



Winner of the  
2015 Global Award  
*on the 'Use of Innovation in  
mobilising and managing  
volunteers'* from the International  
Federation of the Red Cross &  
Red Crescent Societies in  
Geneva

# Community Based Health and First Aid in Prisons

Annual Report for 2015

Prepared by Dr Graham Betts-Symonds  
on behalf of the Irish Prison Service, Irish Red  
Cross & Education Training Boards Partnership

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**ETBI**

Education and Training Boards Ireland



# Annual Report for 2015

## 1.0 Introduction

Community Based Health & First Aid (CBHFA) in prisons was introduced into Irish Prisons in 2009 and by the end of the first Strategic Planning Period in 2014 it had been implemented in all prisons in Ireland. The second strategic planning period is 2015 -2019 during which time the Programme is to be institutionalized within the prison system as well as introducing a component aiming at supporting Irish Red Cross (IRC) inmate volunteers from prison back into the community in suitable IRC roles which utilize their special skills learned through CBHFA.

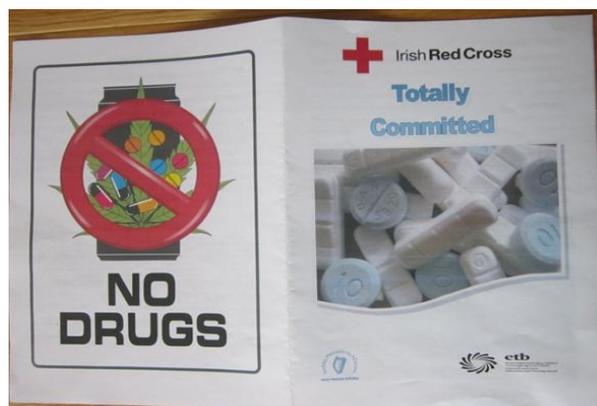
Due to industrial relations issues the CBHFA Programme has been restricted in all prisons in 2015. The programme was temporarily curtailed the entire year in the four prisons of the Mountjoy Campus and for nine months in Cloverhill and the Midlands Prison. However, we have been able to continue CBHFA programming in a limited way in all the remaining prisons in Ireland.

The industrial relations issues were resolved in the last quarter of this year and work has been focused on restoring the strength of the programme nationwide which will take well into 2016 to restore activity in all prisons to the level prior to the Industrial action.

Despite these issues, considerable activity has been accomplished including work on the Prison to Community Phase with Probation and in international programme support. There have been some significant achievements during 2015 and many are noted below categorized by focus areas described in the SLA.

## 2.1 Drugs in Prisons

- Totally Committed – ‘No Drugs’ booklet to accompany the campaign on the dangers of taking benzodiazepines in Limerick prison. This project builds on experiences in the successful Benzodiazepines project at Cloverhill Prison.



Totally Committed Project in Limerick Prison

- The Overdose Prevention Programme has been added to the basic CBHFA programme replacing the Topic in Module 7 on Excessive Substance Abuse. This fits more effectively the problem in Irish Prisons where prisoner drug users are at risk of overdose related to a reduction in tolerance levels both in prison and following release. Significant deaths in custody and immediately post-release occur as a result of drug overdose.

In addition, volunteers are being prepared to be able to facilitate this module in their own prisons on a regular basis for their peers who are nearing release and this is now

occurring in Loughan House, Cloverhill, Wheatfield, Cork, Castlerea, Shelton Abbey and Portlaoise in conjunction with MQI Drugs councillors.

- An Overdose Prevention workshop was facilitated in Shelton Abbey Open Centre prior to Christmas Temporary Releases. Over 80 inmates are expected to get Temporary Release over Christmas and New Year which presents risks for inmates with a history of drug use. In addition the inmate Red Cross volunteers in Shelton Abbey will be on duty over Christmas to be available for any drug-related emergency should it occur.

## 2.2 Violence Prevention and Reduction in Irish Prisons

- Volunteers in Cork Prison have been undertaking Anti Bullying projects and a survey on identifying what bullying means in Cork and the extent to which inmates are being bullied.
- The anti-bullying DVD resource developed in Cork as a project continues to be used.



