



EVALUATION OF ROCHDALE OFFENDER HEALTH TRAINERS DEMONSTRATION PROJECT

REPORT OF FINDINGS

EXECUTIVE SUMMARY

March 2011

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HEALTHY SETTINGS DEVELOPMENT UNIT

The Healthy Settings Development Unit was established in 2001 and aims to support and facilitate the holistic and integrated development of health – acknowledging that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” (WHO: Ottawa Charter for Health Promotion, 1986).

The Unit forms part of UCLan’s School of Health. Its portfolio includes:

- development, delivery and management of externally-funded settings-focused health promotion programmes – including the Big Lottery funded Pan-Regional Prisons Programme, Health, Inclusion and Citizenship
- research, evaluation and knowledge exchange
- training, CPD and consultancy
- contributing to the delivery of undergraduate and postgraduate public health teaching – including the specialist Healthy Settings module
- leadership and co-ordination of UCLan’s Healthy University initiative
- co-ordination of the English National Healthy Universities Network
- chairing the International Union of Health Promotion and Education’s Global Working Group on Healthy Settings
- contributing to the development and management of WHO’s Health in Prisons Project.

ACKNOWLEDGEMENTS

The authors would like to thank:

- all those interviewed for their willing participation in the research
- all those on the Project Steering Group for their guidance and support
- Jane Thompson for commissioning the research
- Paul Reid and Sean Kilmurray for their role in data collection
- Sandra Brookes for her expert administrative support.

EXECUTIVE SUMMARY

INTRODUCTION AND BACKGROUND

This report summarises learning captured through the process evaluation of the Offender Health Trainer (OHT) Demonstration Project, commissioned by the North West Health Trainer Partnership. It aims to inform the next stage implementation project and wider service roll-out.

The NHS Health Trainer service was launched in 2005 with the aim of tackling health inequalities through helping disadvantaged and hard to reach communities access local health services and make healthier lifestyle choices. Whilst the main focus was on disadvantaged geographical communities, the initiative also signalled an opportunity to develop services with target groups such as offenders in prison and probation settings.

Offenders and their families represent one of the most socially excluded groups, with considerable physical and mental health needs compared to the general population. Their problems are often complex and interrelated, as many have poor life and coping skills and have also experienced long term disengagement from services and a lack of education, training and employment. OHT services are already operating in some prisons, and there is growing interest in developing them in the probation setting.

ROCHDALE OFFENDER HEALTH TRAINER DEMONSTRATION PROJECT

Rochdale is one of the most deprived boroughs in England and at any one time has approximately 1500 people subject to supervision by Greater Manchester Probation Trust (GMPT). The OHT Demonstration Project has built on previous pilot activity in other regions and the existing Community Health Trainer service at NHS Heywood, Middleton and Rochdale. Its goal is to improve the health of offenders subject to supervision by the Probation Service, through offering personalised support and improving access to appropriate health services. At the same time, it aims to tackle local health inequalities, empower offenders, improve the employment prospects of ex-offenders, improve community re-integration and reduce reoffending rates.

PROCESS EVALUATION: OVERVIEW AND DESIGN

This process evaluation aims to capture the learning that has come from the development of the OHT partnership between Health and Probation Services in Rochdale Borough. Receiving ethical approval through UCLan, the study was designed to be flexible and responsive to the needs of the project as it evolved, and comprised three elements:

- **Rapid Appraisal of National Offender Health Trainer Programme:** Using literature review and informal conversations, this provided contextual information and summarised evidence of effectiveness of developments to date.
- **Qualitative Review of Rochdale Offender Health Trainer Demonstration Project:** This comprised seven interviews with staff involved in managing the project, ten interviews with service users, three interviews and one focus group with OHTs.
- **Joint Action Planning and Reporting:** Drawing on the above research, a workshop was held to present emergent findings, validate and expand data and enable action planning.

