# HMP Kilmarnock Health Coach Pilot – Feedback on Initial Training Sessions

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<th>Version No:</th>
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<td>Prepared by</td>
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<td>November 2014</td>
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## Dissemination Arrangements

- DMT
- Oral Health Strategy Steering Group
- Health Promoting Prison Group
- National Prisoners’ Oral Health Improvement Group
- Senior Dental Management Team
- Oral Health Promotion Team
Acknowledgements

The Prison Health Coaches programme has been piloted in HNP Kilmarnock on behalf of the National Prisoners’ Oral Health Improvement Group.

The evaluation of the Prison Health Coaches programme has been developed by:

- Dr Maura Edwards (Consultant in Dental Public Health)
- Frances Grier (Oral Health Promotion Priority Groups Coordinator)
- Sharon Hardie (Health Promotion Manager – East Locality)
- Kevin Lyle (Health Promotion Officer – East Locality)
- Andrew Pulford (Senior Public Health Research Officer)

Strategic oversight of the pilot has been provided by NHS Ayrshire & Arran’s Oral Health Strategy Steering Group and HMP Kilmarnock’s Health Promoting Prison Group.

The authors would like to thank:

- Keith Mason and Linsey Bunten (HMP Kilmarnock – SERCO) for organising the health coach interviews.
- The prison health coaches for participating in these interviews.
- Professor Ruth Freeman and Davis Buls (Dental Health Services Research Unit, University of Dundee) for commenting on the methodology, research tools, and draft report.
1 Background

Following on from the oral health and general health needs assessments within HMP Kilmarnock (Pulford & Wason 2009; Pulford & Aspinall 2011), the HMP Kilmarnock Health Promoting Prison Group has developed prisoner health coach training through collaboration between HMP Kilmarnock, NHS Ayrshire & Arran’s Public Health Department and Oral Health Promotion Team, and the Dental Health Services Research Unit (DHSRU). Such an approach is in line with the national framework for improving the health of Scotland’s prisoners - Better health, better lives for prisoners (Brutus et al 2012) – which makes specific recommendations that selected prisoners should be trained to offer health advice and support to their peers and improve their engagement with services.

A detailed timeline of the planning and development of the HMP Kilmarnock Health Coaches Pilot is present in Figure 1.

The prison health coaches are trained using the Royal Society for Public Health Level 2 Award in Understanding Health Improvement course (described in this report as the ‘general health coach training’). This is a formally accredited course, which was felt to promote training and employability for prisoners. The general health coach training is to be augmented with a series of topic-specific training sessions.

NHS Ayrshire & Arran’s Oral Health Promotion team provided the first topic-based input. The first oral health training session delivered to the prison Health Coaches was two hours in duration and was delivered by an Oral Health Promoter and an Oral Health Promotion Assistant. After an introduction and gathering of the Health Coaches thoughts and attitudes towards oral health, the session was split into three thirty minute topics consisting of; tooth brushing advice, dietary advice and visiting the dentist. The tooth brushing advice session consisted of the prisoners splitting into groups and completing puzzles of tooth decay and gum disease and signs and symptoms. The cleaning of dentures was discussed along with the equipment required to clean dentures. The impact of poor eyesight and dexterity on tooth brushing was examined through the use of elastic bands and beer goggles. For dietary advice the Health Coaches were asked to identify healthy and unhealthy
snacks from a selection of pictures, a feedback session and discussion then followed. Visiting the dentist involved discussions around fear and importance of checkups. The session concluded with ten minutes of feedback to ascertain what the Health Coaches felt they would be able to achieve and any barriers to this.

The Public Health Department’s Sexual Health & Blood Borne Viruses (BBV) Team had also started working with the health coaches at the time the initial prisoner health coach interviews were undertaken, on the development of a BBV awareness poster for use within the prison. Feedback was not sought on the BBV poster development as it was not complete at the time of interview.

At the time of writing a total of ten prisoners had been trained as health coaches across two cohorts of training, with five prisoners currently trained and active as health coaches within HMP Kilmarnock.

