

Dormant Account  
Funding

Community Based Health  
& First Aid in Prisons

# 3 Year Report

2015-2017

A Report on the Partnership  
between the Irish Prison  
Service, Irish Red Cross and  
Educational Training Board

In association with University College Dublin and  
Western University Ontario

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## **Acknowledgements**

Wayne Hart Researcher, Sutherland School of Law, University College Dublin

Roisin O’Sullivan, Researcher, Sutherland School of Law, University College Dublin

Deirdre Healy, Senior Lecturer, Sutherland School of Law, University College Dublin

Nikki Abiodun, Researcher Shulich Public Health Programme, Western University Ontario

Alison Green, Researcher, Shulich Public Health Programme, Western University Ontario

Rafael O’Keefe, Research Officer, Irish Prison Service College, Portlaoise

Graham Betts-Symonds and Carrie McGowan for synthesising the research outputs and preparing the report

Lydia O’Halloran for Archiving and Editing the Documents

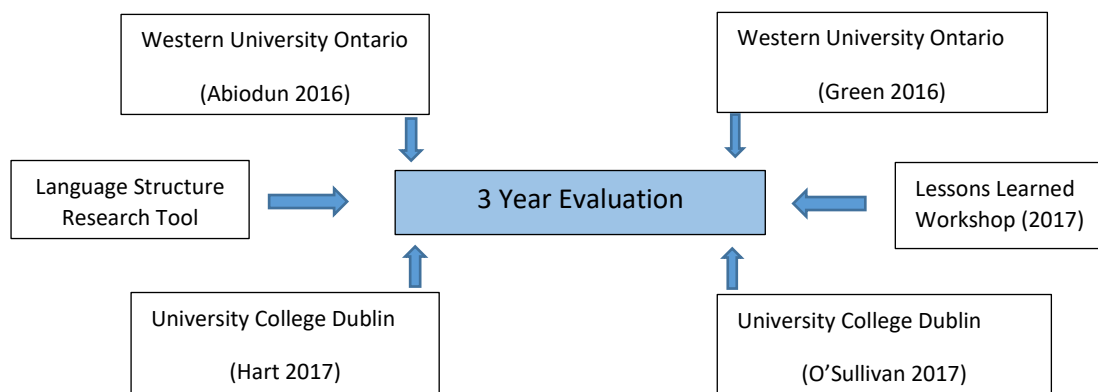
## 1.0 Introduction and Background

The three years funding of the Community Based Health & First Aid (CBHFA) in Prisons Programme was from 2014 to 2016 but ran in arrears from 2015 to 2017. Each year of the Dormant Account Funding (DAF), a Service Level Agreement was agreed upon by the Irish Red Cross (IRC) and Irish Prison Service (IPS) partnership organisations and a report submitted to the IPS Director of Health and Rehabilitation.

The Programme has followed an Action Research<sup>2,3,4</sup> framework since its inception as a pilot in 2009 with assessment, planning, implementing and evaluating as an ongoing process of the learning cycle rather than relying upon a single final evaluation after three years. This way, learning, change and action in the community could be achieved in a more timely fashion.

### 1.1 Sources of Information for the report

In traditional terms, the final evaluation of this DAF period is set out in this document. This reflects the findings of a number of internal reviews occurring at intervals along with an externally lead collaborative evaluation with Western University Ontario Schulich Interfaculty Program in Public Health<sup>5</sup>. There were two seconded MPH students. The first of these published in early 2016 and examined both the health interactions of inmate IRC volunteers within the prison, their perception of themselves and the perceptions of disciplines involved in public health duties and management within the prisons.



The Sources of Information for 3 Year Evaluation

The second MPH seconded student published her research findings in late 2016 looking at the inmate volunteer's potential for continuing to volunteer in Community Based Health & First Aid activities in the wider community post-release, either as ex-prisoners or through the Community Return scheme. Their volunteering role, as CBHFA Facilitators within the Probation Service meant that they were responsible for facilitating workshops for those 'at risk' of offending behaviours in the wider community. These 'at risk' groups include those under the supervision of the Probation Service on Community Return Scheme (CRS) or on Community Service Orders (CSO) from the courts.

Two MSc (Criminology) students from University College Dublin School of Law, were placed with the CBHFA in Prisons Programme in 2017 to undertake research with CBH volunteers both in prisons and some who were released but acting as CBH facilitators within the probation Service.

The period also included a national lessons learned workshop in October 2017, where two IRC inmate volunteers from each Prison in Ireland and their support staff were brought together in one prison to share their experiences and learn from each other.

In addition, the activities and methodology used was also monitored by representatives of the International Committee of the Red Cross & Red Crescent (ICRC), International Federation of the Red

Cross (IFRC) and World Health Organisation (WHO) Health in Prisons Project (HIPP) who visited the programme and provided feedback during the course of the funding period.

## **1.2 International Interest**

A Guidance Note and Flow Chart was jointly produced by ICRC, IFRC and IRC to facilitate the safe adoption of CBH in Detention in other countries, given that all countries have varying degrees of Governance around Detention including those in conflict zones ([see annexe 1](#)).

CBHFA in general around the world is operating in communities in over 100 countries but Ireland was the only country in which it is used in an prison setting, though training has been provided to over 15 countries in the last few years.

Two prisons in Honduras have begun a modified version of CBHFA in prisons. The Australian Red Cross and Corrections are piloting it in three States between 2018 and 2020 with a built in Health Economics evaluation that will be shared with Ireland.

One pilot Prison in Wales and one in Northern Ireland were successfully completed. A second prison in the North of Ireland have expressed an interest to be trained as has the Panama Prison Service, French Red Cross & Prison Service, Danish, Finnish, Belgian, Austrian and Netherlands Red Cross. It should be noted, that Irish Red Cross is responsible for dealing with all international enquiries for support in CBHFA in prisons as the Global Pole of Expertise supported by ICRC and IFRC Geneva since this is outside of the DAF partnership except for cross-border initiatives with Northern Ireland.

In September 2015, IPS facilitated a visit by 25 governors from the Swiss Prison Service in two separate groups to Arbour Hill Prison to learn about the CBHFA Prison Programme.

## **1.3 Dealing with Programme Disruption within the Funding Period**

The period 2016 was concerned with bringing the programme back up to its 2014 status since the industrial relations of late 2014 and most of 2015 had stopped progress in half of the prisons and they needed to be re-started.

The Dochas Women's Prison was successfully re-started using an adapted curriculum emerging from the evaluation of the CBHFA cycle in 2011 and the 2016 evaluation.

In addition, pilot work has been conducted with the Probation Service in order to give a role to ex-inmate volunteers post release and this will be further developed in the next funding period.

## **2.0 Structure of the Report**

The report will begin by reviewing the original Strategic Plan within the DAF for the 2014-17 period and its three Service Level Agreement for each years.

It will demonstrate how the programme learned from the internal evaluations and the external 2016 Evaluation by the Schulich Public Health Programme and implemented strategies for change.

Following this there will be a review of the health and safety projects undertaken and the findings of the research studies relating to the potential of the programme for creating desistance.

Finally, some recommendations will be made for the new funding period.

## **3.0 Executive Summary**

- The Programme has delivered on all aspects of the Service Level Agreements for 2015-2017
- Nursing support to the Programme has improved over the period in all but Loughan House
- The Governor and Chief component of the Management support model has been forthcoming in all prisons, though there is a need to ensure every prison has well motivated

Red Cross Assistant Chief Officers on both sides of the roster that has fed into this evaluation.

- In some prisons there is a lack of dedicated officer support for the classroom work of the programme which then also affects the implementation of health projects within the prison community.
- Community Health Action Committee meetings are being held monthly in most prisons.
- All prisons and most teams took part in the 2017 Lessons learned workshop.
- Having Psychology as part of CBHFA has been really successful in 2016-2017 ensuring the CBH in Prisons is delivering mental health messages and signposting in nine out of 12 prisons.
- The Community Assessment Module of the programme continues to provide the basis for relevant health, safety and humanitarian projects in the community.
- There has been a significant input on Non-communicable Diseases (NCD) in most prisons
- Pilot work on Implementing smoking Cessation facilitator groups amongst volunteers has been piloted in Midlands Prison.
- Inmate volunteers and the prison community have been engaged in humanitarian work through various fund raising projects.
- CBHFA in both female prisons Dochas and Limerick have benefitted from the adapted CBHFA programme based on the 2016 evaluation study.
- The programme has benefitted from our association with Western University Ontario and University College with four pieces of research that have fed into this Evaluation
- Partnering with Mater Hospital HepCare Europe Project has led to a 70% attendance rate for voluntary screening including Hepatitis C.
- 10 volunteers have received the Hep Friend Training for use in Prison to Community work.
- A number of inmate volunteers have been trained as facilitators of Violence Prevention and Overdose Prevention.
- Sessions have been peer facilitated in the Probation Centres of Cork Limerick and Dublin with Overdose Prevention/violence Prevention
- An apprenticeship model is being used to train facilitators
- The IRC CBHFA in Prisons programme has been recognised by the International Committee of the Red Cross and International Federation of the Red Cross in Geneva as the Global Pole of Expertise in Community Based Health in Detention.
- Some prisons have entered volunteers for the Gaisce Award or QQI Personal Effectiveness programme concurrently with CBHFA.
- A number of volunteers have performed first responder activities whilst awaiting the arrival of medical teams.
- It has been agreed for all Open Centres and the Progression Unit (MJW) to build on the prison to community phase with the cooperation of ISM and Probation.

- Integrated Sentence Management (ISM) officers are now connected to the Red Cross Group in each prison to assist in selecting suitable volunteers for prison to community phase.
- A named dedicated CBHFA Probation officer
- Approximately 200 staff made up of new recruits, nurses, ISM officers and Probation have received Sensitization training in 2017.
- There is a much greater awareness of the CBHFA programme around the estate.
- Pilot work of Prison to Community has been undertaken in Dublin, Cork and Limerick
- Over one thousand prisoners have been trained as IRC volunteers creating approximately 10% of the population in all prisons being IRC volunteers
- The cost of three years is a little over 1 Euro per week for each prisoner for having the Red Cross within their landings raising health and safety awareness linked to prison surgeries.

#### **4.0 Main Objectives of the 2015-17 DAF Funding document**

The first Dormant Account Funding document identified the following main objectives for the period:

- Reduce risk of drug related overdose death post release.

Drug treatment services are available in Irish Prisons and the potential danger of drug overdose is well known.

In a number of the larger prisons, up to 30% of the population are receiving drug treatment with Methadone. According to Lyons (2013), one person dies every day from a drug overdose in 2011 and two thirds of these were males. There were also 113 of these deaths associated with Methadone.

Inmate Irish Red Cross volunteers will work with Merchants Quay Ireland addiction counsellors to provide Overdose Prevention workshops to inmate volunteers and train them to facilitate these workshops to their peers.