Anti-bullying Film used in Cork Prison

- The 2-day Culture of Non Violence & Peace Workshop (designed by two inmate IRC facilitators at Wheatfield Prison, was facilitated by them in Wheatfield, Cloverhill, Shelton Abbey, Castlerea and Limerick prisons. Expansion to other prisons has been held up due to the Industrial Relations issues.
- New Facilitators have been trained up in the violence prevention in Cloverhill and are providing the workshop to inmates on a monthly basis. As Cloverhill is a committal prison, this ensures that a large proportion of inmates will receive the course prior to being sent to sentenced prisons.
- The implementation of Safe Zones continues in Castlerea Prison
- Violence Prevention in the Community with Probation is being implemented

## 2.3 Non-Communicable Diseases

Non-communicable diseases (NCDs) are recognized by the World Health Organisation (WHO) as a priority in healthcare worldwide and the International Federation of the Red Cross has developed the NCD Healthy Lifestyles Module as a means of addressing this global health issue. NCDs are covered in all prison's CBHFA courses as module 8.

Various projects have been developed linked to NCDs in different prisons and these include:

- *Think Before You Drink* showing the amount of sugar in soft drinks encouraging prisoners to change their behaviours in what they drink



Getting prisoners to think about their calories intake in the drinks they use

- Health & Fitness activities are conducted by volunteers in a number of prisons linked to Gym Officers and teachers in an attempt to encourage prisoners to become more active. This type of activity encourages healthy hearts and helps reduce weight leading to less diabetes and heart diseases.



Fitness and Well-being in Prison

- Blood Pressure checks & Blood Sugar Testing has been encouraged by volunteers linked to nurses and the surgery. This provides the opportunity for prisoners to be treated early in the event of hypertension reducing the chances of heart attack and stroke. The identification of raised blood glucose levels allows prisoners to be treated, thus avoiding the complications of early diabetes.
- An 'Operation Transformation' project has been undertaken by volunteers linked to the healthcare staff in certain prisons aimed at those who are overweight or obese. Significant results have been seen where weight has been lost and in some cases lead to a reduction in the need for medications.
- Listing calories in foods in the prison & tuck shop has led to greater awareness about 'junk foods' and in many cases in partnership with management, healthier items have been introduced into tuck shops.

- Cancer awareness activities have been undertaken relating to men's health (Prostate cancer awareness) and a 'Sun Smart' Project focusing on skin cancer has been undertaken in Wheatfield and Cloverhill prisons in association with the Irish Cancer Society.
- Smoking Cessation training by the HSE is due to be given to volunteers in Wheatfield which would give them the basic skills needed to facilitate a smoking cessation workshop to their peers. It is hoped that this can be extended to other prisons.
- Inmate volunteers getting involved in raising money for worthwhile charities through competitions and activities aimed at creating fitness. Cloverhill IRC volunteers undertook a campaign that raised over Euro 1,300 for Our Lady's Childrens Hospital, Crumlin, Dublin.

#### 2.4 Suicide Prevention

- To promote awareness on suicide, Limerick Prison volunteers supported Pieta House by raising money through a soccer tournament.
- 'Safe talk' 'suicide alertness for everyone' is a half day training programme by the HSE that prepares participants to identify persons with thoughts of suicide and connect them to suicide first aid resources was given to volunteers in the Midlands Prison.
- The Programme Director and Deirdre O'Reilly from IPS HQ healthcare attended the presentation in the Midlands as part of their fact finding relating to the development of a generic model around mental health for all prisons.

#### 2.5 Prison Health and Hygiene promotion

Prison hygiene and cleanliness has improved since the CBHFA programme was introduced into Irish Prisons.

- The six stage Hand washing technique has been promoted in most prisons on an ongoing basis, together with the use of the glow box to reinforce the importance of correct techniques.

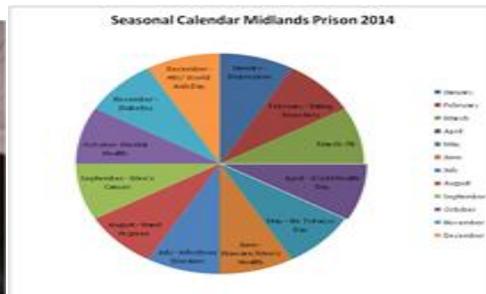


#### Six Stage Handwashing and Better Hygiene through Colour Coded Mops and Buckets

- Campaigns have been undertaken relating to the prevention of Colds & Flu and the Winter Vomiting Bug. These campaigns are timed to coincide with at risk periods of time in the year through the use of the seasonal calendar assessment tool used in module 3.
- World AIDS Day Awareness in Cloverhill Prison



- Surveys have also been conducted among the prisoner communities to identify health and safety issues, hygiene, cleanliness and general living conditions.



