2 fitness courses - so most of the stuff in there was stuff that we were familiar with' (Prisoners).*

However, one staff interviewee stated that he found the course helpful regarding health issues, as he admitted 'knowing a little but I didn't know a lot' (Prison Staff).

### **b) Attending the training the trainers course**

This short course was provided by the North West and East Midlands Health Trainers Hub and focussed on the actual process of delivery of the RIPH level 2 training, for those who had no previous experience of training provision. Interviewees who had attended this course found it useful:

*'It was more in depth and it was about how you come across, exercises you can use, I found that really good to enhance skills I already had. It increased my experience and it increased my confidence as well (Prison Staff).*

*'It was watching somebody else do the actual teaching and watching what skills they use' (Prison Staff).*

However, interviewees would have preferred more focus on the practicalities of delivering the training:

*That's what I thought was missing from the training tutors course. It was only a day's course and I came out of it thinking I haven't actually learnt anything much more than I knew already but I've got this nice qualification. It was a training tutors course and really it should have had things like that in it, like how do you address whatever situation. (Prison Staff)*

### **3.2.2 Delivering the RIPH level 2 course in prison**

#### **a) Methods of delivery**

Trainers, who had already delivered the level two courses after their attendance at the 'training the trainers' course and prior to the workbook launch, commented that they had used a variety of resources with which to deliver and structure their course:

*'I had the drafts of the workbooks to help fortunately, but what I did was transfer the Power Point presentations and stuff that would help from the workbook drafts onto flip charts' (Prison Staff).*

*'We were provided with the Power Points which I thought were a bit boring and a bit bland, so I broke it down and wrote my own session plans and Power Points, making them a bit more colourful, a bit more interactive. I put in a few more exercises and activities to pad it out, and I delivered it from my own stuff really' (Prison Staff).*

One interviewee had delivered the course to a split group of prisoners and prison staff, this way of approaching the training of the RIPH course was described as breaking down some of the traditional barriers between the two groups:



'It didn't really matter whether you're a prison officer or a prisoner; there was still that lack of knowledge so they needed to be informed' (Prison Staff).

It was also noted that delivering any course inside the prison sector has its own inherent issues, which the respondents noted:

'I did it over 10 mornings over the course of two weeks, but actually I felt that that was too much I did it in the mornings so it wouldn't interfere with prison visits in the afternoon' (Prison Staff).

'I was delayed one morning- when I got there the prisoners had turned up, but nobody had wanted to watch them until I got there, so they'd sent them all back. The roll<sup>1</sup> wasn't in and we had to wait another hour before we could get back and that was an hour of a session lost' (Prison Staff).

It has been demonstrated that the prison staff participating in this consultation have had different prior experience of health awareness and this has impacted on their perceived ability and confidence in the delivery of the RIPH level two training. This raises an issue concerning the potential desirability of increasing the delivery support mechanisms available along with the launch of the RIPH level two workbook. This issue is returned to within the main body of this report.

## **b) Varied knowledge-base of tutors**

It was reported that some prison staff felt the need for prison specific tutoring support to aid their delivery of the RIPH level 2. As mentioned in the introduction, prison staff who will be delivering the course are drawn from the general prison staff population who have different professional backgrounds. This may have an impact on their levels of prior knowledge of health issues and levels of confidence when faced with facilitating group teaching and coping with the associated semantic fields of health and well being used on the workbook:

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<sup>1</sup> Twice a day, prisoner movement is stopped to take a 'registration' of the whole prison.

'There are lots of different things that aren't defined or things that are taken as read' (Prison Staff).

One interviewee reflected that as they had little prior experience of teaching, these issues could be picked up in the 'training the trainers' course, however they had found that element of the course less than satisfying:

'It was a training tutor's course and really it should have had things like that in it, like how do you address whatever situation?' (Prison Staff).

Staff that had advanced prior knowledge of health issues also reflected that these issues may be addressed somewhat by the inclusion of a glossary and the potential of de-jargonising the language used in the workbook:

'I think maybe it's a bit too wordy' (Prison Staff).

'I didn't know what para-verbal meant. Again it's jargon- I'm just of the opinion of not dumbing it down, but just making it as transparent as possible' (Prison Staff).

It was reflected that delivering this course in prison would benefit from a sense of the time each session would take, as the prison day is circumscribed by the prison regime. Some felt that a facilitator's introduction would be helpful, while others felt that a more detailed tutor guide could be utilised to include more detailed information on the topic areas covered and an idea of what the tutor is aiming to get from the students during each session:

'Definitely a teacher's handbook or whatever.' (Prison Staff).