PROCESS EVALUATION: FINDINGS

A) INTERVIEWS WITH MANAGERS

Analysis of the evaluation data revealed a number of interconnected themes:

Responding to Key Drivers: Tackling Health inequalities and reducing reoffending were identified as the two key drivers that had catalysed and added legitimacy to the Rochdale OHT Demonstration Project, with interviewees revealing an evident willingness to develop a shared understanding of the interconnections between the two agendas:

Developing the Partnership: Whilst acknowledging the challenge of achieving effective partnership working between sectors with different agendas and priorities, interviewees highlighted the importance of previous collaborative work – and in particular the co-ordinating role of the Regional Offender Health Team – in paving the way for the OHT partnership. Interviewees identified a range of factors that facilitated successful partnership working: consensus; leadership; clarifying roles and responsibilities; securing mutual respect, developing a supportive culture and sharing expertise; building trust and openness.

Recruiting the Offender Health Trainers: A key task of staff managing the project was to recruit OHTs to deliver the service – on a part-time basis in order to avoid impacting negatively on receipt of benefits. Interviewees felt that the project had been successful in ‘walking the talk’, by facilitating rehabilitation of offenders through a sensitive recruitment process that offered employment and training opportunities to ex-offenders not regarded as being ‘high risk’. In order to avoid perceived problems with ex-offenders being employed by the NHS, the OHTs were employed through Probation.

Providing Training and Building Skills: As part of a commitment to ensuring equivalence and consistency with the Community Health Trainers initiative – as well as helping staff to a portfolio of accredited training – the Rochdale OHT Demonstration Project ensured that those recruited undertook the core City and Guilds Level 3 Health Trainers qualification. In addition, the recruits received thematic training on key topics and induction training to equip them to deal with the particular challenges of working within the Probation context – which interviewees felt could be strengthened in the future.

Collecting Data: An important part of the OHTs’ remit was to collect data, recording routine demographic information, generating a client group profile, understanding lifestyle challenges and associated behaviour changes, and helping build evidence of effectiveness – both in addressing health issues and reducing reoffending. Interviewees highlighted several hurdles including: delayed access to the Health Trainer Data Collection Recording System (DCRS); and poor literacy and skills levels. Looking to the future, they were concerned to track impacts on offending behaviour and health; explore how these impacts might be economically quantified; and compare areas with and without an OHT service in place.

Judging Success: From the ‘health’ perspective, key aims were for OHTs to facilitate access to services for offenders and to support them in making changes to their lives. Interviewees felt strongly that the project had been highly successful in terms of access but that it was too early to judge success in relation to lifestyle change. However, they felt that the service had been developed to take account of the complexity and chaotic nature of many offenders’ lives and in ways that appreciated the connections between health and

other issues – and offered stories that powerfully illustrated how the project had moved beyond service provision to empower individuals to make real changes to their lives. From the offender management perspective, the major success indicator was seen to be reduction in reoffending. Whilst acknowledging that it was unrealistic to expect to measure such changes within the project's lifetime, interviewees provided anecdotes indicating success.

Communicating: Within the project team, feedback mechanisms were seen to be important as a means of guiding future developments and improving service provision.. Those interviewed also emphasised the importance of raising awareness, to ensure that stakeholders within key organizations knew about and understood the remit of the OHT service – confirming that the Project Board had decided initially to limit external communication, in order to minimise the risk of negative media and public perceptions. However, a broader communication plan was developed that set out a step-by-step approach and looked to build on success stories emerging from the evaluative research – recognizing the need to move beyond the internal focus to ensure wider publicity.

What's Helped?: Interviewees highlighted the importance of the OHT 'concept' in providing a positive foundation by engaging people within the context of their own lives – as well as emphasizing the significance of favourable contextual factors in facilitating the project's establishment, development and implementation. They particularly drew attention to the pre-existing relationship between the NHS and the Probation Trust and the firm foundations that had already been put in place. Building on this, they also reflected on the value of good partnership working, enthusiasm, energy and a positive outlook.