Identifying Risks Hazards and Health Issues through Community Assessment

## 2.6 Mental Health in Prison

Mental Health issues are identified in all prisons as a priority concern during the community assessment module of every course. The global CBHFA manual does not currently have a mental health Topic or Module but it is needed for CBHFA in prisons. To this end, the Programme is in the process of planning a module.

In Castlerea, at the beginning of 2015 a concept paper was developed for a partnership with Mental Health Ireland to develop an additional CBHFA module. However, it has been decided to merge with the IPS plan to develop a standardised course for prisoners over the coming months in partnership with IPS Health and Rehabilitation Directorate.

Social activities for elderly prisoners have been organized in some prisons as a means of encouraging healthy minds and prevent boredom.

The 'little things' campaign has been another project rolled out in Midlands Prison which encourages others to focus on the little things such as good diet, exercise and healthy sleep patterns to maintain good mental health.

In other prisons, it has been recognized that mental stress can develop because of a lack of information, particularly with new committals. Volunteer projects have included the development of Induction Information Booklets and visiting new committals to pass on information and offer friendship support such as the Buddy project in Portlaoise.

In Castlerea, a project in which Dad's read a book for their children on a DVD has been developed which allows fathers to feel more connected to their children, thus releasing stresses related to this element of mental health.

Volunteers in Castlerea hosted a 'Mind your head week' linked to Mental Health Ireland where they educated peers on the importance of looking after their mental health.

## **2.7 Care of the Elderly in Prison**

The age profile in Irish Prisons is getting much older and there are more and more frail and chronically sick inmates. This was recognized in Arbour Hill Prison where inmate IRC volunteers have developed projects aimed at providing relevant assistance to these vulnerable inmates.

Projects include a meals on wheels service where meals are taken by volunteers to the cells of the elderly and infirm. Another is a 'home help' project in which IRC volunteers assist the less able by making their beds, changing bedlinen and cleaning cells and toilet areas.

## **2.8 A CBHFA Support Information Pack was produced in March**

This contains details on all aspects of setting up and delivering the CBHFA programme including job descriptions for each position.

## **2.9 Development of Cross Border Initiatives between IPS/IRC and HMP (Northern Ireland) & British RC, and support to Wales Scotland and England**

A two-day sensitization workshop based at the Irish Prison Service (IPS) Training College in Portlaoise was provided in January to support the development of CBHFA in prisons programme in Northern Ireland, Wales, Scotland and England. It included a visit to the Midlands Prison for a CBHFA presentation by IRC volunteer inmates and an opportunity to meet volunteers and prison/educational staff involved in the project in Ireland. There were 23 participants that included staff from,

- British Red Cross in all areas except England,
- Prisons in N. Ireland, Wales and Scotland,
- National Health Services Scotland, Public Health in Wales & England,
- National Offender Monitoring Service (NOMS) in England,
- Governors from Irish Prisons who were new to the programme.



### 5 Nations Sensitization Workshop held in the IPS College, Portlaoise

An on-site Prison based sensitization course was provided at Magilligan Prison for prison staff, British Red Cross and ICRC representatives. This prepared the way for the pilot CBHFA in Prisons that has started in Magilligan Prison in September 2015. This has created the start of an all-Ireland CBHFA in Prisons agenda which will provide opportunities for potential Cross Border and EU funding.

The IRC CBHFA in Prisons Advisor has also been working with Wales, Scotland and England during 2015 to support and encourage the development of pilots in these countries. At the beginning of September Parc prison in Wales successfully started a pilot CBHFA in prisons programme. It is understood that British Red Cross in England is working with Public Health England in preparation for implementing a pilot there in due course.

## **2.9.1 Other International Support**

### **2.9.1.1 California**

A visit was facilitated on 7<sup>th</sup> August by Nigel Boyle, Professor of Political Studies and Associate Dean at Pitzer College in California, to Wheatfield & Arbour Hill Prisons. Nigel has been heavily involved in the past few years in prison education in both California & Uganda and is looking at initially introducing CBHFA into a Californian prison.

### **2.9.1.2 Swiss Prison Service**

On the 8<sup>th</sup> September, 25 governors from the Swiss Prison Service in two separate groups visited Arbour Hill Prison to learn about the CBHFA Prison Programme

### **2.9.1.3 Italian Red Cross Villa Maraini Foundation**

On 22<sup>nd</sup> & 23<sup>rd</sup> September, 2 representatives from Villa Maraini visited the CBHFA programme in 3 prisons along with Jody from Australian RC. At Cloverhill Prison they gave a presentation on the role of the Villa Maraini Foundation in harm reduction work and substance abuse in Rome. On 24<sup>th</sup> they joined representatives from IPS and IRC for a meeting at St James Hospital Dublin with the Hepatitis In-Reach Programme Professor Susan McKiernan and staff to explore how the proposed EU Funding Hepatitis Project could operate and the role of each of the six countries involved. This was followed by further discussion at Wheatfield Prison.