'It needs a lesson plan in it. What it doesn't say anywhere is how long this will take to deliver' (Prison Staff).

'It needs more information in there for the tutor to be able to use' (Prison Staff).

### **3.3 Understanding the health trainer initiative in prison: The Broader Picture**

Prison staff reflected that launching any new and innovative programme in the prison sector was often difficult, due to issues pertaining to regimes, working practices and funding issues in the prison sector.

#### **3.3.1 The practical challenge**

##### **a) Prison regimes**

Participants reflected that the health trainer initiative would prove challenging, particularly with regard to restricted prisoner movement in some establishments:

'It was very difficult to imagine it being implemented at [named prison]. It's quite difficult to implement new things, plus the fact that we're a [named category of prison<sup>2</sup>]. In lower category prisons health trainers have been based in one area of the prison and the lads can wander over, there's more free movement. There's no free movement whatsoever at [named prison], everyone's escorted, definitely by prison officers or dog patrol or whatever. There is also a [named category] unit within the prison, so nobody can move at the same time. Everything needs to be co-ordinated with everything else' (Prison Staff).

'Reservations [about the Health Trainer initiative] were only based on past knowledge about how we implement new things, new initiatives, because everyone's got their role, prison officers are detailed to do this, this, this and this and they're not going to do anything else, understandably because security is the number one priority. Anything else over and above that you've just got to step in behind' (Prison Staff).

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<sup>2</sup> Categories refer to the security status of a prison and range from A, B and C, A being the highest security category. Some prison's have a mix of security categories for different areas or wings in the same establishment.

## **b) Cost implications**

Some participants were concerned with the cost implications to the prison service of this initiative, given the reality of the transient nature of the prison population. Where having health trainers in prison was viewed as a very appropriate route to take, there were concerns that prisoners would not be in prison long enough for benefits to be reaped by the prisoner population:

'Yeah, because if level 2 is £630, God knows what Level 3 is going to be. The college wanted - we had 9 of them sit through level 2 - she said we'd probably need a minimum of 7 to get to level 3 over a six month period. Well firstly, most of those guys apart from lifers, even guys on eight years are going to be shifted out. It's like a bus station this place. To get 7 into level 3 I'm going to need three groups probably that have done Level 2 and perm some out. Even then I won't keep them' (Prison Staff).

'The trouble with prison, obviously it's transient. You get people coming in and then after a couple of months or whatever they'll go' (Prisoner).

It was suggested that if the health trainer initiative was to gain any real ground in the prison sector, it would benefit from being rolled out nationally:

'Hopefully if it is brought out in all prisons, because how prisons work, sometimes you can be moved away from home so if you do want to be moved to a prison closer to home, if they're doing it you can start it up. If there's a new course starting in the prison that you're going to or in the D cat or another prison, you can be remanded for a certain amount of time and then you move from there to a C cat and carry it on there, so if it's uniform around the country' (Prisoner).

### **3.3.2 Prison service: A unique context**

A variety of prison specific, not community specific issues were raised during the discussions regarding delivering the RIPH course. This section highlights these issues.

#### **a) Sign posting to services**

It was felt that issue relating to sign posting health services in prison were very different from in the community, so much so, that it could be better encapsulated in the workbook:

'In here you've got obstacles in your way all the time. Outside you can move around and find your own ways of finding people, the different departments that you need, people to go to. In here you're stuck with what you've got' (Prisoner).

However, others reflected that they were doing the RIPH course with the intention of finding work in the community; but also felt that a small prison/community split in the workbook would be helpful to them:

'Maybe it's targeted for the community because that's where we'll ultimately be doing the course. Because I don't think any of us plan to stay here forever. Maybe if there was a general part, so it could show us what to do in prison, but the majority of it should be in the community so we'll know what to do when we're in the community' (Prisoner).

#### **b) Barriers to accessing 'healthy' resources in prison**

Participants reflected that although they thought that the exercises included in the workbook were of a high standard, some were difficult to adapt in prisons as there are often barriers to accessing health related information and resources. For example, one exercise asks students to access newspaper clippings of health related news. Prisons often don't have access to newspapers. Prisons do have

libraries; however access to these can often be restricted. One suggestion offered regarding this issue was:

'If the booklet had more information, maybe at the back, it would allow them to go away and read up more, simply because they don't have access to the library like we do and they don't always get to the library' (Prison Staff).

One participant suggested that the workbook could be accompanied by paper based resources, in more of a tool kit form:

'If I had a big folder with far more stuff in, that would be great. The more you give them the better' (Prison Staff).