- Encourage independent living skills in the elderly
- Promote mental health awareness and suicide prevention
- Prevent and reduce the effects of chronic lung diseases through smoking cessation initiatives
- Create awareness for preventing cardiovascular diseases
- Create awareness around the prevention of cancer and early detection
- Encourage healthy lifestyles leading to the prevention and treatment from Type II Diabetes
- Work with Health Care and HSE Discharge planning services in an attempt to improve through-care of prisoners
- Promote sexual health and encourage viral screening in health departments
- Promote a culture of non-violence and peace in prisons leading to less violence
- Find suitable Red Cross volunteering roles for prisoners post-release and work with preparing prisoners for reintegration into society.

- Through the awareness and advocacy of inmate volunteers working with the IPS Red Cross liaison nurse, ensure that prisoners engage with the most appropriate level of healthcare such as the doctor or the nurse, thus reducing the number of inappropriate referrals on to GP lists.

## 5.0 Implementing Lessons Learned from 2016 Evaluation Research

This evaluation served as a report on year one of the DAF funding period and was conducted as a collaborative 'Realist Approach' study led by Western University Ontario Schulich Interfaculty Program in Public Health. The following headings represent the main findings of the study and the actions taken to address them are shown.

### 5.1 Powerful Programme

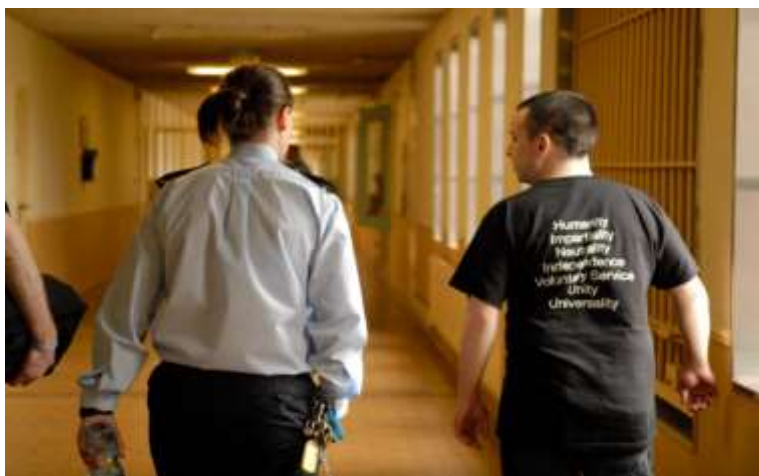
The evaluation published in 2016 noted that CBHFA was a powerful programme in that it generated many relevant health awareness projects derived from a community based assessment of needs in health promotion and safety. Many of these will be illustrated and discussed in the section on achievements and projects implemented. There was a need to create a greater profile of the work undertaken through the use of newsletters and local in-prison media outlets such as IRC and IPS websites and IRIS.

### 5.2 Communication Issues

Communication issues were noted with reference to the need for a greater understanding of the programme and how it works and its benefits for staff in order to better gain their buy-in and cooperation. Whilst the members of the local Community Health Action Committee (CHAC), which is the committee made up of staff involved in the facilitation and management of the programme and 2 IRC inmate volunteers in each prison, were well versed in the programme, it did not follow through that others of the same discipline or grade would be orientated to it.

The programme methodology is very different to most courses in that it is about learning in the classroom and doing in the prison community. In order for access and cooperation to occur, it was particularly important that the class officers/landing based officers and Chiefs and Assistant Chief Officers (ACOs) understood it too in order to make the action happen and facilitate the volunteers to do their work. It was recommended that there was a regular provision of sensitization workshops provided for all grades of staff from prison officer to Governor Level.

The report did note, however, that there was a positive change in the communication between prisoners and staff since the work that inmate volunteers were doing gained them the respect of the staff who recognized it was useful to everyone working and living in the prisons to have cleaner, healthier prisons.



Staff and inmate Irish Red Cross volunteers working together for a healthier and safer community for prisoners to live in and staff to work in.



During this funding period to address this, sensitization workshops were provided four times a year for staff to attend to learn about the programme and see for themselves how the action learning methodology worked and how it made working conditions safer for them and their families as well as for prisoners.

In addition the Red Cross sensitization course has been made a mandatory day within the induction courses for all new recruits to the prisons, be they discipline or nursing. Sensitization has been opened to psychology, Integrated Sentence Management staff and Probation Officers. This is important since the next funding period of 2018-20 will focus on volunteers continuing their work in the wider community after release linked to the Probation Service.

The positive impact this has made was noted in the MSc research undertaken in 2017 during inmate volunteer interviews and will be discussed in a later section.



Intensifying Sensitization Workshops in IPSC

### 5.3 Management Structure and Motivation

One of the most important findings in this research study identified the importance of the management structure in each prison for CBHFA (see figure 1) and that where this structure was in place by motivated people, output of volunteers was greater. Conversely, if the structure had gaps in it or members were not committed, volunteer output was reduced. Close examination of the research findings in the five sampled prisons showed exactly that effect (Abiodun 2016).

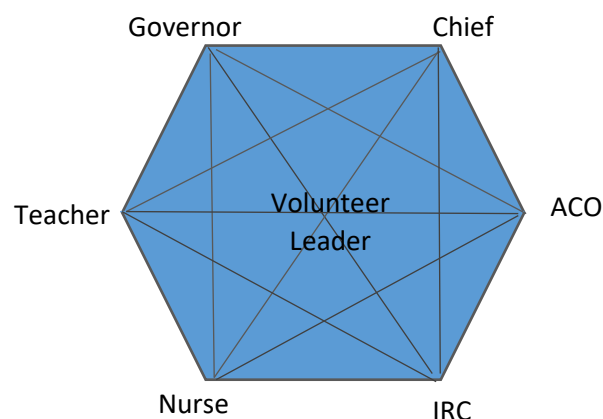


Figure 1  
Community Health Action Committee Management Structure

The ideal function of this CHAC group is to meet once monthly for short action-orientated meetings to discuss projects, their planning and implementation. An important feature of the group is that the key decision makers and actors are together around the same table to increase positive and timely resolution of problems and representatives from the inmate volunteer group are also present.

Experience in some prisons in this evaluation report has shown some weaknesses in different parts of the management structure. For example, there can be shortcomings in the nursing support in classes due to the unpredictability of workload, sickness and absence on the day. The most significant problems have occurred where there is either weakness or absence of certain discipline grades to make the classes happen.

This is usually because of staff detailing problems with bringing volunteers to the classroom. One prison has had to defer the November start of the 2017/18 groups until well into the new year for this reason. The result is that inmate volunteers become frustrated and there is a significant chance of loss of interest.

Another problem that can be faced is where there is no dedicated Chief Officer or Assistant Chief Officer (ACO). This is important in being able to move classroom learning into the community as projects get delayed or do not happen. The role of the Chief/ACO is to disseminate the information around the project plan to the landing based officers so they are aware that volunteers will be seeking to engage with their peers on their respective landings. It is imperative that a way is found of correcting these structural deficits in the new 2018-20 funding period as it will impact both the work within prison and the work with Probation in the community.

In addition to issues with the management structure was also the finding that motivation was as much about motivation of staff as it was about inmate volunteer motivation. This is because, linked to the issues raised in the last section on communication, staff need to be motivated to participate and support the programme in order for it to be successful.

As mentioned in the previous section, this has now been addressed with the intensification of sensitization training of staff and new recruits.

#### **5.4 The Involvement of Psychology and inclusion of a psycho-social module in CBHFA**

Findings in the evaluation identified the absence of a psychology input into the programme and the absence of a psycho-social module in the training given. Mental health is one of the main issues identified in the community assessment in prisons.

As a result, psychology was approached and a partnership agreed to be part of CBHFA in prisons. In 2016, six assistant psychologists were made available to the programme in six prisons to begin to develop mental health awareness within CBHFA in prisons. An action research approach was taken in each of six prisons and an evaluation workshop at the end of the academic year. Presentation of approaches used and analysis of the common themes led to the adoption of a common framework which could be used to address the issues surrounding mental health and facilitated through IRC inmate volunteers to their peers, supported by psychology, healthcare and education.

At the beginning of the 2017/18 academic year, nine prisons were allocated a new assistant psychologist and these were all trained in the sensitization workshop and briefed about the mental health framework on which to base their work in 2018 with inmate volunteers.

The absence of a module on Mental Health or psycho-social health was recognized globally at IFRC Geneva and a new global module is under development by the Red Cross Psycho-Social Global Reference Centre in Copenhagen. Ireland was chosen by the Centre to pilot the new module and it was conducted in the Progression Unit at Mountjoy West in November 2017 with excellent results.

The CBHFA in Prisons Programme and the Department of IPS Psychology have recognized that there is anecdotal evidence of change in personal empowerment through participation in the programme. This is supported by evidence of a study undertaken in which the language structures were analysed both before and after involvement in the programme. Volunteers seem to be changing negative views about self to positive views after completing CBHFA in prisons. As a result, psychology and the

programme are pursuing the possibility of a research study in 2018/20 aimed at evaluating the effects of the programme on the volunteer's sense of self and whether this assists the desistance process.

### **5.5 Operational Role for Trained CBHFA volunteers**

A clear outcome of the 2016 study, supported by evidence in both MSc 2017 studies indicate the desirability of volunteers to continue to engage in CBHFA activities once the course is complete both in prisons and in the wider community when released from prison. This is also supported by interviews in the 2016 study with prison staff and IPS management.

Pilot studies have been undertaken in some prisons in which trained volunteers have been attached to both healthcare staff in the surgeries and the assistant psychologists to carry out project work after graduation. In addition, they are now being engaged in a number of prisons with infection control and hygiene activities aimed at raising and standardizing infection control policy at the local prison level.

An active post-training role needs to be prioritized in the next 2018/20 funding period. This is again dependent upon a functioning management structure with dedicated IPS CBHFA liaison nurses, provided with adequate dedicated time to work with volunteers.

### **5.6 Preparing for re-entry into Society**

A very strong outcome of all studies (2016, 2017a, 2017b) indicate the need to engage inmate IRC volunteers post release in areas best suited to their expertise such as working with those 'at risk' of offending/reoffending, those at a higher risk of overdose/ drug taking etc. Recent work of volunteers with Hepatitis awareness indicates that there is also an important role that could be played in the same peer groups relating to being Hep Friends, that is, encouraging testing and peer support during treatment of Hep C.

In late 2016 and 2017, a new partnership was entered into with the Probation Service in which ex-prisoner IRC volunteers have been functioning as facilitators in Violence Prevention and Overdose Prevention in the Probation Centres in Dublin, Cork and Limerick where participants of their groups are those on CRS or have CSOs. In addition, a third training package will be offered which is Hep Friend training. This work is being developed in conjunction with Community Response and the Mater Hospital Hep-Care Europe project.