#### **2.9.1.4 Honduras**

At the end of 2014, the Irish CBHFA in Prisons Programme provided assistance to the Honduras Prison Service and Honduras Red Cross through funding provided by the Finnish Red Cross.

Following a training and Sensitization mission, CBHFA in prisons was implemented as a pilot in two Honduras prisons through the Honduras Red Cross supported by the DipECHO Risk Reduction Programme.

In the last quarter of 2015, a follow-up mission to Honduras was made to review the progress made. Visits to both prisons indicated that the CBHFA volunteers were active and working in partnership with the prison healthcare Unit. Meetings with volunteers, prison nurses and doctor indicated that there were improvements in prison cleanliness and hygiene with a reduction in infections caused by water and sanitation issues. In addition, volunteers were acting as a link with healthcare providing early warning of health-related issues.



Visit by the Programme Director to a Prison in Honduras to observe the progress made following the in-country Sensitization Training provided by the IPS's Emmett Conroy (deputizing for the IPS Programme Director), the previous year.

Linked with more effective prison management, the more dangerous prison reported less murders and violence. It was clear from both prisons visited that the successful implementation of the model was directly linked to the strong support of the senior military officer equating to the prison Governor. In addition, the keen support from healthcare staff was also critical not only in providing the healthcare components of training but in their clear support for the project.

#### **2.9.1.5 Australia**

A Representative of the Australian Red Cross attended the International CBHFA in Prisons Best Practice Workshop hosted by the Irish Prison Service, Irish Red Cross and Educational Training Board in 2014.

In September 2015, Jody Broun ARC Executive Director for New South Wales (NSW) visited Wheatfield, Arbour Hill & Cloverhill prisons for a learning experience about the CBHFA model and its application in NSW correctional system.

In support of this, Australian Red Cross requested Michael Donnellan (DG IPS) to visit Australia with a view to assisting in advocating for CBHFA in Prisons with Government and Corrections in Australia. They also requested that the IPS CBHFA in Prisons Programme Director accompany him to provide in-country technical advice and sensitization training for ARC and Corrections staff.

The mission at the end of October was successful in that the Ministers of Justice in the four States visited (NSW, Queensland, South Australia and Brisbane), committed to having meaningful dialogue with Australian Red Cross relating to *Justice Reinvestment*, that will include a number of CBHFA in Corrections pilot projects.



International Round Table on Justice, Government House, Adelaide, SA

(Left to Right) Mr David Brown, Chief Executive of the South Australian Department of Corrections, Dr Graham Betts-Symonds, IPS Programme Director for CBHFA in Prisons, Irish Red Cross, Michael Donnellan, Director General of the Irish Prison Service, Dr Paul Crookhall, formerly of Canadian Corrections and the Hon Tony Piccolo MP, Minister for

#### **2.9.1.6 Development of a Partnership in Drug Treatment & Drug Overdose Prevention**

In 2015 the Irish Red Cross and IPS were invited to join a partnership specializing in Red Cross Red Crescent action in addiction management & overdose prevention with the Villa Maraini Foundation in Rome, Italy.

##### **2.9.1.6.1 Villa Maraini & Shared Learning**

The Villa Maraini Foundation is a drug treatment centre which operates under a partnership with the Italian Red Cross and has gained much experience in dealing with prisoners released from custody which is the area Irish Red Cross is now developing. Equally, Italian Red Cross/Villa Maraini is keen to learn from the Irish Programme about the successes in introducing prison-based projects in CBHFA and in particular overdose prevention.

The IRC CBHFA in Prisons Programme Manager visited the Villa Maraini Foundation in July 2015 and the learning from this trip is now being utilized during the development of the next phase of CBHFA. Similarly, representatives from Villa Maraini visited the CBHFA prison programme in September this year and two funding applications to the EC have been drafted on the back of these visits.

This opportunity for partnering another European National Society in this important global problem can significantly assist IRC, IPS and the ETB in the furthering of their Strategic plan for 2015-2019. This will support the potential for seeking EU funding which will be needed from 2017 onwards to continue the development of CBHFA in prisons both in prisons and in the transition from *Prison to Community* in partnership with the Irish Probation Service.