The purpose of this report is to evaluate the general health coach and oral health training sessions in terms of prisoners’ knowledge, confidence and perceptions of the health coaching role. A full process and outcome evaluation of the pilot is to be undertaken as the pilot progresses.
Figure 1: Timeline of the planning and development of the HMP Kilmarnock Health Coaches Pilot

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Detail</th>
<th>Year</th>
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<tbody>
<tr>
<td>HMP Kilmarnock Oral Health Needs Assessment Report published</td>
<td>Range of recommendations made relating to further development of oral health promotion activities in HMP Kilmarnock</td>
<td>2009</td>
</tr>
<tr>
<td>Discussions between NHS Ayrshire &amp; Arran and HMP Kilmarnock re further oral health promotion activities</td>
<td>Initial discussion held about a range of possible activities</td>
<td>2009</td>
</tr>
<tr>
<td>National Prisoners’ Oral Health Improvement Group establishes prisoner oral health improvement pilots with DHSRU</td>
<td>Health coach pilot identified as one work stream alongside HMP Shotts Oral Health Improvement Project (Akbar et al 2011) and HMP Polmont Basic Cooking and Healthy Eating Programme (Akbar 2013)</td>
<td>2010</td>
</tr>
<tr>
<td>Agreement between NHS Ayrshire &amp; Arran and HMP Kilmarnock to undertake general Health Coach pilot with clear oral health input</td>
<td>Joint agreement that an oral health coach programme would be too narrowly-focused. Programme should focus on health more widely but with clear oral health input and also links to common oral health risk factors.</td>
<td>2011</td>
</tr>
<tr>
<td>HMK Kilmarnock’s Health Promoting Prison Group Action Plan 2011-2014 published</td>
<td>Specific actions to deliver training to HMP Kilmarnock staff and specific prisoners to be Health Coaches; to deliver oral health training and support to HMP Kilmarnock staff and specific prisoners to be Health Coaches; and to evaluate the pilot</td>
<td>2011</td>
</tr>
<tr>
<td>Better health, better lives for prisoners: a framework for improving the health of Scotland’s prisoners published by ScotPHN</td>
<td>Specific recommendation that selected prisoners should be trained to offer health advice and support to their peers and improve their engagement with services.</td>
<td>2012</td>
</tr>
<tr>
<td>Royal Society for Public Health Level 2 Award in Understanding Health Improvement RSPI course and training for trainers identified</td>
<td>HMP Kilmarnock Assistant Director for Offender Outcomes organised this training through contacts she had within the English Prison service</td>
<td>2012</td>
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<tr>
<td>Training for trainers delivered</td>
<td>HMP Kilmarnock staff members trained as trainers to deliver RSPI course</td>
<td>2012</td>
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<tr>
<td>Prisoner Health Coach cohort one trained</td>
<td>Six prisoners trained as health coaches</td>
<td>2013</td>
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<tr>
<td>Prisoner Health Coach cohort two trained</td>
<td>Second cohort of health coaches trained to replace released or transferred health coaches</td>
<td>2013</td>
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<tr>
<td>Oral Health input 1 delivered</td>
<td>Session covered: attitudes towards oral health, toothbrushing advice, dietary advice and visiting the dentist</td>
<td>2013</td>
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</table>
2 Methodology

An administered questionnaire was conducted in January 2014 with the five active prisoner health coaches by a Senior Public Health Research Officer and Health Promotion Officer working in pairs. A Physical Training Officer from the prison gym was present. All questionnaires were completed in the prison gym area. A copy of the questionnaire is included as Appendix 1 of this report.

The questionnaire gathered feedback on the general health coach and oral health training sessions in terms of prisoners’ knowledge confidence and perceptions of the health coaching role. The health coaches were not asked about the BBV poster development as this had not been completed at the time of interview.

Aspects of training sessions could be rated as “very good/good/average/poor/very poor”. Statements about perceptions of the health coaching role could be rated as “agree strongly/agree/not sure/disagree/disagree strongly”. All other questions were open-ended.

The evaluation was reviewed by NHS Ayrshire & Arran’s Public Health Governance Project Sub-Group to ensure local governance requirements were met. The Project Sub-Group advised that the project would not require to be referred to the West of Scotland Research Ethics Service for a formal ethical opinion, as the project was classed as service evaluation rather than research. Participants provided written consent to participate prior to commencement of the pilot.
3 Results

3.1 General health coach training session

Four health coaches rated the overall general health coach training session as good or very good, while one rated it as average. The health coaches were also asked to rate the individual topics covered within the general health coach training session: health inequalities, communication, promoting health and well-being, and changing health behaviours. Each of these individual topics was rated as good or very good by all five health coaches.

The health coaches were asked to identify up to three key things that they learned from the general health coach training.

- “How to pass information on to other prisoners.”
- “How to talk to people and get more than one word answers. How to help folk.”
- “Confidentiality. How exercise is important to health.”
- “Communication. How to give advice on staring at the gym. Boundaries – not giving medical advice.”
- “Be more patient. Not to be judgemental.”

