

International Workshop on Community Based Health and First Aid in Prisons



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Workshop Report

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International Best Practice Workshop on Community Based Health & First Aid in Prisons

1.0 Introduction and Methodological Approach

This Community Based Health & First Aid (CBHFA) workshop was organized by the Irish Red Cross and Irish Prison Service in Cooperation with the International Federation of the Red Cross and Red Crescent (IFRC) in Geneva Health Department. It was planned due to the number of national societies requesting the assistance of Irish Red Cross in setting up their own CBHFA in Prisons which had been made known to them through the marketing of the IFRC films made by the Finnish Red Cross Communications Unit in 2013 focusing on community health issues through CBHFA.

Thirteen National Red Cross Societies and representatives from IFRC availed of the opportunity to attend day one of the workshop that showed cased prisoners from different prisons in Ireland presenting their CBHFA projects. 12 national societies attend for the full three days which included the making of personal country plans for implementing their version of CBHFA in prisons and these can be viewed in the annexes.

The structure of the report follows the four main focus points of the workshop. The first is about how the unique partnership between the three agencies, Irish Red Cross, Irish Prison Service and Educational Training Boards worked where there were added benefits to the core business of each of these in addition to the joint success of the CBHFA in prisons project.

The second component exposes delegates to the finished products of CBHFA in prisons in order for them to be able to see dramatically the fruits and positive outcomes of the programme. The third component is a full multi-disciplinary sensitization workshop which served the purpose of day 2 where the different parts of the course were explained and most importantly it showed delegates how to replicate the same type of event in their own countries as a compulsory stepping stone to the successful implementation of CBHFA in prisons. Finally, the delegates were given the opportunity to make a personal country plan with the assistance of Irish programme staff.

Days 2 and 3 were interactive with groups working on problems to find solution. There were four working tables with three country delegates at each. Each table of delegates had a set of Irish Programme staff of a Governor, chief officer, prison officer, prison nurse and prison teacher. These acted as Table Coaches to assist them but not give the answers. This was found to be a practical and powerful way of learning whilst at the same time demonstrating the importance of inter-disciplinary team working.

2.0 Expectations

The delegates were invited to give their own expectations for the workshop and the following are the key expectations voiced

- Empower us
- The In and outs of the course
- Implement from our experiences
- Learn from others
- Share experiences – the reality
- Connecting people
- Making Friends
- Development – how – scaling up
- Learning
- Networking
- Volunteer selection
- Negotiation – how?
- Sustainability
- Partnerships
- How to set it up when specific departments are missing
- Dynamic – key factors
- How to monitor the programme
- Learn from our experiences
- Spread the message wider
- Learn from others
- Enthusiasm
- Spreading the buzz
- Build confidence
- Have a wonderful time.

Table 1

Expectations of Delegate Participants

3.0 Introducing the Key Partners and how CBHFA has impacted on their Core Business

The Irish Red Cross (IRC) is a small national society and has a focus on First Aid and Ambulance Services. IRC is going through a period of change in its approach to programming lessons of which have been learned from its involvement in the methodology of the prisons CBHFA programme. It is hoped that IRC will continue to be even more relevant in its programming through its change in direction and affiliation with the prisons programme. CBHFA in Prisons has also brought much welcomed positive positioning amongst other national societies around the world as well as the IFRC.

3.1 The role of the Irish Red Cross Management in CBHFA

The key role of the Manager of the programme is in programme support, branding and administering the Red Cross Movement-specific components. The role is particularly concerned with the selection of inmate volunteers and the protection of the emblem in an area not previously experienced



The Irish Red Cross is the first country in the world to have special status inmate Red Cross volunteers. IRC Secretary General Donal Forde talked about this requiring senior management to make bold decisions on the basis that if prisoners wanted to do good work, who were they to say that they could not. IRC set the standard and the precedent for such volunteering within the Movement.

Figure 1

by any other national society. The manager has an important role in ensuring that inmate volunteers are supported and that their project work is undertaken in a way that is fitting for the IRC as a humanitarian organization and the promotion of the seven Fundamental Principles.

3.2 Prison Health Care Management

Prison health care in Ireland was traditionally a medical model with prisoners going to see the doctor when they were sick. Nurses were introduced in the early part of this millennium and followed an accountable nursing management structure after that. Whilst much has been done to try to reverse the medical model to one of prevention, until the advent of the IRC inmate volunteer, it still remained focused of the sick role of prisoners rather than the well role.



