

**Health Trainers**  
**Questions and answers**  
February 2010

**Q What are Health Trainers?**

**A** Health Trainers provide local people with motivation and practical support to improve health and are either drawn from their local communities, or are knowledgeable about those communities. They will identify, or have referred to them, appropriate “clients” drawn from hard to reach, disadvantaged groups. In addition, clients can self-refer. Health Trainers will work with these clients on a one-to-one basis to assess their lifestyles and well being, to set goals, agree action plans and provide individual support focussing on behaviour change.

**Q Why have you set up the Health Trainers programme?**

**A** The 2004 White Paper, *Choosing Health: Making Healthy Choices Easier*, made a commitment that, from 2006, Health Trainers would be “giving support to people who want it in the areas with highest need and from 2007 progressively across the country.” People from disadvantaged and hard to reach communities often have lower life expectancy and higher levels of ill-health than the national average. Health Trainers are a key tool in addressing these health inequalities, as they support local people and draw on their own knowledge and understanding of the communities they work in.

**Q How many Health Trainers are there?**

**A** Approximately 4000 Health Trainers have now been trained or are in training, including around 150 within the prison population. In addition, the British Army has a further 450 Health trainers and is training a further 2000. The Royal Mail has trained some of their first aid staff and the Health Trainer programme is also working with organisations such as Football Foundation to widen the reach of the programme.

**Q What training do Health Trainers get?**

**A** Health Trainers are trained in a variety of settings, determined according to local requirements. This can include 120 hours of classroom-based learning, as well as on-the-job training. There are two levels of national accreditation developed with our technical advisers, Skills for Health. The first is a Level 3 National award accredited by City and Guilds and the second is a Level 2 National award, accredited by the Royal Society for Public Health. The Level 3 qualification is taken by Health Trainers, whose role includes providing support for behaviour change, based on psychological theory. The Level 2 qualification is taken by Health Trainer Champions, who provide information and signposting only.

**Q Is there a job description?**

**A** Exemplar job descriptions have been developed which are then tailored to reflect local circumstances. Each Health Trainer needs to be able to meet locally-identified needs, so a single job description applied to all the Health Trainer services in England would be inappropriate.

**Q Does the Health Trainer programme operate nationally?**

**A** 176 services across the country - split 136 in PCTS and the remainder through other providers, ie offender health.

**Q How are Health Trainers funded?**

**A** Primary Care Trusts receive money from the Department of Health to fund their Health Trainers. The money is allocated through the NHS baseline. It is up to individual primary care trusts to decide where they allocate resources and how many health trainers they will need to meet the needs of the local population.

**Q What is to stop PCTs from not funding local Health Trainer programmes?**

**A** The Department of Health has provided funding to all PCTs for local Health Trainer programmes. Whilst we cannot require PCTs to set up local programmes, Health Trainers should be seen as key to reducing the burden of lifestyle disease and are an essential tool in reducing health inequalities.

**Q How much does each Health Trainer get paid?**

**A** Health Trainers can work within the NHS framework, as a volunteer or as part of a third party partner organisation. The Agenda for Change banding is Level 3. Levels of pay vary, according to local circumstances and some Health Trainers work on an unpaid basis. In addition, the skills and experience gained by Health Trainers enable them, if they wish, to develop careers that may not otherwise have been open to them within the NHS or public sector.

**Q Do Health Trainers help people to avoid taking responsibility for themselves?**

**A** Quite the reverse. Health Trainers help people to take responsibility for themselves and for their own lives by providing the help and support they need to live healthier lives. Whether that is support on diet and exercise, stopping smoking, improving self-confidence or accessing primary healthcare services, for many people Health Trainers are about increasing, rather than decreasing, personal responsibility and providing the tools to exercise it effectively.

**Q What evidence is there that Health trainers work?**

**A** From the start of the initiative, anecdotal evidence showed that Health Trainers were having a positive impact on the health and lifestyles of individuals and communities. Since then, however, a growing evidence base indicates that Health Trainers' use of behaviour change techniques is producing lasting results. Quantitative and qualitative data are collected by local services for analysis by the National Health Trainer Data Collection and Recording System (DCRS). In addition, the University of Birmingham has been commissioned to undertake a national evaluation of the Health Trainer programme. The many encouraging outcomes indicated by the DCRS data include:

- The majority of HTs are themselves from most deprived areas (Q1-Q2).
- Anecdotally, of those leaving the service, more than 50% move on to alternative employment or training
- Health Trainer clients profile
  - 45.85% of clients drawn from Quintile 1 - most deprived areas
  - 21.40% of clients drawn from Quintile 2
  - 3.94% of clients drawn from Quintile 5 - least deprived areas

These figures use the seven multiple derivation indicators - income, employment, health deprivation and disability, education skills and training, barriers to housing and services, crime and living environment.

- 6% of clients are not registered with GPs
- The number of people from ethnic minorities accessing the service represents greater proportion than the national average.

**Q Why do you have Health Trainers in prisons?**

**A** Offenders are at greater than average risk of poor health and many are drawn from disadvantaged communities. A range of health issues face the prison population and Health Trainers are ideally placed to help people address those issues. In addition to addressing key challenges with the prison setting, prison-trained Health Trainers will, on release, be able to offer their knowledge, skills and experience to the wider community. This is proving particularly effective in the probation service.

**Q What does the future hold for Health Trainers?**

**A** Every PCT in England has earmarked funding for Health Trainers included in its baseline allocation. We want to see Health Trainers embedded within their own communities throughout the country on an ongoing basis. We also want to see them contributing to a narrowing of the health inequalities gap between the worst-off and the population as a whole. In addition, we expect to see an expansion of Health Trainer services within third party partner organisations.

**Q Is the Health Trainer initiative sustainable?**

**A** The competences, exemplar job descriptions, local and national accreditations and Agenda for Change pay banding combine with the real, positive impact on people's lives to ensure that the Health Trainers programme continues well into the future. Reducing health inequalities is one of the NHS's top priorities and the Health Trainer programme is an important part of delivering this aim.