The next funding period of 2018-20 will see the further development of this element of the programme as more sites are secured so that the volunteers can facilitate even more workshops and increase their activities post release. This is further supported by the findings of the two MSc studies of 2017. Negotiations have taken place with Merchants Quay Ireland and volunteers will commence facilitating workshops in three of their Addiction Centres in 2018.

Bringing post-prison inmate volunteers into the wider community to carry out CBHFA activities requires a 'system' to make this happen. This 'system' should identify potential inmate volunteer candidates earlier in their sentence. This is necessary in order for programme staff to have sufficient time to give the additional training and then apply an apprenticeship model to become competent at facilitating the agreed modules of CBHFA.

The system requires that a dedicated, named Probation Officer in each prison work alongside the CBHFA team and advise on potential inmate volunteer candidates at an earlier stage. Additional support to the system will come from the Integrated Sentence Management (ISM) officer in each prison who will also work with the CBHFA team and also provide early notice of those amongst the volunteers who may be best suited to becoming a facilitator. This will be aided by the establishment of a Red Cross Programme TAB on the internal prison computing system for each volunteer so that their progress is raised at review meetings where decisions may be made that will affect the entry into the Prison to Community phase.

There is also a need for Operations to become better informed about the programme and understand the need for timely information relating to the movements of volunteers to flow to the CBHFA programme management so they are better equipped to support their sentence management and ensure their continuation in CBHFA activities. It is suggested that a sensitization course be run for operations staff and officers.

## 5.7 Community development, empowerment and personal development

According to the findings of studies during this funding period, there is clearly defined anecdotal evidence to suggest change in individual inmates as a result of engagement in the CBHFA programme. This is reflected in the language study analysis (2013) and will be covered in more detail later in the text reflecting the two MSc studies of 2017. It is clear, however, that participants of the programme refer to 'prison' as their 'community' once part of the CBHFA programme. This change in the perception of the environment of living, changes a number of other ways of thinking about the self (see figure 2)

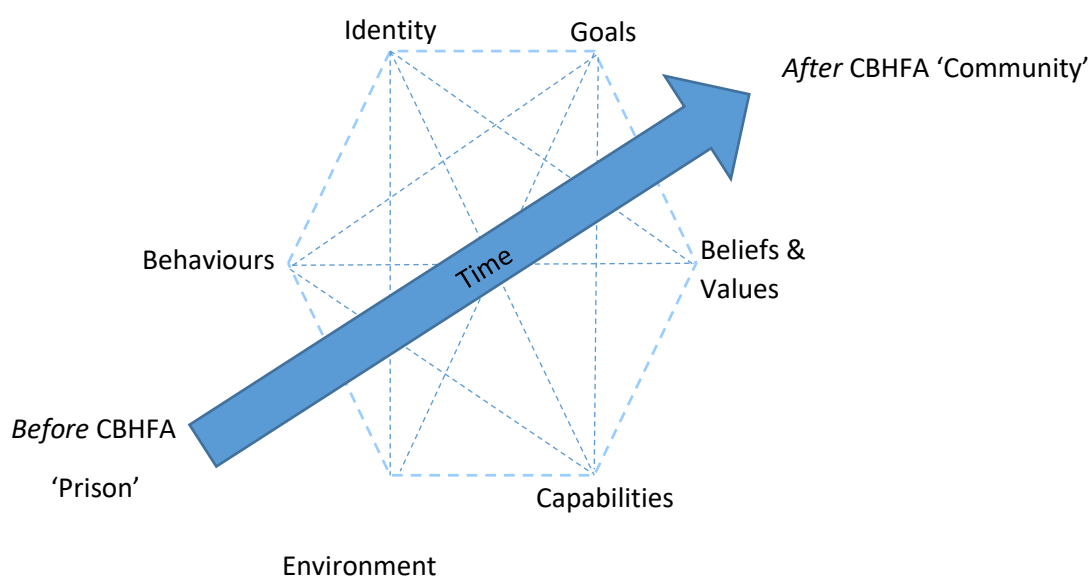


Figure 2

'Living Through time' (Betts-Symonds 2007 derived from Dilts 1991)

Changes in one part of the system leads to changes in other parts

In relation to inmate volunteers changing perceptions about prison it is likely to incite changes in behaviours and capabilities to maintain it as a community rather than a prison. Their beliefs and values are likely to change as their collective identity changes from prisoners in incarceration to volunteers within a community. This is borne out in the two MSc research studies (UCD 2017) and the study of language structures used by volunteers pre- and post-volunteering (IRC 2013) [see annexe 2](#)

It is suggested that this systems and cybernetic model can be used to help to explain changes that occur in both individual volunteers and the effect of the work they carry out and their influence over other prisoners.

## 5.8 Women Prisoners are Different to male prisoners in CBHFA

Only one cycle of CBHFA occurred in the female prison (Dochas Centre) with some relevant projects undertaken. However, for various reasons explained in the 2016 study report, a second cycle did not happen.

This assumption that CBHFA in prisons would operate in the same way in male and female prisons was a key flaw in the programme management. What was learned in the 2016 study was that the CBHFA

course for women needed to be turned 'upside down and sideways' in order for it to be meaningful to women prisoners.

Interviews with female prisoners and staff indicated the need for a shorter course starting with module 3 (community assessment) in order to discover early in the course the main issues for women in prison and also help cater to the fact that generally, women tend to be serving shorter sentences. As a result, in 2017 a revised course, taking these recommendations on board was implemented with more favourable results. The same revised model has been commenced in the Women's Wing of Limerick prison.

### **Guinness World Record for Largest Knitted Blanket in aid of th Irish Red Cross**



Photo shows knitted blankets made by women in Dochas in support of the World Record Attempt, once judging is complete, the blankets (approximately 600) will be distributed to vulnerable people in Ireland

### **5.9 Measuring Health Outcomes of volunteer Activity.**

Whilst there are a myriad of relevant community health activities introduced through CBHFA in prisons, there has been a lack of quantifiable results of a number of these activities.

There is a need to apply health economic studies to Non Communicable Diseases (NCD) and other health campaigns to assist in quantifying the potential impact of all volunteer interventions and this is planned in the next funding period.

Bristol University have been recruited by HepCare Europe to look at the cost and potential savings of the mass voluntary viral screening in Mountjoy in 2017 using the QALYS approach.

The IRC CBHFA in Prisons has partnered with Australian Red Cross/Corrections with implementation of the programme planned for 2018-2020. Irish Red Cross/IPS were instrumental in training Australia to use the Irish model adapted to the Australian context.

They are commencing pilots in three states which includes a fully funded health economics study to quantify outputs. It has been agreed that they will provide opportunities for assimilation of costings within similar health education interventions in the Irish programme. This will be used in the final evaluation in 2020.

### **6.0 Achievements of the Programme 2015-2017**

In excess of 1000 inmate volunteers have entered CBHFA Red Cross volunteer training in all Irish Prisons, there being around 10% of all inmates being Irish Red Cross volunteers on an ongoing basis.

## 6.1 Community Assessment – The Heart of Community Based Health



The Community Assessment of Module 3 remains the central heart of the CBHFA programme. Inmate Irish Red Cross Volunteers discover for themselves, the health and safety issues facing their community in Prison.

It develops their ability to use community assessment tools such as mapping, interviewing key informants and using logical methods to develop their work which creates the motivation to learn and create action for change in their community.



Through the process of having to engage with other services and negotiate their needs at Community Health Action Committee meetings, they gradually develop confidence and personal abilities they previously may not have had.

In every prison, it is this investigative process that highlights the projects to be undertaken to assist in creating change and improvements to both the environment of living and healthier living.

The following projects are described as a selection of some that have been implemented in various prison.

## 6.2 Mass Voluntary Viral Screening

Hepatitis is a significant problem in Irish Prison populations. Hepatitis C is particularly worrying as there is no vaccination available for this and it is endemic amongst Intravenous Drug Users. Whilst injecting drug use is not a significant problem in Irish Prisons, the wider community from which prisoners enter the system is a problem.

The role of IRC inmate volunteers is as advocates for testing so that healthcare in prisons can identify and then treat cases before they have a chance to infect others.

The Irish Red Cross prisons programme has been working with HepCare Europe through its work with the Mater Hospital Infectious Diseases Unit.



In this, the peer education and advocacy work of inmate IRC volunteers, has increased the uptake of viral screening in Mountjoy prison in 2017 to 70% of the population where 20 new cases of Hepatitis C were identified.

This represents the potential for 220 contacts of 20 IDUs if we accept that each one, untreated, may infect six others. The cost of treating every patient with the new oral treatment plans is expensive at around 30,000 Euros each. However, the cost of not treating a known case is much greater given the chronic liver disease that will develop and chronic illness requiring long term treatment and hospitalizations. Furthermore, if the patient goes to liver transplant, that alone will cost 230,000 Euros per patient at today's prices.



‘Whole Prison Approach’ to prison health. The team consisted of Mater Hospital staff, prison nurses and doctors, Chiefs, ACOs, Prison Officers, Teacher, IRC and inmate volunteers

The qualitative data collected during the campaign by the IRC indicated a high level of satisfaction amongst the prisoners, their perception of the peer IRC volunteers and the thoughts of staff working with the campaign. Some of this feedback can be seen in [annexe 3](#).

In addition, some trained volunteers have been given Hep Friend training in order for them to act as information sources on Hepatitis C to their peers, encourage testing and provide support for those undergoing treatment regimes.

Mass Voluntary Screening for HIV using inmate IRC volunteers as peer educators and testing advocates have led to:

- 65% increase in HIV testing in Wheatfield Prison in 2010
- 58% increase in HIV testing in Cloverhill Prison in 2011
- 72% increase in HIV testing in Mountjoy prison in 2013 and 70% in 2017

Evidence from post HIV testing campaign surveys indicates less stigma and more understanding around the subject of HIV and AIDS amongst prisoners.

Outside of the mass testing programmes, there was an increase in requests for Hepatitis vaccinations in Cork prison following volunteer campaigns working with surgery nurses to increase access to vaccinations for Hepatitis B.



Volunteers preparing to undertake awareness and encouraging prisoners to come for viral screening in Mountjoy Prison in 2013.



Raising awareness and encouraging attendance for screening:

Posters made by Red Cross inmate volunteers and their CBHFA Teacher

### 6.2.1 Preventing infection with Blood Borne Viruses

As part of their community Assessment, Wheatfield Prison inmate volunteers and healthcare recognized the dangers that existed in the prison with the practice of sharing razors and other hairdressing implements.



