If you were living in a deprived community, with first-hand experience of the social challenges that accompany that environment, you might think lunching with the Royal Family at Buckingham Palace was just a dream. Yet if you were one of the health trainers in the award-winning scheme delivered through a partnership between Hampshire Probation and Portsmouth Primary Care Trust (PCT), that dream is about to become a reality. In March members of the scheme will be honoured as winners of the 2009 Butler Trust Award for healthy improvements.

Since the programme’s inception as a pilot in Portsmouth two years ago, with just four health trainers and 97 clients, it has been successfully rolled out to PCTs including the Isle of Wight NHS, South Central City, Portsmouth City Teaching and Hampshire, says Brian Leigh, Health Trainers Project Manager for Hampshire Probation. The scheme now gets 110 referrals every month and involves 13 qualified health trainers.

What is involved?
The health trainers are familiar with their clients’ problems. ‘We’re poachers turned gamekeepers,’ that’s how one of them describes their role, says Mr Leigh. Those who have been recruited and trained, he adds, include ‘people who’ve been through the experiences of their clients – trouble with the law, being on probation, addiction, chaotic lifestyles’.

The scheme’s pilot had just four health trainers to manage. Once it was introduced more widely, the organisations could have faced problems in scaling it up successfully. There were some challenges, but the need was there, says Mr Leigh. ‘We knew there was real demand. When we launched the pilot, we sent a questionnaire to all the attenders of Portsmouth’s probation office asking if they’d want some kind of health trainer service, and if so, what services mattered. Of the 100 responses, 90 said they would themselves want to see a health trainer.

‘The major needs they outlined were around drugs, alcohol, mental health and smoking – this gave us a picture of our target market and their needs,’ he adds.

What qualities does a health trainer need?
The organisations’ criteria were tough, says Mr Leigh. ‘If a candidate had had an addiction, they had to be two to three years clear of that. They also had to be three months clear of any court order. Obviously, they couldn’t be sex offenders or high-risk offenders.

‘We also looked for people with some evidence of voluntary organisations. Many people who’ve been treated for drug or alcohol addiction subsequently work part-time for Narcotics Anonymous or Alcoholics Anonymous, or for homeless organisations. We wanted evidence of desire to work in their local community. Applicants also had to live in the area they wanted to work in.

‘Candidates had to be clearly ready to move forward – we saw many who wanted to do it, but who were not ready. Successful applicants undergo intense initial training, including behavioural change, motivational interviewing, action planning and workshops in virtually every aspect of health. Many have not done any formal training for years, and all are encouraged to develop a portfolio.

They also work towards national accreditation, firstly at Level 2 through an award offered by the Royal Society for Public Health, and then at Level 3 through the City & Guilds Certificate for Health Trainers.

Low drop-out rate
Not many of the chosen health trainer candidates dropped out along the way. The scheme recruited 17 applicants, and Mr Leigh adds that: ‘In total, after recruitment, we lost three. We had to lose one person due to revelations from Criminal Records Bureau checks. Another was better news – we released him from the scheme because he got a job in mental health, which he’d wanted to do, and got 100 per cent in his application tests. He is now a full-time mental health nurse and loves it.’

This drop-out rate, particularly for a group recruited from a socially challenging background, is remarkably low.

‘Were there any unexpected lessons? Mr Leigh cites ‘initially more resistance than I anticipated with some staff in the probation service’. Employer restrictions also presented a challenge. ‘Lots of people with criminal records are ready to move forward, but they’re not allowed to by employers – even motivated volunteers doing 30 hours a week voluntary work have problems.’

Many other areas around the country have been contacting Mr Leigh and colleagues, wanting to introduce the scheme in their area. ‘It’s beginning to spread,’ he says. He envisages the scheme being nationwide in a year.

For Mr Leigh, the most important lesson is ‘careful selection of the health trainers – finding people who are ready to move forward while being no risk to themselves or the project. ‘They live in areas of high offending – that’s how this scheme works, so there must be as close as possible to no risk. You’ve also got to keep in close contact with the PCT.’

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