The Coordinator for Nursing Services in the Irish Prison Service, Ms Frances Nangle-Connor explains the background to the CBHFA programme and its place within healthcare and as an extension of the healthcare department reaching out to the prison cells which are the houses of the prison community.

Figure 2

CBHFA volunteers have allowed the gap to be filled between the health care surgeries where the professional staff are and the prison cells as the homes of prisoners. The role has been carefully developed with healthcare so that there is a clear distinction between the role of a nurse and that of a volunteer and in all prisons they are now acting as the arms and ears of nursing. Nurses are able to carry out their roles as preventive medicine nurses in their own practice areas of nurse led clinics because inmate volunteers are acting as social mobilizers encouraging other inmates to come forward for screening. In this way, the objectives of health care are now more readily met.

3.3 The Role of the Educational Training Boards (ETB)

The role of the ETB in the Irish model is central in all prisons. The ETB are the anchor partner as all classes are held in ETB classrooms with the continuity of an ETB teacher as the designated class teacher. The healthcare staffs provide the medical input but the centre of learning is based within the prison school. The presence of prison schools may not be apparent in some of the delegate's countries and so this will need to be addressed.



Ms Jacinta Stewart, Chief Executive Officer of the City of Dublin Educational Training Board Ireland presenting an award to Maeve Donnelly one of the pioneers of the partnership working on CBHFA in Prisons during the period 2009-2014.

Figure 3

The type of learning and this course is central to what the ETB wants to achieve. It is about adult learning and very practical in nature.

3.4 Prison Management

CBHFA was an initiative started in Wheatfield in 2009 and its success lead to its replication in other prisons. The process was undertaken by the Deputy Governor Frances Daly in Wheatfield approaching like-minded Governors in other prisons who would be likely to support CBHFA in their prisons.



CBHFA in Prisons can only operate successfully as a partnership between management, education and health. Most importantly, the sincere commitment of prison Governors is essential if the programme is to flourish in each prison setting and in whatever country it is based. Photo shows Governor Frances Daly and Governor Greg Garland

Figure 4

Each Governor then selected their own team of discipline chiefs and staff who were thought to be interested and supportive of the CBHFA approach. The teams also include the teacher and nurse selected to teach the programme and these also need to be motivated to the mission of the Governors vision of what CBHFA can achieve.



Figure 5

The Director General of the Irish Prison Service committed to CBHFA in prisons shown by his active participation in the workshop. Delegates from other countries have asked for him to advocate for CBHFA with the Director Generals in their own Countries

The importance of the partnership approach was discussed as well as the willingness of the Governor and his or her team to take controlled risks in order to capitalize on maximum outputs from the selected volunteers.

Other management issues include the correct selection of the right sort of inmates to be Red Cross volunteers. Experience has shown that the selection process, whilst primarily undertaken by the teaching staff and Red Cross representatives, needs to be screened by prison management to rule out the possibility of damage to the emblem. This is because prison management are likely to be privy to intelligence information not available to the selection team which may include prisoner activity that would contravene the Humanitarian principles. This is an important protection mechanism for the Irish Red Cross.

The selection of projects is important and the need for prison management to have a say in these is important for security purposes as well as their own management knowledge of what types of project are most likely to be successful and which are logistically difficult.

3.5 The International Perspective

Ayham Alomari, Senior Officer, CBHFA and NCD Global, IFRC Geneva gave an overview of CBHFA globally and the work in NCDs. The place of IRC in leading the way in terms of prison health globally was discussed. The making of the global videos on CBHFA was outlined with Finnish Red Cross Communications Unit providing the expertise and the videos themselves.

One of the videos was shown to the workshop group focusing on creating change in Irish prisons.



Figure 6 & 7

Dr Ayham Alomari, Senior Officer, CBHFA & NCDs, IFRC Geneva (left) and Dr Stefan Seebacher (right), Head of Health Department, IFRC, Geneva explaining the global perspective of CBHFA and the place of Irish Red Cross/Irish Prison Service as Global Leaders in prison Health through CBHFA in Prisons.

4.0 Exposing Delegates to the Finished Product – Looking at What Can Be Achieved

Three representative inmate volunteers from each prison in Ireland were brought together in Wheatfield Prison auditorium where they each gave oral presentations of some of their CBHFA project work. Following this, teams were asked to man their prison stands where they had exhibitions of their work. The teams of volunteers were joined by their CBHFA teams of teachers, nurses, Governors and Chiefs. Delegates were divided into teams of two people to rotate around each stand to glean information about their CBHFA courses and projects in each prison. Delegates were given some guidelines on which to base their enquiries in order to maximise their fact finding.