Anecdotally, it was reported that at one establishment, the lead on this project had opened and was regularly stocking a health trainer's file in their library.

The workbook contains references to information on the World Wide Web. Prisoners have no internet access. One staff member reflected that this also caused issues for them when students asked questions that they did not have the answers to:

'I had to do my research in the evening. Sometimes it needs to be there and then, because we were running it in the morning and the afternoon, it would have been nice to be able to go back straight away in the afternoon and say 'Right, I know I said to you I didn't know- now I do. Here's the information' (Prison Staff).

A further dilemma reported by prison staff was the difficulty of students making healthy choices in an environment they have little control over:

'That was the other thing I was saying about when they mentioned 'Well where am I going to get 5 fruits a day from because we don't get 5 fruits a day, we might get 1 fruit a day' - they get a choice so they might get a sponge with custard or they get rice pudding or they can then have an apple or orange or banana, so I said 'What about your veg?', but the trouble is veg in prison will be stewed so much that they probably don't get enough' (Prison Staff).

One staff member reported that they had approached the catering service at their prison and received a beneficial outcome:

'Our health trainer has actually been working with the catering department since they've done this course to look at the menus and make healthier suggestions to them and they're supposed to be including extra fruit now. They know that they're supposed to be getting 5 a day and they can't do the menus, and they're meant to be doing something about it. That's about the whole prison approach, that's what it's all about' (Prison Staff).

### **c) Prison specific health issues**

It was felt that there were certain health related issues that were more intensified and more common in the prison sector. Prisoners particularly felt that the health related sign posting role, they aspired to, should reflect these prison specific issues:

'The stresses in prison are incapacitation and inability to do anything about it' (Prison Staff).

'Boredom, depression, these are all things that obviously do occur in the community, but it's rather intensified maybe' (Prisoner).

Some participants felt that using prison based case studies would enable a more aligned delivery of the RIPH course and also ensure they were equipped to deal with often specific situations.

### **d) The prison as a learning environment**

Some participants felt that despite the 'portability' of the workbook, the difficulties associated with independent learning in prison should be accommodated within the workbook exercises. For example, where prisoners are two to a cell,

homework or self-study can prove challenging. One solution suggested was that rather than homework, role plays could be employed to ensure students took some ownership of their learning:

'Some kind of gentle role plays would be good' (Prison Staff).

'I got them to work in pairs and they did it quietly amongst themselves, and they all joined in. I was really surprised actually because I was thinking will they do it or won't they, but they all joined in and they all wanted to feedback then as well' (Prison Staff).

Prison staff reflected that in their experience, their client group generally retained and understood information much more effectively if it was 'pitched' at them in a practical way. This was most strongly associated with the theories of change section of the workbook:

'As you read through there are bits where they're thinking about your prison client group and then they get to the theory - it's the whole thing about academia - theories are there but maybe we need to adapt them' (Prison Staff).

'You just need a sense of 'How is this going to help me as a health trainer? Why should I know this?' If I'm here chatting to a cell-mate or whatever, how is this going to help me on the ground?' (Prison Staff).

The issue of focussing on the relevance of what was being learnt was expressed further as staff felt that in their experience of education, their client group responded well to a 'common sense' approach to learning. Some participants also reflected that the RIPH course delivery would benefit from using certain representations that were more familiar in the prison environment. For example, the workbook uses snakes and ladders imagery for the 'Cycle of Change' model, when a large number of the prison population come into contact with a different more cyclical visual model used during drug related programmes in prison:



'That one is normally done as a cycle and I thought that might throw people because they'll have done that on a lot of the drug courses and things. They're generally usually very familiar with that cycle' (Prison Staff).

#### **d) Confidentiality in prison**

The general view reflected that confidentiality issues were well covered in the workbook. Given the often close living quarters in prison, this topic area may be viewed as even more significant than for health trainers in the community. Full time prison staff reported that they approached teaching this section with a view to harnessing the prisoner's desire for developing a high opinion among their peers:

'It's trying to get across to them as well that by keeping that confidentiality it can earn them a certain amount of respect' (Prison Staff).

Another participant added prisoners have no access to computers:

'It talks about confidential details including those kept on a computer - that's not relevant to prisoners' (Prison Staff).