What's Hindered?: Whilst the overwhelming feeling was that the project had successfully addressed challenges, interviewees identified a range of hindering factors at interpersonal and organisational levels – including different personalities and agendas; issues relating to governance, bureaucracy and joint decision-making; the economic context; stigma relating to offender-focused work; lack of established evidence base.

B) INTERVIEWS AND FOCUS GROUP WITH OFFENDER HEALTH TRAINERS AND SERVICE USERS

Service User Interview Findings: Service users cited personal benefits such as feeling healthier, more energetic, being better informed and having more confidence. They felt that they had more control over their lives as a result, and were generally feeling more optimistic about the future. They were also appreciative of the OHT services that they were accessing and positive about the OHTs – considering them to be approachable, knowledgeable, helpful, supportive and good at listening.

Offender Health Trainer Interview Findings: The OHTs identified key issues as smoking cessation, exercise, diet and alcohol. Factors perceived to be impacting on the service users' progress included geographical area, family and peers, and lifestyle and social networks. The OHTs were passionate about their jobs, felt competent in their roles, were satisfied with systems in place and were keen for the project to develop further.

Gaps Identified: A small number of challenges were identified by the OHTs – including access to the Probation and DCRS databases; gaps in training; and the need for a senior role to be created to liaise between themselves and the Probation line manager.

DISCUSSION

There was a consensus that the OHT model had been highly successful in facilitating access to services and had clearly prioritised 'starting where people are at' and supporting and empowering them to take small steps that could act as springboards to larger changes. It was also noted that the service has prioritised listening to clients and taking time to uncover the 'real' concerns that may lie behind presenting problems. The potential to bridge the two agendas of health and offending behaviour was recognised – with interviewees seeing no obvious tensions in prioritising 'non-health' targets related to reoffending and resettlement and believing that mainstream services had developed a sophisticated understanding of the links between health and offender management outcomes. However, it was acknowledged that Rochdale may not be typical of all locations – and that having a prison on site and a PCT-based Health Improvement Officer co-ordinating the Regional Healthy Prisons Network had been pivotal in preparing the ground for the project. It was felt that the forthcoming Implementation Project will serve as a testing ground and potentially help to future-proof the work – with key considerations highlighted including service infrastructure; training; data collection; and the appropriateness of the Probation Service as the host setting.

CONCLUSION AND RECOMMENDATIONS

Locating a Health Trainer service in the Probation Service reflects and legitimises a socio-ecological 'settings' model of health, which prioritises the integration of health within the culture, structure, processes and routine life of the organization. It is clear that the Probation-based OHT model has been effective in terms of both the process of partnership working and wider impacts – and it is evident that Health Trainers in this setting are ideally placed to encourage offenders to improve their health and reduce reoffending. With further funding secured for the Implementation Project it is important to maximize the learning from this demonstration project to guide future decision-making, policy and practice.

In the light of the findings from this process evaluation, recommendations can be made in the following areas:

Data Collection: Whilst progress is being made to address challenges of paper-based data collection systems, additional consideration should be given to the challenges of accessing Probation databases and the DCRS system for the OHTs on a daily, operational basis.

System-Level Sustainability: A case needs to be made to mainstream the work in order to ensure sustainability. Commissioners need to recognize the value of joining up across the system and of aligning the health and reducing reoffending agendas – and also to appreciate the potential of the work to engage ex-offenders with meaningful employment.

Evaluation: Whilst there is a need to articulate long term impacts arising from Health Trainer services within the probation setting (particularly on rates of reoffending), it is important to balance this ambition with a realistic assessment of what is feasible during the next stage Implementation Project. Within the one year timeframe, it is unlikely to be possible to generate sufficient generalizable data on the reduction in reoffending rates across a relatively small number of service users. For this reason, it is recommended that a qualitative evaluation be undertaken that further focuses on user perspectives using an in-depth case study approach – thereby offering the potential to generate meaningful learning and highlight relevant factors that connect health, wellbeing, quality of life and likelihood of reoffending.