Inmate IRC volunteers worked with the Red Cross nurses to find a solution, making a business case to purchase UV Sterilizers. At the Community Health Action Committee (CHAC) the CBHFA Governor agreed to fund the purchase of one sterilizer to assess its usage. Piloting was successful resulting in acquiring more sterilizers for other landings. This project is an important achievement for the Red Cross in Wheatfield as the risks of blood borne disease spreading is reduced by it.



Volunteers were informed by Healthcare of the facts, myths or misconception about Hepatitis C. Volunteers went around to all landings with posters and leaflets explaining the importance of using a sterilizer. Each landing has now received a sterilizer which is kept with the class officer.

### **6.3 Reducing Violence in Prisons**

The reduction in the number of attacks where a cutting weapon was used in Wheatfield Prison went from 97% to 6% reported in the last evaluation. This was due to peer violence prevention workshops and a weapons amnesty held in Wheatfield Prison and has remained under 10% over this reporting period as Weapons Amnesties are repeated in Wheatfield prison regularly and have extended to Cloverhill and Mountjoy Prison in this reporting period along with a roll out of the Violence Prevention workshops in many prisons.

#### ***10 days of Christmas Amnesty***



#### **Help create a weapon-free prison**

It has also become a regularly facilitated workshop by inmate and ex-inmate Facilitators in the Probation Service as part of pilots in Dublin, Cork and Limerick.

The violence prevention workshop is based on the experiences of inmates and modelled on the International Red Cross Red Crescent society's approach to promoting a culture of non-violence & Peace. It runs over two days and covers various different topics such as 'fear', 'stress', 'anger' and 'stereotyping' and how these can lead to violence. It also explores alternative ways of coping to everyday situations, feelings and emotions.



The Prisons Violence Prevention workshop has been adapted by inmate volunteers for prison communities and facilitated by peer prisoner facilitators.

### 6.3.1 Conflict Awareness – Castlerea – Traveller Communities

Following 4 Pilot sessions, volunteers ran their first Conflict Awareness Workshop in January 2016 in Castlerea Prison. It was a further refinement of a Culture of Non-Violence and Peace adapted to Traveller communities in prison.

Such was the interest in the Programme that representatives from Irish Red Cross, Irish Prison Service, Travellers in Prison Initiative, Peace Education Programme, Psychology, Healthcare, Galway & Roscommon ETB attended and participated in the group. Feedback generated was very positive along with some recommendations for further development.

There has been 8 Conflict Awareness Courses held since the development of the workshop with 7 different Facilitators trained and all other IRC Volunteers helping in the smooth running of the workshops.

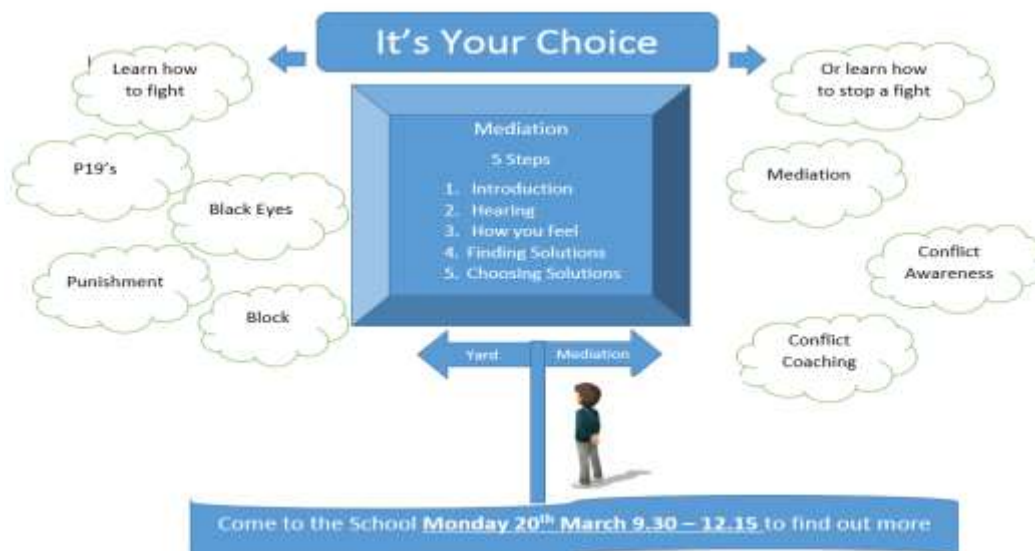
Volunteers are involved in the recruitment of participants and to date 114 prisoners have participated in the workshop. Prisoners and the Prison maintain it is making a difference.



### 6.3.2 Traveller Peer Mediation

As a result of the conflict awareness workshops, volunteers identified a need for more training around the development of peacemakers in the prison. Anne Costello from St. Stephen's Green Trust and Travellers in Prison Initiative introduced the volunteers to the Traveller Midland Conflict and Mediation Initiative (MTCMI) where a cohort of volunteers have been trained up as mediators within the prison.

#### Peer Mediation with support from Midlands Traveller Mediation Initiative (MTCMI)



Traveller Mediation by inmate IRC volunteers have resulted in numerous conflicts being resolved without violence in Castlereagh Prison.

### 6.4 Mental Health Wellness/Psycho-social health for Prisoners



Mental Health wellness or Psycho-social health has been absent from the CBHFA curriculum and it has been recognized globally that such a module is needed. This is being developed by the IFRC in Geneva through the Global Reference Centre for Psycho-social Health in Copenhagen. IRC has provided the opportunity for this new module to be piloted in 2017 in Mountjoy West Progression Unit.

In 2016, the absence of a module in the IRC CBHFA prisons programme prompted a partnership of the programme with the IPS Psychology Service. Action Research was conducted in six prisons where an assistant psychologist was allocated. This psychologist in each of those prisons became the CBHFA Psychologist to work with both the CBHFA nurse and teacher on developing a module for Ireland.

Following a workshop with the assistant psychologists, nurses and teachers, a framework to guide Mental Health wellness learning with volunteers for use in the prisoner community was designed.

- Step 1 Involvement in volunteer selection to help identify motivation levels etc.
- Step 2 Assistant Psychologist Interviewed as a key informant for Module 3
- Step 3 Introductory Session & Team Building to get to know volunteers
- Step 4 Mental Health community survey
- Step 5 Interventions based on survey findings & building relevant community awareness
- Step 6 Involvement in Mental Health Week

In 2017/18 new assistant psychologists in nine prisons are now working with CBHFA volunteers using the framework. There will be a Mental Health wellness learning workshop in June 2018 for CBHFA Nurses, Psychologists and Teachers to agree the Module Package.



**Red Cross Survey**

We need your feedback. The information from this survey will determine how to address mental health in order to make positive change in this prison. Please return your completed questionnaire to a Red Cross Volunteer.

**Q1. Which of the following do you feel is a mental health issue in this prison?**

1) Depression	<input type="checkbox"/>	8) Diet	<input type="checkbox"/>
2) Anxiety	<input type="checkbox"/>	9) Feeling down	<input type="checkbox"/>
3) Self-Harm	<input type="checkbox"/>	10) Sexual health	<input type="checkbox"/>
4) Hygiene	<input type="checkbox"/>	11) Sleep	<input type="checkbox"/>
5) Physical health	<input type="checkbox"/>	12) Stress	<input type="checkbox"/>
6) Addiction	<input type="checkbox"/>	13) Other	<input type="checkbox"/>
7) Cardiovascular	<input type="checkbox"/>		

If you ticked other please give details here:

**Q2. Please number 1 to 5 which of the above mental health issues you feel are most relevant to you : (number 1 being most relevant)**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**Q3. Do you know how to seek help if you are concerned about your own mental health? (please tick)**

Yes ☐ No ☐

**Q4. If you wish to add any other comments or feedback, please do so below:**

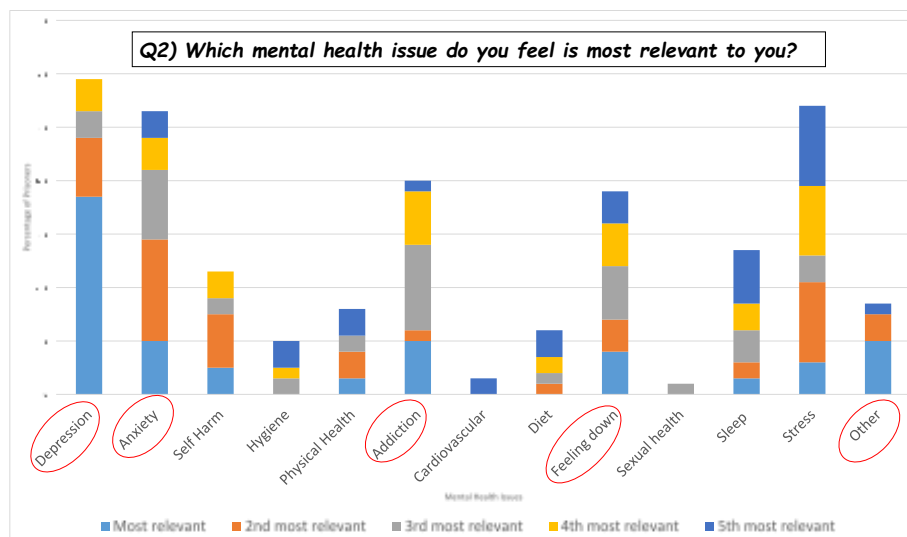
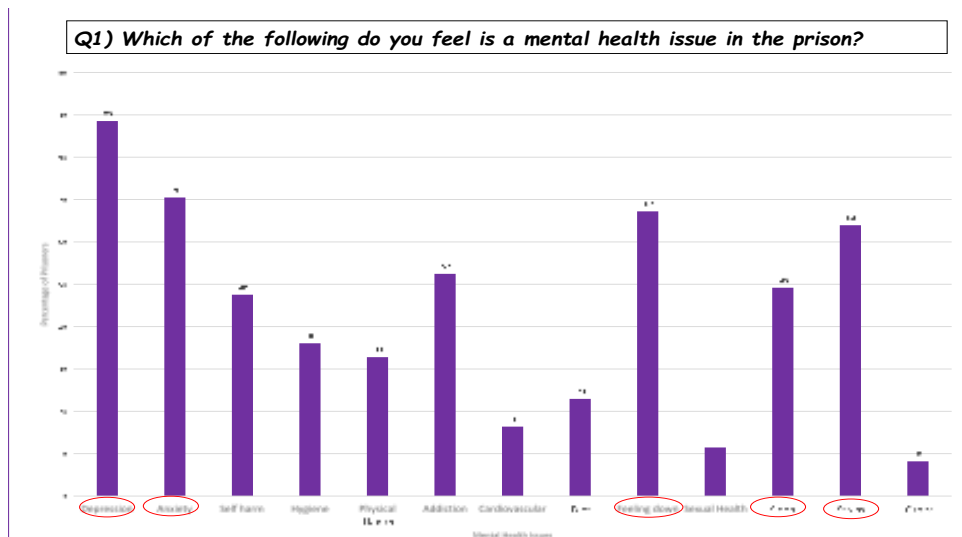
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return to Red Cross volunteer at 2pm.