#### **2.10 The Updating and Revision of the Global CBHFA Support Materials - CBHFA+**

The IFRC invited Graham Betts - Symonds to become part of the Global Steering Group on the revision of the programme as he had a key role in developing the original CBHFA materials published in 2009.

Irish Red Cross is represented in a number of sub-working groups within the development of the next version of CBHFA and is the lead in the sub-group on volunteer development for

CBHFA. This is being developed closely with the Senior Officer in Geneva for Volunteering and Innovation.

### **2.11 Institutionalizing of Community Health Action Committees (CHAC) in Irish Prisons to Drive Change through CBHFA**

All prisons currently operating CBHFA use regular management meetings to monitor and manage CBHFA inmate volunteer projects within the prisons to a greater or lesser effect. These meetings are very important to creating effective project management within the prisons and these need to be strengthened further in all prisons in 2016.

### **2.12 Advocacy about proper access to Health Care Services and Providers**

A pilot project was planned to address this SLA stream in the Midlands but had to be postponed due to the Industrial Action. It is hoped that this project can be started in early 2016.

This prison has very long doctor's lists most days which could be reduced by training inmate volunteers about the promotion of accessing certain issues to doctors and others to nurses. This would create the possibility of greater efficiency and a possible reduction in agency doctor requirements.

### **2.13 Positively Impact on Healthcare Standard 5 (IPS Health Care Standards) relating to health education and awareness.**

The CBHFA courses operating in all the current prisons focus on health education and awareness and cover all areas identified in Standard 5. Projects undertaken by inmate volunteers operationalise these health topics such as hygiene, non-communicable diseases and proactive self-involvement in personal health and well-being.

#### **2.13.1 Engaging with the Health Service Executive**

In the latter part of 2015, meetings have been held with Dr Ina Kelly, Public Health Physician for the Laois County along with Deirdre O'Reilly of IPS HQ Health and Rehabilitation Directorate and the IPS CBHFA in Prisons Programme Director. The purpose of these meetings was to clarify the role of the HSE in intervening in prison Public Health specifically in Midlands and Portlaoise which fall into the catchment area of Dr Kelly's brief.

In addition, HSE have been particularly interested in the work of inmate CBHFA IRC volunteers in the field of public health and health awareness in prisons and would like to support it in any way that it can. IPS Healthcare regard the opportunity of working closely with HSE as a positive contribution to public health in prisons where, when required, HSE has resources that can be useful to prison health and to supporting the CBHFA inmate volunteers in Portlaoise and Midlands Prisons.

Dr Kelly, visited the Midlands Prison CBHFA inmate volunteers in November 2015 and was impressed with the presentations made by the volunteers about their public health work in the Midlands.

Following this, a meeting was held in which a Memorandum of Understanding was developed that would assist the continued collaboration between IPS Healthcare, the CBHFA in Prisons Programme and the HSE. Whilst this MoU relates to Laois, it is hoped that similar working practices can be developed throughout the country thus assisting prisons and CBHFA programme nationally.

#### **2.13.2 Engaging with the Irish Penal Reform Trust (IPRT)**

At the beginning of December 2015, the IPS Programme Director, CBHFA in Prisons and the IRC CBHFA Programme Manager met with Deirdre Malone of the Irish Penal Reform Trust at

their request. The request for a meeting with the CBHFA Programme management team was discussed with Fergal Black who approved the initial meeting.

The IPRT are involved with a number of European countries through an EU Funded programme and the focus of the meeting was around infectious diseases in Irish Prisons. There is an interest in developing a common assessment tool for health-related issues in prison inspection. Currently, the Inspector of Prisons is involved in the process of inspections of Irish Prisons but it does not involve a means of assessing health related to infectious diseases in Prisons.

As part of the EU project, it is proposed that there be a Stakeholder meeting to discuss an assessment tool and it is proposed that such a meeting should include CBHFA inmate Irish Red Cross volunteers as one of the key stakeholders. This is because this group have a health assessment and awareness role linked to prison health departments in all Irish Prisons. It was also suggested that such a meeting should be held within a Prison rather than externally.

The IPRT representative was provided with the background and function of inmate CBHFA volunteers in Irish Prisons and that they already have a community health assessment role as part of the CBHFA course content and process.

Following this initial meeting, Graham Betts-Symonds informed Deirdre Malone that he would report back to Fergal Black and Deirdre O'Reilly at IPS HQ Health and Rehabilitation Directorate for them to decide how IPS Health Care might engage with such a meeting, identify any venue for the event and liaise with Governors and Operations staff.