One participant suggested that the workbook would benefit from containing some health trainer paperwork to ensure students engaged with these issues practically:

'There should be a guide to go through the actual paperwork, so the paperwork the health trainer fills in, the assessment form - that's where that should be and there's nothing about an assessment form in this is there, this is just to go through the learning outcomes. But a big part of their role is to be filling forms in and maybe that should be included in step 4 in the confidentiality bit, talking about filling those forms in and what needs to be confidential' (Prison Staff).

### 3.3.3 Wider Implications

However, in conclusion, prison staff also reflected that the initiative was about more than qualifications and employment:

'They're thinking from a criminal justice point of view is 'We want these guys with jobs' and that's their driver. Where actually what I'm looking at is trying to get these people thinking about looking after themselves, so they're slightly different things. What you really want to do is gear them up (if that's the right phrase) for coping with them selves' (Prison Staff).

'This course increases the capacity for prisoners to gain knowledge. Improving their health while they're in prison is fine, but it also has a knock-on effect on release on their families and the wider community' (Prison Staff).

#### **SECTION 4: Recommendations & conclusions:**

All eight interviewees were highly supportive of the RIPH Level 2 workbook and were unanimous in their praise of both the concept and the final draft. Both the idea of using a workbook to deliver the learning, and the structure and graphics used within the workbook were praised. There were certain key issues within the workbook which interviewees felt could be improved upon however. In summary, these were that:

- '*Health Guides*' rather than '*Health Trainers*' be used in the workbook title, as this was felt to be more appropriate for the level 2 training.
- An introductory chapter, providing information about the HT scheme overall, what a HT actually does, where the RIPH level 2 training sits within the scheme and where the qualification might ultimately lead, could also be added.
- The workbook would benefit from more specific signposting; many found the contents of some sections were not introduced clearly and felt that more direction here would improve the ease with which both student and tutor could be guided through the purposes of the different sections.
- The language used requires further scrutiny, clarification and definition as it was on occasion '*too academic*'.
- Although interviewees liked the short 'test your knowledge' techniques at the bottom of certain pages, these should relate more closely to the specific topics being introduced on those pages, which was not always the case.
- HT paperwork could be included in the workbook, to encourage '*practical*' engagement with the role.

In conjunction with their views of the final draft of the RIPH level 2 workbook, all interviewees also provided recommendations based on their experiences of both undertaking and delivering the RIPH trainer training:

- A 'Tutor Pack' and accompanying 'Tool-Kit' is developed to accompany the workbook, which would serve to accommodate the different levels of health awareness and teaching skills amongst staff. This could not only contain additional learning materials (such as newspaper articles, research, health promotion literature, etc.) but also tips and suggestions for '*presenting and handling*' specific topics more effectively in class.
- In terms of actually delivering the course in prison, the handbook could also provide a sense of the time each session would take, as the prison day is circumscribed by the prison regime.
- Interviewees also raised the potential for increasing training delivery support mechanisms available in general, alongside the launch of the RIPH level 2 workbook.

Participants reflected also that the health trainer initiative would prove challenging in a prison service setting, particularly with regard to:

- Restricted prisoner movement in some establishments and the ongoing rotation of both prison staff and prisoners.
- Concerns that prisoners would not be in prison long enough for benefits to be reaped by the prisoner population.
- Although the exercises included in the workbook were of a high standard, some were difficult to adapt in prisons, where there are often barriers to accessing health related information and resources.
- Sign posting health services in prison is very different in prison from in the community, a factor that could be better encapsulated in the workbook.

- Where prisoners are two to a cell, homework or self-study could prove challenging. One solution suggested was that rather than homework, role play could be employed to ensure students took some ownership of their learning.
- More awareness and consideration of the prison context could be incorporated into the workbook, as this would facilitate more effective learning and information retention for the students e.g. the workbook contains references to information on the World Wide Web - prisoners have no internet access. The provision of additional learning resources (e.g. prison based examples and case studies, newspaper clippings, research articles, etc.), which were not readily available to prisoners, was also recommended.
- Although confidentiality issues were well covered in the workbook, given the often close living quarters in prison, this topic area needs to be viewed as even more significant than for health trainers in the community. Full time prison staff suggested that teaching this section be approached with a view to harnessing the prisoner's desire for developing a high opinion among their peers.

In conclusion, prison staff felt that the HT initiative would be well supported by the student workbook in the prison and probation services. They also felt that this initiative was about more than qualifications and employment; ultimately, they were hopeful that it would not only increase the capacity for prisoners to gain knowledge and improve health status in prison, but also have a beneficial effect on prisoner's families and the wider community upon their release.

## **References**

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Valente T. W. (2002) Evaluating Health Promotion Programs, Oxford University Press.