An example of a survey template used in Cork Prison and the Midlands Prison to find out from the community, what aspects of mental health concerned them. Once analysed by the volunteers and the CBHFA teams, interventions are designed and learning provided to volunteers. Following this, relevant information regarding mental health is brought from the classroom to the landings via the volunteers. The purpose of IRC volunteers in mental health is to carry messages and signpost to professional care.



Volunteers don't give advice – they give simple information like the posters above and direct other prisoners to professional care.



## Wellness – Physical and Mental

Induction meetings about how to adapt from a closed prison to open prisons resulted in a reduction of the number of prisoners absconding from Shelton Abbey open prison.

Induction sessions and befriending by IRC inmate volunteers has been introduced for new committals in a number of prisons leading to better integration into the community. All prisoners know the stress and fear of admission to a prison. It's good for mental health to be greeted by a friendly face, the IRC logo and be given information about how prison life works.



Arbour Hill Volunteers working together with their community to create an environment good for mental health with a garden yard and wall mural.

## 6.5 Non-Communicable Diseases



Non-Communicable Diseases (NCD) awareness in line with WHO and 'Healthy Ireland' recommendations have been introduced to all prisons. An emphasis has been placed on NCDs with projects including healthy lifestyles such as healthy eating, physical activity in various forms and games and smoking cessation. Healthy lifestyles has also been reflected in changing some of the items held in the prison shops to healthier options.

Height \_\_\_\_\_  
 Weight \_\_\_\_\_  
 Range \_\_\_\_\_  
 Normal Weight Range for you is \_\_\_\_\_

Waist Circumference \_\_\_\_\_  
 Range \_\_\_\_\_  
 Healthy Measurement for men is less than 37 inches

BMI \_\_\_\_\_  
 Range \_\_\_\_\_

A healthy BMI range is from 20 to 25

\* Body Mass Index is used to estimate your total amount of fat. It is only an approximate measure of the best weight for your health.

\*\* BMI does not differentiate between body fat and muscle mass. This means there are some exceptions to the BMI guidelines.

## Schedule of Events

**Monday 8<sup>th</sup> May at 7pm:** Light introduction to the training schedule

**Every Monday at 2.15pm:** Pilates Class with Claire (Visiting Hall)

**Every Tuesday at 7pm:** Circuit Training and Jogging

**Every Wednesday at 7pm:** Core Workout and Jogging

**Every Thursday at 7pm:** Circuit Training and Jogging

**Every Friday at 7pm:** Core Workout and Jogging

## Shelton Abbey Healthy Activities

With regards to physical activity, volunteers link in with PE teachers and Gym officers to promote exercise. It has also included encouragement of prisoners to take part in walking and short runs as well as sponsored walks to raise money for good causes. The above shows the Shelton Abbey Assessment card and the weekly activities arranged for inmates.

## Shelton Abbey Activity Log and Exercise Classes

Activity Log

Mon	Tues	Wed	Thurs	Fri	Sat	Sun



Supervised Gym Activities promoted with assistance of Gym Officers/PE Teachers



Cardio-vascular Checks for Prisoners and Staff and encouraging less sugar drinks in Limerick

IRC Volunteers encouraging peers to come for blood pressure check stations linked to the Red Cross nurse. Identifying people with raised blood pressure means they can be referred and treated where necessary. Cardiovascular disease including strokes can be prevented.

Volunteers also campaigned with peers to be aware of the amount of sugar in soft drinks and the value of a healthy diet. This can help keep the weight off – another risk factor in Non-communicable diseases that can lead to Stroke, Heart attack and Type II Diabetes.



Encouraging healthy diets and sensible portion sizes has been promoted. In some prisons, volunteers have worked with management to be able to replace some of the items in the Tuck shops to healthier items.

### 6.5.1 Stroke Awareness



Linked to blood pressure checks, healthy eating and smoking cessation, the risk of strokes and heart attack have been highlighted in volunteer awareness around Non-communicable diseases. Posters and talks on landings about recognizing stroke and seeking early assistance has been promoted.



The aim is to get a stroke victim to a hospital facility within the golden hour as if the stroke is caused by a blood clot, early use of clot-busting agents can prevent permanent damage.

## 6.5.2 Chronic Lung Disease

### Smoking Cessation



Smoking cessation has been undertaken in some prisons linked to the HSE. To support the implementation of the IPS Smoking Policy, Smoking Cessation Red Cross support groups will commence in 2018 in all prisons.

30% success rate in one prison with smoking cessation with peer educator support linked to prescribing of smoking cessation aides.

Working with the HSE Smoking Cessation Unit, IRC volunteers are being trained up as group smoking cessation facilitators to give on-going support to prison communities wanting to stop smoking. This is an important measure supporting the Prison Service Smoking Policy.

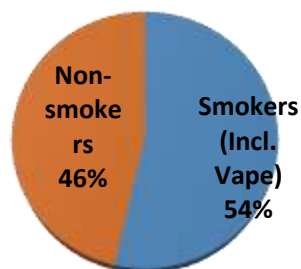
<b>A2 &amp; A3</b> 91 Prisoners 75 smokers 73 Wishing to quit	<b>C2 &amp; C3</b> 124 Prisoners 42 smokers 12 wish to quit
<b>E Division</b> 115 Prisoners 52 Smokers 7 wish to quit	<b>G Division</b> 165 prisoners 54 Smokers 19 wish to quit

Volunteers undertook a survey in the Midlands Prison amongst 495 sampled prisoners. Of these 221 (almost 50%) were smokers and 111 were interested in being supported to give up smoking. The box above shows the data collected by Divisions.

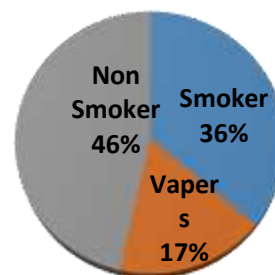
A survey in Loughan House undertaken by volunteers noted that two-thirds of the inmates smoke. Eight out of ten prisoners wished to give up but hadn't the will power on their own.



**Smoking in  
Arbour Hill Prison**



**Smoking Type**



### 6.5.3 Cancer Awareness



Skin cancer is recognized as one of the most frequently diagnosed forms of cancer in Ireland. Irish Prison Service and the IRC have been working with the Irish Cancer Society to create greater awareness amongst inmates.

It is recognized that prisoners spend a good deal of time in the Yards and in the Open Centre gardens and are at risk.

IPS has placed sun cream dispensers in all prisons in accessible places and Irish Red Cross inmate volunteers have been raising awareness and encouraging the community to use the sun screen provided for them to prevent both sun burn and the risks of skin cancer. In addition to skin cancer, volunteers have run campaigns in prisons relating to men's cancer risks such as prostate cancer.

## 6.6 Infection Control

IRC volunteers are working with the Infection Control Officer in all prisons, learning simple messages about health and hygiene to reduce cross infection risks. They are also being trained to mentor other prisoners in their community with new single-use mop heads

### COMMON TYPES OF INFECTION

- TB
- Hepatitis (A, B, C)
- HIV
- Influenza
- Res Tract Infections
- Meningococcal
- MSSA/MRSA
- Candida
- Legionnaires
- Norovirus - Diarrhoea & vomiting
- Measles
- Mumps
- Rubella
- Scabies
- Head-lice



### ROUTES OF ENTRY

- **Inhalation** - Breathing in Airbourne droplets/Dust particles which could consist of dirt/crime/skin cells and of course bacteria/Virus
- **Contact** - Surfaces, Prisoners & each other, family members, staff
- **Ingestion** - Hands become contaminated during daily activities
- **Inoculation** - Needle Stick/Skin abrasions

Awareness around handwashing, sneezing and coughing etiquette has led to a reduction in the spread of communicable diseases.



Arbour Hill identified personal hygiene and handwashing as a priority in infection control for them.



### Arbour Hill





The women IRC volunteers highlighted hygiene and cleanliness as a priority, recognizing their community is also their home. The volunteers encouraged other women prisoners to join them in making it a better place to live in with the Deep Clean Project.

According to staff, hygiene standards and cleanliness have noticeably improved with the cleaning and hygiene projects of volunteers in all prisons. This is the foundation on which to build infection control procedures that make everyone safer.

### 6.6.1 Infectious Diseases

Tuberculosis is a risk in any prison because of the close proximity in which prisoners live and the lack of ventilation in prison cells. It is a particular risk in committal prisons where there is a fast turnover of prisoners and where there is little known about the health of the numerous committals that happen on a daily basis.

Inmate Red Cross volunteer awareness campaigns in Cloverhill remand prison around Tuberculosis has improved understanding by both prisoners and staff and assisted in the prevention and early detection of potential cases. This early warning/detection is key to ensuring any suspected case is quickly screened and dealt with, thus avoiding the potential for litigation costs which has already been experienced by IPS.



TB Awareness posters made by Volunteers and checked by nurses

The TB policy is being updated by the Infection Control Officer and volunteers will reflect updated practice in their awareness campaigns.



## 6.7 Overdose Prevention

Overdose Prevention is delivered as part of module 7 with Violence Prevention since both are interconnected in the prison community. IRC partnered with Merchants Quay Ireland for this initiative which is run in conjunction with Addiction Counsellors in each prison.

The emphasis of the training is on Harm Reduction rather than telling prisoners not to take drugs. Numerous deaths take place each year amongst prisoners after leaving prison due to a lack of understanding about the risks associated with drug use. As a result, this initiative is particularly important in the Open Centres. Volunteers learn about these risk factors and how to reduce their own risk of Overdose.



### 6.7.1 New Psycho-active Substances



In addition to regular landing based Overdose Prevention workshops, volunteers have been raising awareness amongst their community about the dangers of chemically manufactured drugs which are entering the prisons in Ireland. The nature of these drugs is that they cannot be treated with antidotes such as Nalaxone and have to be managed symptomatically. They also produce bizarre behaviours and unpredictable symptoms leading in some cases to seizures, unconsciousness and death.

The 'Staying alive' project in Cloverhill, Wheatfield and Castlereagh Prisons in December 2016 and 2017 highlighted the dangers of using drugs in prison, dangers of bringing in drugs to loved ones and highlighting to staff what signs and symptoms to look out for if someone is overdosing.



## Staying alive this Christmas!



There were 6,002 drug related deaths in Ireland in the past 10 years.