From a CBHFA programme perspective, as agreed with Fergal Black, volunteers could be involved as fellow stakeholders within such a meeting/workshop but would not have a lead role.

#### **2.14 Inmate volunteers providing peer support and encouragement in accessing services of prison healthcare units.**

Inmate volunteers in each prison work with a nominated registered nurse in each surgery who then ensures that key health issues and topical/periodical health problems are brought into the community by the volunteers. They are then in turn responsible for encouraging appropriate referral into the formal health system. This stream of the SLA is closely related to 2.9.

### **3.0 Financial Issues and the Potential for Savings**

It is expected that the projects undertaken by CBHFA inmate IRC volunteers will impact favourably on the safety of the prisons for both prisoners and staff. At the same time, it is hoped that the effects of changes occurring will also provide the IPS with the potential for financial savings. It could do this through more cost effective, higher level screening, earlier detection/prevention of illness, disease and prevention of hospitalizations.

During the first quarter of 2015, there have been a number of injuries to both IPS staff and prisoners through weapons attacks in certain prisons. CBHFA in Prisons was urgently needed during the first quarter focusing on violence prevention through the advocacy of inmate Red Cross volunteers and preparing for weapons amnesty projects in key prisons during the second and 3<sup>rd</sup> quarters. . However, it can only do this where the POA support staff working with the Red Cross programme.

Weapons amnesty work in previous years in Wheatfield Prison, reduced cutting weapons attacks from 97% to 6% in a relatively short period resulting in significant savings implications both on escorts and the potential for litigation against the IPS.



## Weapons reduction and Safer Places

In 2015, a further weapons amnesty was carried out in Wheatfield Prison and also introduced in Cloverhill Remand prison with positive results. The Safe Zone initiative continues to operate in Castlerea Prison making certain areas such as the school a safer place for all prisoners and staff.

Overdose on illicit drugs continues to be a major problem in prison and post prison periods for drug users. CBHFA in Prisons has focused activities in the 1<sup>st</sup> quarter on institutionalizing and rolling out Harm Reduction as part of Drug Overdose awareness amongst prisoners. Deaths in custody and immediately after custody apart from the human tragedy have the potential for costs to the IPS in litigation.

### 3.1 EU Funding Applications

An EU Funding proposals are being applied for with our European Partner (see 2.8.1.6) – the Villa Maraini Foundation in Rome (Italian Red Cross) acting as the lead partner in this proposal (see 3.1.1). A second one was applied for in the field of Hepatitis testing, treatment and advocacy but was unfortunately not funded under the scheme on this occasion.

#### 3.1.1 Proposal: Drug Overdose Prevention and Harm Reduction in Justice

This proposal focuses on improving knowledge about drug related issues amongst the Justice system in the five European countries taking part in this Project. This includes the police, the judiciary and other actors in the field of Justice.

The interest related to Ireland is its expertise in CBHFA in prisons where prisoners themselves are trained as peer educators and working in the field of awareness raising related to drug overdose prevention and Harm Reduction. Of particular interest is Ireland's second phase of the programme which supports prisoner volunteers as they transition from prison back into the community where they will play a role in peer education with at risk groups with Overdose Prevention, Harm Reduction and Violence Prevention.

In this phase, the Irish Probation Service will be a key partner and it is a unique opportunity to include this part of the Justice system where both greater safety in drug use can be developed within the wider community whilst also contributing to recidivism.

It is also expected that the Gardai (the Irish Police Force) will also be involved in that they will be briefed about the project and asked for their support.

The application will be for 80,000 Euros per participating country to cover the period 2017 and 2018. The outcome of the application will be made known in the last half of 2016.

#### **4.0 The World Health Organisation (WHO) in Europe**

WHO (Europe Office) published as their top story on 26th October 2015 an article and photo story on the Irish CBHFA prison programme which was translated into French, German and Russian. This celebrates the worldwide success of the Irish Programme and is related to the importance with WHO HIPP places on the Irish CBHFA in prisons programme as an example of excellence in public health in prisons in Europe.

#### **4.1 A Potential Partnership with WHO HIPP and IFRC Geneva**

A meeting was held in Dublin to discuss the possibilities of Irish Red Cross/IPS and ETB forming a Pole of Expertise in partnership with the International Federation of the Red Cross and Red Crescent Societies and WHO HIPP. These discussions are ongoing.