## **Appendix 1: Workbook Summary**

The workbook structure begins with an introduction, 5 key steps and an appendix, across 138 pages. The introduction overviews the RIPH award, entry requirements, the final assessment and potential post course opportunities. The introductory section closes with a self assessment activity designed to be returned to on completion of the workbook and also a 'how to use your book' section.

Each step is introduced with a 'What you will learn' section:

- Step one contains information and activities through which the student understand the benefits of promoting health and wellbeing
- Step two aims to aid the understanding of factors that support and create barriers to health improvement
- Step three aims to explore the theories of the change process
- Step four sets out the ways to handle confidential and sensitive information
- Step five overviews methods of evaluating healthier lifestyle programmes

Each step is punctuated with 'test your knowledge' techniques at the foot of some pages. These are formatted as 'True or False', 'Give Me Five' or 'Fact or Fiction'.

Each step closes using the formatted sequence of:

- Bullet pointed summary of 'what learnt' in the relevant step.
- Mapping of the step's learning outcome to HT National Occupational Standards.
- Test your knowledge page (same format as the final assessment).
- Learning review.
- Correct answers to punctuated test your knowledge questions.

## **APPENDIX 2: Interview Schedule – Workbook Evaluation May 2008**

**Background:** (to begin- overview of evaluation, report, anonymity and permission to record)

- Can you just please give me your role title for the tape?
- Can you just tell me a little bit about your professional background in terms of knowledge around health?
- What / when did you first hear about this HT initiative? What were your thoughts on the idea in prisons?
- Can you please outline your involvement with the RIPH health trainers initiative? (Have you been on 2 day RIPH train the trainer's course? When? What was it like? Was it tailored to working in prisons?)
- Did you leave the training session feeling confident enough to provide training to others?
- Have you provided training to others? If so, when, how many, how did it go?

### **The work book generally:**

- Can you tell me what your first impressions are/were about providing a workbook to support the teaching of this course to prisoners?

### **The workbook specifically:**

Can you just take some time and have a more detailed look at the workbook please. Can you tell me what you think about the:

- General layout
- Language used, in terms of your target audience (**Step 3, page 11**)
- Graphics and colour



### **The introduction (6-9):**

- Do you feel it provides enough background to the health trainer scheme?
- Do you feel the workbook contextualised/located/sits well within the health trainer training?
- What do you feel students get from the introduction, in terms of the 'progression opportunities' section (**Page 9**)

### **The learning techniques in each section:**

- True or false **Step 1: 14, 16, 18**
- Give me 5 questions **Step 2: 47, 49**
- Fact or fiction **Step 4 and 5: 96, 98**

### **Formatted section for each step:**

- Summary **Page 62**
- Test your knowledge **Page 63**
- Learning review **Page 64**
- Answers **Page 65**

### **Information provided**

- Do you feel the workbook includes the information you need?
- Is it pitched at the audience you work with?
- Do you think there is a 'shift' in language and complexity between Step 3 and 4? (**Compare 53, 54 and 77, 79, 81**)
- Would a short introduction to each theory/ model be beneficial?

### **Facilitating workbook activities**

- Do you feel there are any restrictions on the resource material you can use to work through these activities? (**Page 49**)

- Do you feel confident to facilitate group discussion exercises? (**Page 49 and 61**)
- Would a teaching/ tutor guide with resources be useful for you?

**Appropriateness of workbook in prison:**

- Do you feel this workbook is adaptable/ appropriate for the prison environment?
- Do you think there are any specific examples of how the content/ exercises could be adapted to the prison regime?
- Are there any particular restrictions that you would experience in delivering these sessions to prisoners (lock down, category of prison, room bookings?)
- Do you think practical issues in prison will be a barrier to this workbook successfully? (no web access/ offenders restricted access to gym etc).
- Can you suggest any ways in which the work book structure could be adapted to facilitate these issues (e.g. could sections be shorter to ensure that appropriate 'breaks in learning session availability' could be accommodated)?

**Interviewing for health skills** (time management, listening skills, interview techniques, confidentiality and data protection act)

- Do you feel this section covers these skills fully enough for your student group? (**Page 54-69**)
- Do you feel there any confidentiality issues that are intensified in prison that need to be covered here?

## **Assessment**

- Do you feel the work book contains enough information regarding the formal assessment the individuals will be doing later
- Do you feel that the relevance of evaluation for the health trainer role is covered in enough detail? **(Page 106)**

### **To close:**

Do you feel that promoting and supporting the health trainer training would be beneficial to the whole of the prison population? If so, how?