Learn how to keep safe by attending the Overdose Prevention group in the Auditorium on \_\_\_\_\_

### Examples of Drugs that Can lead to an Overdose:

<ul style="list-style-type: none"> <li>• Heroin (Gear, smack, H)</li> </ul>  <ul style="list-style-type: none"> <li>• Heroin accounts for almost 25% of all drug related poisoning deaths.</li> <li>• Half of those were known to be injecting at time of death</li> </ul>	<ul style="list-style-type: none"> <li>• New Psychoactive Substances (NPS, legal highs)</li> </ul>  <ul style="list-style-type: none"> <li>• NPS deaths have been steadily increasing since 2009 according to the health research board</li> </ul>
<ul style="list-style-type: none"> <li>• Ecstasy (E, yokes, sweets)</li> </ul>  <ul style="list-style-type: none"> <li>• greatly increases your risk of heart attack or stroke due to the rapid increase in body temperature, heart rate and blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>• Benzodiazepines (Tablets, Benzo's, sleepers, D5s, D10s, Roches)</li> </ul>  <ul style="list-style-type: none"> <li>• Almost half of all deaths involved Benzodiazepines in the past 10 years.</li> <li>• The number of benzo related deaths has increased by 24% in recent years</li> </ul>

**Don't allow yourself to become another statistic!**

Be safe. Be Informed. Talk to us.



IrishRedCross



etbi



Volunteers in Cloverhill Prison provided buddy visits to new committals to warn them about the dangers of accepting rolled up cigarettes on admission from people they don't know. Landing based posters and cell drops were also carried out. The campaign in Cloverhill Remand Prison has created a general acceptance by inmate communities that they should be avoided.

### 6.8 First Aid Training

Recognised First Aid Training and Certification continues to be taught as module 4 of the programme in all prisons and there have been a number of examples of lives being saved by IRC inmates.



Volunteers intervening as first responders in seizures and unconsciousness in the minutes before a nurse is able to arrive on scene to take over. Instruction is provided by certified First Aid Trainers from ETB teachers

## 6.9 Social Projects



**If you are unable to have any clothes brought in for you and could do with some help, our Red Cross clothing bank is set up to help those that need help in this area, just ask to see the governor, your class officer or a Red Cross volunteer who can advise you on how to go about our clothing bank.**



The Community Assessment in Portlaoise highlighted that there are prisoners who do not receive regular visits and can be short of clothes. A system has been set up so that there is a clothing bank that can assist those prisoners in need. The Prison Community is asked to donate items of clothing they no longer want and volunteers ensure their laundering and storage. Any prisoner in need can approach an IRC inmate volunteer to avail of the service.

Care of the elderly projects have been implemented in Arbour Hill prison, assisting the nursing staff. Inmate volunteers have a roster system for 'meals on wheels' in which they bring elderly infirm prisoners their meals, assist by making their beds, changing bed linen and cleaning cells and toilet areas. At the same time, they report concerns such as not eating properly and health issues to nursing staff. This project was commended by nurses in the evaluation study.

Volunteers in various Prisons have been active in raising money for various charities and appeals over the course of the funding period.

- To promote awareness on suicide, Limerick Prison volunteers supported Pieta House by raising money through a soccer tournament.
- €1,000 cheque presentation in Mountjoy on 16<sup>th</sup> May 2014 to Irish Cancer Society by volunteers from funds raised through a cake sale with an extra donation by the Governor.
- Inmates in many prisons have taken part in the GOAL mile charity fundraiser raising funds for GOAL'S projects in the developing world.



### Christmas Appeal

*Items for donations*  
**Pot Noodle, Cereal**  
**Fruit Juice, Tea/Coffee/Hot chocolate**  
**Soups, Sugar**  
**Tinned Meat/Fish**  
**Crisps, Crackers**  
**Chocolate, Biscuits**  
**Hygiene Products**

**This donation is to help struggling families all over Dublin for Christmas**  
**.....Any help given will be much appreciated**



In Cloverhill volunteers promoted a food appeal for Crosscare to assist struggling families, homeless people and the elderly every Christmas during the funding period.

## 7.0 Awards

### 7.1 The International Federation of Red Cross and Red Crescent Societies (IFRC)

In recognition of the value of volunteers in advancing humanitarian efforts, IFRC present awards to National Societies at their General Assembly.

In 2015, the Irish Partnership CBHFA Prison Programme won the IFRC Volunteering Development Award for the category: "Use of Innovation in mobilising and managing volunteers".

### 7.2 Irish Red Cross Special Status Award of the Year

#### 7.2 1. Arbour Hill 2016



L – R Colm Gallagher ETB Teacher, Aine Crowley Head Teacher and Governor Liam Dowling

Arbour Hill has a small percentage of population with difficulties doing small daily tasks, be that due to aging, disabilities or disease. The Red Cross Group identified this need and set up several projects in an effort to help this section of its population to live a more functional life both physically and psychological.

#### Projects

##### Cell cleaning

The older inmates have limited movement due to pain or ageing and volunteers help clean their cells and do jobs that "Home Help" may have to deal with. They have a rota system to ensure there is always someone available and more importantly they are a direct link to the medics to address any issues that may arise due to the solitude the inmate may have resigned himself to. This interaction has enriched the volunteer and the elderly inmate as they have become more sociable which lead to their second project.

##### Socialisation

The Red Cross volunteers organised a social Sunday where every week they bring the vulnerable inmates together for a little music, chat and maybe a movie. It really brings the older inmates out of their shell and gives them something to look forward to. It has also encourage them to get out of their cell more often to interact with others, all helping to combat the creeping silence that is depression.

##### Yard Walks & Operation Transformation

Volunteers escort older inmates out to the yard to get some fresh air and get them active. And for the inmates with more mobility but lacking motivation, they set up their own operation transformation to help address issues like portion sizes, cardio vascular disease and healthy eating, getting more people to be heart healthy and get exercising.

These activities go on weekly to the point where people expect them to continue, but they are only going strong because of the motivation, caring nature and adherence of the 7 Principles of the Arbour Hill Red Cross Volunteers.



### 7.2.2 Castlerea 2017



Photo shows Governor Martin Reilly and ETB Teachers with Minister for Defence Paul Kehoe, Irish Red Cross Chairman Pat Carey, Executive Members & Staff

Their greatest achievement to date was the programme developed when their volunteers identified a high incidence of violence and conflict among the entire Prison population but especially among the Travellers. It was recognised that this was mainly due to the Traveller tradition of resolving an issue with violence or a 'Fair Fight'.

The volunteers and teachers of Castlerea Prison worked closely in partnership to develop a course that addressed Conflict Awareness. The aim was to empower inmates with the skills and confidence to effectively communicate the cause, impact and consequence of conflict in the prison.

Three Pilot sessions were held and there was huge support from the prison who could see the potential of the course straight away, as the Chief had noted a reduction in the number of assaults immediately following the three pilot sessions.

The first official Conflict Awareness Workshop was held on January 29th 2016. It was extremely successful and volunteers received some very positive constructive feedback from prisoners and representatives from IPS, IRC, Galway Roscommon Education & Training Board, Travellers in Prison Initiative and Midlands Traveller Conflict Mediation Initiative who attended.

It became apparent that the methods and strategies used in the programme started to have an impact on the way prisoners rationalised their way of thinking. Prisoners became more reflective of their actions, their beliefs began to change. They recognised the impact violent behaviours have on people and other people living in a prison environment. The aim was to empower prisoners with the skills and confidence to effectively communicate through Peer to Peer interaction with prisoners who are experiencing conflict and violence in the prison.

The nature of a prison environment is both intimidating and volatile; therefore the programme had to teach the skills of non-violent communication, interpersonal skills, understanding empathy and feedback skills. Such was the success of this project, other prisons are now interested in taking on the programme.

## 8.0 Prison to Community

In late 2016 and 2017, an informal partnership was organised with the Probation Service in order to begin piloting two of the CBHFA modules facilitated by ex-prisoners and one serving prisoner as peer to peer educators.

The Overdose Prevention and Violence Prevention workshops were used as two packages that could be delivered to offenders on the Community Return Scheme (CRS) and/or Community Service Orders (CSO). This commenced in Dublin and was then extended to Limerick and Cork Probation Offices.

These were very successful with participants engaging well and attending all days at Probation Services in Cork, Limerick and Dublin.



Serving and ex-prisoner IRC Facilitators running the Violence Prevention module of CBHFA in the Probation Centre Dublin

In order to promote this prison to community phase of the programmes' work, a film was made and utilised at a European Conference in Holland. Two ex-prisoner Facilitators went to Holland and presented the work internationally which was well received.

## **9.0 How CBHFA has Affected Volunteers working with the Programme and the case for Desistance**

In 2016, an agreement was entered into with the Sutherland School of Law at UCD to take two post-graduate students each year for practical research related to the Community Based Health in Prisons programme. The purpose was to benefit the programme by having researchers available, the student in the pursuit of their MSc degrees and the University College Dublin for the publication of academic papers and a link between higher education and the real world of criminology.

The first two students were taken in 2017 for a 12 week internship to plan and undertake mutually useful research which would contribute to the 3 year evaluation of the programme by a recognised external academic institution.

The area chosen for research was in the field of how being part of the CBHFA in Prisons programmes affected samples of volunteers in terms of their perception of themselves and the extent to which it may contribute to the process of desistance.

One student sampled serving prisoners whilst the other sampled serving and ex-prisoner volunteers acting as IRC Facilitators in the *Prison to Community* Project.

Whilst the sample sizes were small, the findings were useful in that it added to the body of knowledge about the effects of the course being built up through anecdotal evidence, the findings of the two Western University Ontario research students published in 2016 and the investigation into the language structures used by volunteers before and after involvement in the CBHFA programme in 2013.

A common finding in both UCD studies was the importance of a sense of identity developed within the inmates who had undertaken the CBHFA programme. They appear to have had a changed view of themselves where they were able to accept responsibility for their past in contrast to their 'new self' (O'Sullivan 2017). They were also able to comprehend how other people's view of them had also changed due to their involvement in the Programme such as staff and other prisoners.

Most powerful in the 'Human Connection' element of findings was the change in how their families perceived them. Commonly, respondents were aware of the disappointment of their loved ones when they entered prison and the strain it brought the relationships. However, there was clear evidence of improved relationships with partners and children as families were reassured that their loved one's were doing good whilst in prison and were therefore safer in their eyes.

Both studies highlight Agency as a key feature in the research where respondent gained a sense of being valued, having self-esteem and personal development. These factors, both researchers maintain are essential components of the process of desistance.

Hart (2017) identifies the theme of the 'Redemptive Script' related to participation in the CBHFA programme. Both researchers refer to the importance in the desistance process of offenders taking responsibility for their own behaviour. He goes on to identify the importance of Generativity and the sense of giving back in the desistance process and gives examples of text.

Both Hart (2017) and O'Sullivan (2017) talk of Social Bonds contributing to desistance and give examples of the various types of relationships that are important and that may be inspired through the programme.