#### **5.0 Programme Evaluation**

In 2014 a relationship was formed between the Programme and Western University Ontario, Department of Medicine and Dentistry relating to the Master of Public Health Programme. Through this partnership we are able to receive interns for a period of three months each year. The student placed with the Programme in 2015 was briefed to undertake the interviews of an Evaluation of the CBHFA programme *Process*.

The interviews have been completed and data transcribed. We are now waiting for the analysis of this data and a report with recommendations for the further improvement of the programme.

#### **5.1 The Approach of the Evaluation**

In 'Realist Approach' evaluations, theories underpinning the programme are the starting point. Then through the process of information gathering and analysis, the theories can be tested and refined which becomes the end point of the evaluation. The detail of the process of this evaluation will be provided in the report.

Whilst the Evaluation report has yet to be completed, based upon the data collected by the our MPH Placement Student from Western University Ontario, initial exploration of the data has already indicated some areas within the CBHFA in prisons Programme for change.

The purpose of the evaluation was to explore how and why certain elements of the programme have worked and where it has been less effective. It aimed to identify the factors that influenced how effective volunteer action has been in different prisons where the programme has been operating in Ireland. This process evaluative methodology is called a 'Realist Approach' and is currently being advocated by the Monitoring and Evaluation Department of IFRC Geneva

#### **5.2 Some key findings**

The successes of the programme have been well documented in the various reviews of 2011, 2012 and 2013 and will be commented upon in this Evaluation. However, the following findings relate to where improvements are needed:

- Educationally, the CBHFA course learning needs to be clearly placed in the Education and Training Board arena with the ETB teacher in the classroom directing the overall course. Initially, it was intended that inmate volunteers trained as trainers would become the future facilitators of CBHFA training as in the wider RCRC volunteering world. However, in the prison setting, there became a problem with the quality assurance of CBHFA.
- Those volunteers that have completed training appear to be without direction as to their role post training leading to frustration and loss of active volunteers

- Health care staff (Nurses) are less clear about the level of training, role and function of the volunteers in relation to their own role.
- Prison officers are insufficiently orientated to the purpose and mission of the CBHFA volunteer inmates leading to a lack of support in the prison of their planned activities.
- Prisons in which there is dedicated staff support to the programme have more productive outcomes with programme.
- There has been no plan for inmate volunteers following release which is frustrating for them.
- Volunteers often seem to start out extrinsically motivated but as they engage with the programme, they become intrinsically motivated
- There is no system in place for quantifying the potential savings created by the volunteers' work or measuring health outcomes.
- There has been greater investment in developing a few particularly motivated volunteers than in developing volunteer leadership more widely throughout the prison estate which threatens the wider development and sustainability of the programme.

### **5.3 Some Changes in CBHFA in Prisons Already Implemented in 2015 based on some of the Findings.**

#### **5.3.1 Clear Roles for Trained Volunteers and Quality Assured Training for Volunteers in Training**

- Volunteers are now identified as either Volunteers in Training or Volunteers in Practice. This is an important change as it deals with a number of the findings of this evaluation. A key problem has been that once volunteers have completed their training, they have not so far had a clear volunteer role once a new set of volunteers has entered training. This has led to volunteers being lost or frustrated.
- Volunteers that have completed training are volunteers in Practice and are now being attached directly to the Health Care Departments in each prison where their work is coordinated by the agreed CBHFA nurse or the Chief Nurse Officer. In this way, the health care department has a clear connection with the volunteers who will then act as the health awareness workforce of the prison surgery.
- Volunteers in Training are the responsibility of the ETB teacher who oversees and direct their training to ensure quality assurance of education. The CBHFA volunteer practitioners will have a prison landing-based mentorship role with the volunteers in training.
- Significant effort has been placed on developing leadership amongst a wider selection of volunteers in all prisons in the last quarter of 2015 and this will be continued throughout 2016.

#### **5.4.2 Improved Orientation for Prison Staff Involved in Supporting CBHFA inmate Volunteers**

Plans are in place to provide additional Sensitization Training for all Prison staff involved in the CBHFA Programme. Each prison will provide a dedicated Governor for CBHFA as well as Chief Officer, ACOs on each side of the roster, a CBHFA Nurse and CBHFA Teacher.

The sensitization will take place in February 2016 so as to provide more informed support for the start-up of courses in 2016 and in particular to the Mountjoy Complex which has been the subject of twelve months in action due to industrial relations issues.

20 New nurses recruited in January/February 2016 will receive orientation training to the programme which will give a clear understanding of the training and role of volunteers in relation to nursing staff. It is hoped that this will correct the lack of clarity identified in the evaluation study.