One health coach commented on being surprised by the depth of the information and the topics covered in the training, while another noted surprise at the fact that while people in more deprived areas tended to have greater health needs, healthcare services were less accessible to them than people in less deprived areas (Inverse Care Law). A third health coach reported that he had been surprised by the fact that hepatitis C could be transmitted by sharing an electric shaver (from a separate blood borne viruses poster development session).

The best things identified by the health coaches about the general training were the group work session, greater awareness of the topics covered and learning new things (e.g. communication skills). One health coach noted that while learning new things they also “had a laugh”. Only two of the health coaches identified something that they felt was the worst aspect of the general training session. One felt that
some of the language used was above his head. Another felt that the t-shirts they received as health coaches were too small.

Similarly, only two of the health coaches made suggestions as to how the general training session could be improved in the future. One felt that there could be more group work. The other suggested that the content was very generic and could focus more on Scottish prison life.

### 3.2 Oral health training session

The health coaches were asked the same questions about the oral health training session as they had been asked about the general one. All five health coaches rated the oral health session as being good or very good. Similarly, all five rated the individual sections on toothbrushing and diet as being good or very good. The third topic covered in the oral health session – prison dental services – was received less positively with two health coaches rating it as good or very good, one as average and two as poor. Based on comments given by the health coaches, the less favourable views in relation to this topic appeared to stem from pre-existing concerns about the service’s waiting times rather than the delivery of the session.

The specific methods of training used in the oral health session were also rated favourably. Jigsaws and the healthy/unhealthy snack game were both rated as good by all five health coaches. The teeth model demonstration, beer goggles and group discussion were all rated as good or very good by four health coaches, and average by one.

The health coaches reported that they had learned a number of toothbrushing techniques, including the correct size of toothbrush; not using water while brushing; and leaving five minutes between eating and brushing. They also identified having learned information about eating a balanced diet and the amount of sugar present in some foods. Two health coaches indicated that they had been surprised by the amount of sugar in certain foods, while another had been surprised to learn that your toothbrush should not be wet prior to brushing.
The health coaches identified the information learned about brushing techniques, being able to advise prisoners and the beer goggles as the best things about the oral health training. Two prisoners commented that the dental services section was the worst aspect of the oral health training session, and one health coach felt that some of the content seemed as though it had been designed for children. When asked how the oral health training session could be improved, three health coaches suggested leaving out the dental services section and two did not feel there was anything that specifically needed to be improved.

3.3 Being a health coach

The interviewers read out some statements about being a health coach and asked the health coaches to indicate the extent to which they agreed or disagreed with them. The health coaches responded positively to all three statements:

- “The training I have received has given me enough knowledge to be a health coach.” (five agreed)
- “The training I have received has given me enough confidence to be a health coach.” (five agreed)
- “Being a health coach will be a worthwhile thing for me to do.” (two agreed strongly and three agreed)

The health coaches reported the following things as what they perceived as being the best aspects of becoming a health coach:

- Being an impartial person other than a prison officer who can help
- People come to ask you things – they know who to ask and aren’t shy
- Helping others reach their goals
- Getting more time at the gym
- Seeing participants lose weight
Only one health coach reported any concerns about their role as a health coach, which involved not knowing the answers to everything that could potentially be asked by prisoners. Four of the five health coaches identified areas for further training that they would be interested in: two reported that they would be interested in any further topics, one showed a particular interest in smoking and another in healthy eating.

There was some anecdotal evidence provided with regard to how the health coaches were already supporting other prisoners. For example, one health coach was helping another prisoner who had a chronic long term illness with physical activity and balancing exercises.
4 Discussion and Conclusions

The feedback from the prison health coaches regarding the general and oral health training sessions was very positive overall; and the specific topics covered across the two sessions were also rated positively, with the exception of the dental services section of the oral health training. The negative rating of the dental services section appeared to be based on prisoners’ pre-existing negative views of the prison dental service rather than the delivery of the section itself. It also appeared that prisoners may not have an awareness of the distinction between Oral Health Promotion and Prison Dental Service staff. Feedback was also sought regarding the specific training methods used in the oral health training session. Again, these were rated positively, although one health coach commented that they felt it was somewhat aimed at children.

The health coaches were able to identify learning points from both training sessions. The key learning points reported from the general health coach training were related to communication skills and providing support and information to other prisoners. The key learning points from the oral health session related to toothbrushing technique and the impact of diet on oral health.

There was consensus that the training received so far had given the health coaches sufficient knowledge and confidence to undertake their new role within the prison. There was also agreement that being a health coach would be a worthwhile activity.

The health coaches were receptive to further training in specific health topics, either identifying a specific area of interest or indicating that they would welcome any further training.