The notion of the 'wounded healer' (O'Sullivan 2017) is described as the most evident in terms of perceived self-identity shift. She describes the wounded healer as one who has suffered similar experiences and uses them to help others. In this way, O'Sullivan suggests that respondent may have turned adversity into an asset because it gave them empathy, authenticity and relatability. She further suggests that CBHFA allows respondents to earn their 'redemption'.

Green (2016) in her Western University Ontario research also refers to the wounded healer effect. Hart (2017) talks of the Pygmalion effect whereby the offender negotiates a new reformed identity through the social labelling of other (Maruna 2004:279).

The conclusions of both research pieces acknowledge that the rehabilitative nature of CBHFA may be conducive to the desistance process and from the samples interviewed have created change. Both recommend that the programme continue to be developed and that longitudinal studies would be useful.

## 10.0 Recommendations

- Maintain and begin to institutionalize Community Based Health in Justice (CBH) in all Prisons<sup>1</sup>.
- Ensure management succession training
- Ensure that the programme reflects the priorities in health and safety as defined by IPS Health and Rehabilitation, WHO, WHO (HIPP), and IFRC such as non-communicable diseases (NCD), Overdose Prevention and the reduction of violence in prisons and at risk communities and ICRC.
- Contribute to an increased numbers of prisoners and 'at risk' communities receiving Viral (including Hepatitis C) screening through advocacy and working with relevant clinical teams.
- Contribute to care of the elderly by inmate volunteers in specific prisons to encourage independent living

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<sup>1</sup> Subject to the continued lifting of restrictions related to industrial relations issues.

- Continue to develop and implement a prison service-wide module in mental health well-being for prisoners in collaboration with Psychology, Education, Healthcare and the IFRC Global Psycho-social Centre in Copenhagen.
- Institutionalise Community Health Action Committees (CHAC) as part of the CBH in Prisons process.
- Operationalize qualified CBH volunteers through attaching them to either Healthcare, Psychology or School through which they can contribute to timely and relevant health awareness projects
- Volunteers to provide advocacy about proper access to the relevant health service providers, such as nurses, doctors, dentists, psychiatrists, drug treatment clinicians, psychologists etc.
- Positively impact on Healthcare Standard 5 (IPS Healthcare Standards) relating to health education and awareness through relevant project work and externally in 'at risk' communities through *Prison to Community* activity in support of 'Healthy Ireland'.
- Provide four sensitisation workshops where prison staff from all disciplines and Probation can learn about the programme and have the opportunity to become involved. In addition, all new recruit prison officers and nurses will receive the additional courses as part of their basic training as a means of changing the culture of the organization from 'punishment' to 'rehabilitation'.
- Continue cross border collaboration with the Northern Ireland Prison Service and the British Red Cross (Northern Ireland) relating to CBH in Prisons and cross border Hepatitis C awareness.
- In partnership with the Probation Service and IPS, develop further the 'prison to community' phase of CBH in Prisons, providing the opportunity for IRC inmate volunteers to have a Red Cross function post prison that takes peer to peer education into at risk communities in wider society to contribute to desistance and 'Healthier Ireland'.
- Recruit a suitable ex-prisoner as Prison to Community Coordinator based in Probation, Smithfield.
- Provide further training to IRC Inmate Facilitators in Open Prisons and Progression Unit in preparation for their release into 'Prison to community' of the CBH programme as IRC Health Facilitators.
- Subject to the ability to facilitate an 'apprenticeship model' where Open centre/Progression Unit inmate IRC volunteers can travel to different sites for facilitation practice including other prisons.
- Develop a Traveller *prison to community* model initiative in Castlerea and community working with Traveller organizations
- With Probation, identify suitable sites for post-release IRC volunteers, partnering with other NGOs and community organisations.

## 11.0 Conclusion

The CBHFA programme over the last Funding period has been productive in that it has re-started the programme in all prisons in Ireland. Each prison has, through the assessment module 3, facilitated

relevant projects as part of the learning and doing of this action learning approach to community health and well-being.

A triangulation of four separate research studies from two renowned Universities in public health and law have contributed to this report.

The cost of providing community based health and wellbeing for prisoners at the local level is approximately 200,000 Euros per annum. This equates to 57 Euros per inmate a year which is a little over 1 Euro a week. The service is an extremely cost effective public health model for prisons recognised internationally. The advantage comes from being able to use existing teaching resources from the various disciplines.

The additional value may be seen as the prison to community model develops if the programme contributes to desistance and a reduction in recidivism, a reduction of deaths from drug overdose and the prevention of prison admissions by targeting those on Community Service Orders. The research studies contributing to this report, suggest that the seeds of desistance are indeed being sown through the process of the development that the approach affords.

Finally, it is important to note, that there have been far more relevant projects implemented during this reporting period and that those reported here are but a sample.

## 12.0 References

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## Annexe 1

### COMMUNITY BASED HEALTH EMPOWERMENT IN PLACES OF DETENTION FOR DETAINEES AND GUARDS – DECISION MAKING FLOW CHART

#### Objective

To ensure that preventive/proactive health awareness is raised among detainees as well as basic first response to wounded, ill and acutely sick persons in places of detention in order that they receive timely, effective and humane care prior to any need for referred care.

#### Scope of Community Based Health in Detention contexts

To strengthen the confidence and the skills of detainee Health responders to promote healthier living and intervene during emergency situations in places of detention.

#### Selection of the participants

- Main characteristics:
  - Willingness to become Community Health volunteer responder, to promote health and safety amongst fellow detainees and assist wounded and acutely sick people on a voluntary basis.
  - Have a history of behaviour inside the place of detention which would not contravene the fundamental principles.
  - **Detainees imprisoned on charge of link with an armed conflict or other situation of violence should be considered as potential Community Health volunteers.**
  - Acceptance of the detainee volunteer by the other detainees and the guards;
- Repartition within the place of detention
  - The number and the location of the Community Health volunteers should ensure timely response to an emergency once it is known.

Note:

Health professionals should be skilled in First Aid.

#### Mobilisation of the Community Health volunteer detainees

- Volunteers should be active within the place of detention carrying out health, hygiene, violence prevention and safety activities with detainees based on a community assessment of the detention centre/prison linked to and guided by Detention/Prison Nurses.
- In cooperation with Detention Centre management, guards and other detainees, agree a contingency/emergency plan, defining the procedures and the actions to be implemented in case of an emergency (incl. mass casualty situation).
- All activities of Community Health Volunteers must be free of charge.

#### Corresponding resources

- CBHFA in Prisons/Detention training courses should be ongoing so that replacement detainee/prisoner volunteers can be achieved to replace those who are transferred or released.
- Community Health responders receive first aid training within module 4 of the programme. Refresher courses must be provided at 2 year intervals by certified trainers of First Aid.
- Have a Detention Community Health Action Committee involving the Detention area Officer in Charge, Representative of Guards, Health care, prison education (where possible) and representative of national Red Cross/Red Crescent Society/ICRC/IFRC. The purpose of this is to drive Detention Health promotion and emergency response activities.
- The primary function of CBHFA in Prisons/Detention volunteers is to promote health amongst detainees within the prison/detention community.
  - Transport the detainee who appears acutely ill or injured to the First Aid post or/and the healthcare centre (e.g. stretchers);
  - Provide basic supportive care based on the presenting signs and symptoms. In cases of injuries, control bleeding, to cover wounds and burns (e.g. bandages and compresses). Keep warm and summon trained assistance.

The quantity of materials and equipment depends on:

- the needs (size of the detention place, number of detainees and Community Health volunteers, the types of health risks and potential for emergency situations).
- the replenishment frequency (based on health and safety needs, types of wounded and acutely sick persons assisted during a certain period of time)

## Risks and mitigation

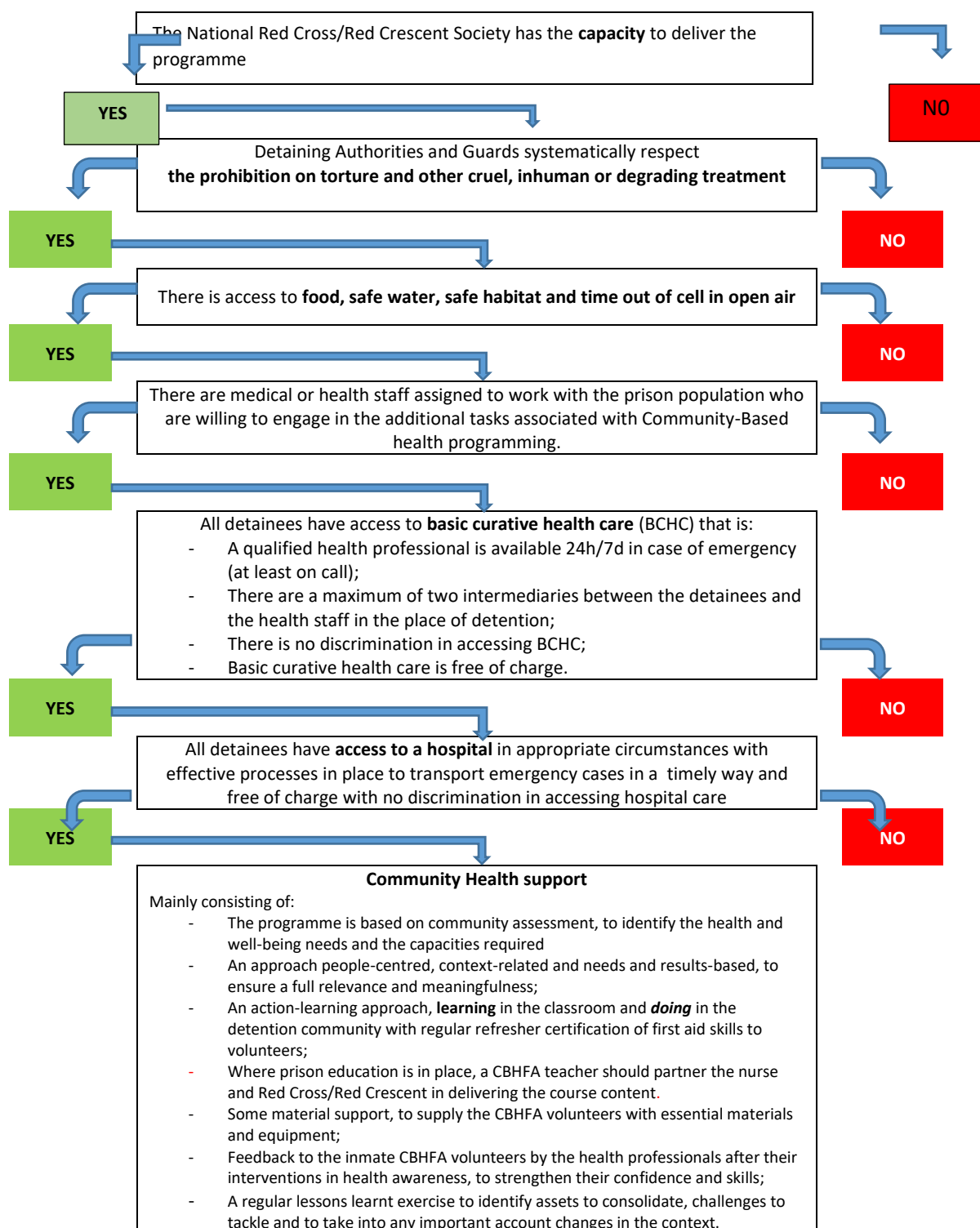
In case a **National Red Cross or Red Crescent Society (NS)** would like to implement Community Based Health in Detention empowerment project or is asked by the public authorities to do it, it is recommended that the NS makes contact, where relevant through the Federation, with the heads of the ICRC Deprived of Liberty unit, and Health in Detention program in Geneva.