The IPS Programme Director and IRC Programme Manager met with all the CNOs nationally in November 2015 to regain their support and orientate them to the state of the programme following the industrial relations problems and re-affirm their commitment in 2016. They were also briefed of the Phase II plans and asked to ensure the commitment of a CBHFA nursing focal point going forward.

The IPS Programme Director will visit all healthcare departments in the country to engage with nursing staff and seek to clarify role issues with all nurses and gain their confidence in using the volunteers to provide effective implementation of IPS Health Care Standard 5.

#### **5.4.3 Creating a Future for Inmate Irish Red Cross Volunteers after Prison**

Work has already commenced in 2015 in working with the Probation Service to create a Health Facilitator role for inmate IRC volunteers trained in prisons to be active within the Community Return Scheme as a starting point.

Specifically, a number of prisoners in the open prisons are being trained as facilitators of Overdose Prevention, Violence Prevention and as CBHFA Facilitators to be used in the community as part of the Prison to Community Phase in 2016 and 2017.

In addition, the Secretary General of the Irish Red Cross has committed to dealing with the issue of ex-prisoners being accepted as Red Cross volunteers post prison (depending on the type of crime involved). It is hoped that there will be a resolution of this by the beginning of the New Year.

#### **6.0 CBHFA Prison Programme Award**

In November the programme won the 2015 International Federation of Red Cross Volunteering Development Award for the category: *“Use of Innovation in mobilising and managing volunteers”*.

#### **7.0 Work Relating to Phase II ‘Prison to Community’**

The second phase of CBHFA in Prisons relates to supporting in-mate Red Cross volunteers being supported back into the community through a partnership with the Probation Service.

It is intended that the CBHFA Red Cross project also connects to Probation as well as the IPS in this 2015-2019 phase so that a cadre of ex-inmate volunteers may be used as Community Return Health Awareness Facilitators will be built up and working in the community as part of their own community return service days.

A number of meetings have been held between IPS, Probation, ETB and IRC to prepare the way for this initiative. In addition, two Culture of Non-Violence and Peace have been facilitated at Probation with groups of offenders on Community return and on Community Service orders. The facilitation has been undertaken by a current inmate Red Cross Facilitator (on Temporary Release) and another facilitator who is already on the Community Return Scheme.



Irish Red Cross Volunteer Facilitators (one from Probation on Community Return Scheme and one inmate volunteer) conducting a Violence Prevention Training with a selection of probationers from both Community Return and Community Service at the Probation Service Headquarters in Smithfield Dublin.

Preliminary work has also been undertaken to prepare a number of volunteers in the open prisons of Loughan House and Shelton Abbey for entering into the *Prison to Community* CRS scheme. This entails providing Overdose Prevention training, CBHFA Programme and Violence Prevention facilitator skills that can be used in the community phase. Some funding is required for operating this plan in 2016 and a draft proposal has been written to support an application for funding by Probation. Funding for 2017 and 2018 has been applied for through the EU Project identified in 3.1.1.

It is hoped that when these volunteers enter into Community Return Scheme, they will spend their CRC work days facilitating these workshops as Community Return Scheme Red Cross Community Based Health Awareness Facilitators, within at risk communities supervised by Probation. At present there are approximately 15 volunteers undergoing this preparation and should be deployed in 2016 and 2017.

## **8.0 Conclusion**

2015 has been an interesting year where significant progress has been made in setting up the groundwork for the second phase of the programme *Prison to Community*. There has been enthusiastic support from the Probation Service and optimism going forward that the partnership with Probation can be meaningful where the Red Cross project can contribute positively to the strategic plans of both the IPS and Probation Service.

Despite the slowdown in the programme created by the industrial relations issues for most of the year, progress has been made in contributing to the main elements of the Service Level Agreement as demonstrated in this report. However, there will be a need in 2016 to re-start the programme in the Mountjoy complex which was arrested for all of 2015. This is being reflected in the Service Level Agreement prepared for 2016.

Internationally, the CBHFA in Prisons Programme in Ireland has had significant success in assisting other jurisdictions to plan for or begin to implement CBHFA in prisons. This included a well-received visit to Australia by the Director General of the IPS who successfully

advocated with Government Corrections to support Australian Red Cross in preparing for up to three pilot CBHFA in Corrections pilots.

Finally, the year closed on a successful note where the Irish CBHFA in Prisons programme partnership won the global IFRC award for volunteering and innovation. This was presented to the Irish Red Cross on behalf of the partnership at the General Assembly in Geneva in November.