These findings indicate that the initial training sessions provided for the health coaches has met their needs and prepared them for their role. The health coaches appeared to be motivated and were enthusiastic about participating in further activities and training.
5 Recommendations

1. HMP Kilmarnock’s prison health coach programme should capitalise on the enthusiasm and motivation of the current cohort of health coaches, and also the apparent success of the initial training sessions.

2. The programme should continue to deliver further training sessions for health coaches on other health topics.

3. The findings of this report should be used to inform the content and style of further training sessions.

4. Consideration should be given to the process of recruitment and retention of health coaches to ensure continuity of programme delivery within HMP Kilmarnock.

5. As planned, a full evaluation should be undertaken once the prison health coach programme is well-established within HMP Kilmarnock.
6 References


HMP Kilmarnock Prisoner Health Coaches Evaluation - Pilot Survey

Introduce self.

We are interviewing the prison health coaches to get feedback on the general and oral health training you have received and how well you think it has prepared you for being a health coach.

Your answers will be anonymous, so no-one will be able to identify you from your answers. All answers you give are in strict confidence. However, if any of your answers raise immediate concerns about your health or personal safety, the safety of others or relate to illegal activities we may need to pass this on to prison staff.

If you are willing to take part please fill in this consent form.

General health coach training session

1. Overall, would you rate the general health coach training that you received as:

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
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<tbody>
<tr>
<td></td>
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<td>□3</td>
<td>□4</td>
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</table>

2. How well do you feel the following topics were covered in the general health coach training?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
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<tbody>
<tr>
<td>Health inequalities</td>
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<td>Communication</td>
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<tr>
<td>Promoting health and well-being</td>
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<tr>
<td>Changing health behaviours</td>
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</table>

3. What were the three key things that you learned from the general health coach training?

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4. Was there anything you learned in the general health coach training that surprised you?

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5. What was the best thing about the general health coach training?

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6. What was the worst thing about the general health coach training?

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7. How could the general health coach training be improved?

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Oral health training session

8. Overall, would you rate the oral health training that you received as:

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<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
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9. How well do you feel the following topics were covered in the oral health training?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toothbrushing</td>
<td>□_1</td>
<td>□_2</td>
<td>□_3</td>
<td>□_4</td>
<td>□_5</td>
</tr>
<tr>
<td>Diet</td>
<td>□_1</td>
<td>□_2</td>
<td>□_3</td>
<td>□_4</td>
<td>□_5</td>
</tr>
<tr>
<td>Dental visits</td>
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<td>□_3</td>
<td>□_4</td>
<td>□_5</td>
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</table>
10. Overall, how would you rate the following methods of training?

<table>
<thead>
<tr>
<th>Method</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jigsaws</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
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<td>□5</td>
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<tr>
<td>Teeth model demonstration</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
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<tr>
<td>Beer goggles</td>
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<td>□2</td>
<td>□3</td>
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<td>□5</td>
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<tr>
<td>Group discussion</td>
<td>□1</td>
<td>□2</td>
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<tr>
<td>Healthy/unhealthy snack game</td>
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<td>□2</td>
<td>□3</td>
<td>□4</td>
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11. What were the three key things that you learned from the oral health coach training?

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_____________________________________________________________________________________
_____________________________________________________________________________________

12. Was there anything you learned in the oral health coach training that surprised you?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

13. What was the best thing about the oral health training?

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_____________________________________________________________________________________
_____________________________________________________________________________________

14. What was the worst thing about the oral health training?

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15. How could the oral health training be improved

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_____________________________________________________________________________________

_____________________________________________________________________________________
**Being a health coach**

I'm going to read out some statements about being a health coach and I would like you to tell me whether you agree or disagree with them.

16. *“The training I have received has given me enough knowledge to be a health coach.”* Do you:

<table>
<thead>
<tr>
<th>Agree strongly</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Disagree strongly</th>
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</thead>
<tbody>
<tr>
<td>□ 1</td>
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<td>□ 3</td>
<td>□ 4</td>
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</table>

17. *“The training I have received has given me enough confidence to be a health coach.”* Do you:

<table>
<thead>
<tr>
<th>Agree strongly</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Disagree strongly</th>
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</table>

18. *“Being a health coach will be a worthwhile thing for me to do.”* Do you:

<table>
<thead>
<tr>
<th>Agree strongly</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Disagree strongly</th>
</tr>
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19. What do you think will be the best thing about being a health coach?

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20. Do you have any concerns about being a health coach?

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21. What other health topics would you like training in?

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Thank you for giving your time to answer these questions