## Decision making flow chart

Some aspects need to be taken into consideration in order:

- to avoid the risk that providing CBHFA in Detention does more harm than good
- to ensure that the most relevant interventions possible are offered in the context

The following flow chart aims to offer guidance in decision making when considering whether to initiate the programme in a new place of detention, a new part of a place of detention, a new type of detention, or in a new geographical context.



## Annexe 2

### Examples of Guided Reflective Exercises of IRC inmate volunteers

To do this exercise you need to deeply reflect on yourself both before and after becoming an IRC volunteers and make some statements about how you feel about yourself and the place you live in.

<b>Think of a time in prison before you became a Red Cross Volunteers</b> What can I see, hear and feel about myself?	<b>Level</b>	<b>Think of a time since you have been working as a Red Cross volunteer in the prison</b> What can I see, hear and feel about myself?
Had no goals really. Just to get on with my time in jail.	<b>Goals</b> What are my goals?	To keep the head down and try to get as much as I can out of my time in prison and look forward to getting out.
I was just a number	<b>Identity</b> Who am I?	I'm a Red Cross volunteer and a better person for it.
I hadn't got much beliefs. Just get on with it.	<b>Beliefs and Values</b> What do I believe in and what is important to me?	To become a better person
I didn't feel capable of doing much	<b>Capabilities</b> What am I able to do?	Anything I get my mind to
I wasn't doing much – just passing the time.	<b>Behaviours</b> What am I doing?	Now I'm trying to help myself and others around me.
Wasn't as clean. Not as safe.	<b>Environment</b> What is this place like?	Allot better now. Cleaner and healthier and safer place and drinking water on the landings etc.

Hadn't really any being in prison	<b>Goals</b> What are my goals?	To keep going being a volunteer. Help others progress.
I was just doing my own thing	<b>Identity</b> Who am I?	I now believe in myself
I didn't help many people out except my friends	<b>Beliefs and Values</b> What do I believe in and what is important to me?	I believe in helping others out more.
I wouldn't get up and speak in front of a large crowd	<b>Capabilities</b> What am I able to do?	I feel that my public speaking has improved allot.
My behavior was a bit wild	<b>Behaviours</b> What am I doing?	It's changed allot since being a volunteer
Environment was a bit hostile plus lots of tension. Bad hygiene.	<b>Environment</b> What is this place like?	Allot has changed – toilets plus sinks in most of the jail. Not as much tension.



To make money and be successful	<b>Goals</b> What are my goals?	Never to come back to jail again. To be a good man to my family and those around me.
I thought I was somebody hard like a gangland figure not to be messed with.	<b>Identity</b> Who am I?	I'm Tom – a healthy husband to Joan and proud daddy to my lovely kids. I'm kind and caring.
I believed in friends before family, gangs drugs and knowing the right people and that I was somebody.	<b>Beliefs and Values</b> What do I believe in and what is important to me?	Now all I believe in is my family and that good things happen when you do good things. Family really matters.
I always knew I had the capability of doing things but drugs and drink were all behind it.	<b>Capabilities</b> What am I able to do?	Now I can speak and talk to anybody and I am more confident than I've ever been. And I'm clean and sober for 9 months.
My behavior was bad – acting up, doing my own thing and not listening to others.	<b>Behaviours</b> What am I doing?	Is excellent. I listen to people. I've settled down. I would not miss misbehaving or acting up.
Crazy – not a nice place to live in. Allot of tension. Very noisy. Very clannish. Felt I could not fit in.	<b>Environment</b> What is this place like?	It's much more settled now. Allot more safer. I feel relaxed and I can concentrate on getting home

Never had any goals	<b>Goals</b> What are my goals?	To be a better person
Never really knew	<b>Identity</b> Who am I?	Now I do
Didn't believe in much	<b>Beliefs and Values</b> What do I believe in and what is important to me?	Now I believe in more and have a different view of life
Very little	<b>Capabilities</b> What am I able to do?	Allot more like getting up and talking in front of people.
I didn't care	<b>Behaviours</b> What am I doing?	It has changed me and I think different towards things
Not a nice place. I hated it.	<b>Environment</b> What is this place like?	Allot better. I've learned about the prisons and it's a better place since the weapons amnesty.

### Annexe 3

#### Summary of Irish Red Cross Survey with Prisoners & Staff during Mass Voluntary Viral Screening In Mountjoy Prison Campus, 10<sup>th</sup>, 11<sup>th</sup> April, 20<sup>th</sup>, 21<sup>st</sup> June, 11<sup>th</sup>, 12<sup>th</sup> July 2017

##### Prisoners

How did you know about today?

- Lads (Red Cross volunteers) said it on the landing
- Leaflets in cell twice
- Officer told me
- IRC guy going around cell to cell
- Posters on the landings

Why did you come today?

- It's a great idea
- I'm worried but better to know
- Came because of Red Cross lads on the landing
- Might as well while I'm here
- Not got bloods done in couple of years, good to check
- Last time about 12 – 18 months ago test was negative but having it done again for peace of mind
- Good to get done when have the chance
- Off everything for 6 months, important to have done, I have kids
- Better sure than sorry

Do you think most people will come for testing?

- I'd say they will all come
- Yes, I'd say so
- Some people won't open their door

What do you think of the Irish Red Cross volunteers?

- Doing a very good job
- Good to talk to if you need help
- You can talk to them and they don't look down on you
- No bullies in Red Cross
- Red Cross do good work, they went door to door
- Fact the volunteers are prisoners is better, you can talk to them

Did you receive information in advance about Hep and HIV testing

- Yes, notices on notice boards and twice in cells
- Yes, didn't read leaflet
- Yes, very good
- Did not read leaflet, can't read or write

What do you think of the process today, is there anything we can improve on?

- Very good
- Counselling, good to know
- Put everybody's mind at ease
- Good information, answered lots of questions, very good
- Couldn't go wrong, all ok
- Better of getting it done
- Nothing to improve on
- Went very well, thanks very much
- How long til I find out (results) (same question asked by other prisoners)

Comments re blood test/needles

- Afraid of needles

- Is the needle very long
- Will the needle go in far
- I'm shaking I am, held his hand out to show me
- Very nervous of needles
- How big is needle
- No way can get blood test, terrified of needles, only fear I have is needles, no way, worst fear, love to but can't
- Scared of needles, afraid will faint
- Get weak with needles
- Never do needles
- Panic about the results
- Do you have to get needle, ah fuck
- Nervous, hate sight of needles
- Apprehensive about results

#### Comments about sweets

- Best part is the chocolate bars, great incentive
- I'll have a Freddo, have not had one in years
- Lovely Cadbury's cream egg, years since I had one
- Sweets very encouraging
- Chomp bar for blood test, worth it
- Oh lovely Mello, feel like a child
- Your spoiling me Miss
- Comment from prisoner tested yesterday, really enjoyed the bar last night
- Thanks Miss, I will give chocolate to my kids
- Won't cry, ok, get bar of chocolate afterwards
- No to chocolate as no teeth left, then "ah yes" and takes a bar
- "Looking forward to chocolate bar when I come out
- Declined to come for testing then came up because of chocolate

#### Irish Red Cross inmate volunteers feedback from Day 1

- Great peace of mind lads got it done
- Hard to get prisoners out of the yard, apart from that everything great
- When encouraged more willing

#### Quite a few had test done already so I asked few guys about getting results

- All fine, doc in room with nurse officer and all negative
- Questionnaire grand, about drugs in the past
- Clean as a whistle
- Questions not hard, just answer honestly
- Have to get shots to prevent it

#### Feedback from Staff

##### Prison Officers

- Creates a positive atmosphere in the prison for the prisoners and staff
- Morale better, no messing, very transparent
- No conflict, good teamwork
- All ran very smoothly
- Very well coordinated
- Teamwork with all agencies
- See how prisoners appreciated it because they understand benefits of getting it done
- Breaks down barriers between staff and prisoners which is very important
- No singling out, no stigma attached in coming down because of work RC volunteers have done
- Wonderful initiative, breaks down barriers between staff and prisoners when they see you involved in something for their benefit they have a newfound respect for officers
- Red Cross volunteers made huge difference, if officers went around you would not have got as many

- Important to have staff they know that are able to chat away and be light hearted, if any were apprehensive could keep them calm and relaxed, when they go back on landing can give good feedback

#### Pre-test Counselling

- Very obvious well promoted on the ground, makes all the difference
- Everybody knew exactly what coming for
- Did not have to go back to basics
- Very efficiently organised
- Prisoners all had knowledge about hepatitis
- Officers great and could not have been more helpful

#### 1<sup>st</sup> Mater Hospital Researcher

- More energetic today and really well run again
- All prisoners great to chat to and really willing to do survey
- Longer in, younger age
- More drug use in this group, not as much alcohol
- Slightly nervous energy going around

#### 2<sup>nd</sup> Mater Hospital Researcher

- First time in prison, felt comfortable doing it
- Process easy to understand and solid understanding of what happening
- Don't feel like holding anything back
- Good teamwork

#### Nurses

- Everybody was wonderful
- Going great, whole operation side well organised, well prepared and well led
- Enthusiasm from prisoners
- Good to see wiliness and interest from prisoners, taking responsibility in their own health, so important
- Better in separate rooms, 2 people taking bloods at one time
- Whole operation outstanding and all went very well
- Good to participate in project and went really well
- Brilliant, very good today
- Cell to cell increased risk of needle stick injury to staff

#### Hep Care Project Staff

- Process very efficient and flowed really well
- Questionnaires very straight forward, none had trouble with questions and if they did easy to grasp it
- Inmates very respectful and forthcoming with information, even about sensitive topics
- Very calm, efficient and easy to carry out
- Prisoners were great to work with, nice and easy going

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Lydia O'Halloran  
Community Based Health & First Aid Programme Advisor  
Irish Red Cross