4.1 What delegates Learned from Day 1 Observing the Presentations and Joining the Team Stands

It is clear from the responses of the delegates in plenary, in groups and in feedback over the few days of the meeting that exposing them to the finished product at the beginning of the workshop was a powerful way of introducing CBHFA in prisons. It allowed them to see how the detail of the three days themselves leads to such successful outcomes. It also demonstrated the level of motivation of prisoners to be involved in such a project which personally empowers them.

Responses also made it clear that delegates recognized that doing such a programme in prisons is very possible indeed. Not only were they seeing one prison do it – but all fourteen prisons in the state equally adept at presenting their work and showing the impact in their own environments of living. What stands out for the delegates is that the volunteers have turned what is a **prison** into a **community** of which they are proud to be part

Delegates indicated that they clearly understood the role of partnerships in this programme and that the team approach makes it happen and that the team is critical to success. Whilst in Ireland, the partnership is between the prison service, the educational training boards and the Irish Red Cross, other countries may not have such clearly defined services. It is apparent however, that the functions of prison management, health, education and national Red Cross/Red Crescent Societies are there in some form or other and that the key will be in how to harness such a partnership in each

country. Despite such challenges, delegates appeared determined to find a way to move CBHFA in prisons forward and the Irish Red Cross, Irish Prison Service and the Educational Training Board of Ireland will support delegates in any way they can.

The Irish Prison Service is well placed since its Director General Mr Michael Donnellan is firmly behind the project in Ireland and spent much of the time with the groups during the workshop which gives a measure of his strong support for it. Delegates identified with this and were keen to ask that he would approach his counterparts in their own countries in support of the programme development. Mr Donnellan indicated that he would be supportive of such actions and will at his meetings with the Director Generals of other Countries promote the programme and give his own encouragement to them for supporting such a partnership. This is important because delegates themselves understand the need for negotiation with government for partnerships to be forged that could lead to new models of CBHFA in Prisons in other countries following the example of Ireland.

It is also important to recognize that the way CBHFA in Prisons is begun and undertaken in other countries, need not necessarily be a replica of Ireland. Each country and its culture need to be separate and the entry points to CBHFA in a prison different, depending on the resources and services already in place. As can be seen from some of the country plans, modest beginnings are suggested in pilot forms which, once established, can be developed according to the 'shape' of the prison service and its constituent parts in each of the countries concerned.

What is hoped, is that each country will recognize certain processes and landmarks which will enable it to introduce the notion of CBHFA in Prisons as an empowering way for prisoners to take charge of their own health and community. In this way the Irish model can be useful and not seek to impress its own identity on that of the delegates own country prison services and national Red Cross/Red Crescent Societies. For success to happen in the delegates own countries, there needs to be dialogue with individual prison systems and negotiation with government and Red Cross/Red Crescent Society.

5.0 Sensitization Workshop

This was planned with two things in mind. Firstly, as day 2 of the workshop where delegates were shown the detail of CBHFA from module 1 through to 8 – how to teach it in a prison context and turn theory into practical project work within the prison. The second purpose was to give a demonstration of how to carry out a multi-disciplinary sensitization workshop which could be replicated as an essential step in the planning and implementation of prison-based CBHFA in their own countries.

5.1 Module 1 Red Cross Knowledge

The session started with Module 1 dealing with Red Cross knowledge. The focus was on how to make the topics of Module 1 relevant to prisoners as prospective volunteers. Emphasis is placed on the value of the emblem in representing the principles of the Movement such as neutrality and impartiality amongst the prisoner population. Inmates who wish to become volunteers must agree to abide by the principles and protect the meaning of the emblem.



Figure 8 & 9

Learning about Prison-based CBHFA, the Fundamental Principles and Red Cross Knowledge to enable inmate volunteers to protect the emblem and safeguard the Irish Red Cross as an independent and trusted humanitarian agency.

Information was provided in that the local prisoner population need to be informed about the activities of their own national society and their place within it. This gives them a very special status as independent of the prison but having to agree to abide by the rules of the prison. In terms of learning about the seven fundamental principles, Irish Red Cross do this by inviting inmate volunteers to turn the wording of the seven principles into prison language and relevant to the prison context. For example, impartiality does not only mean giving aid irrespective of religion or culture but also irrespective of the types of crimes prisoners have committed. This is important because in Irish Prisons it is common for sex offenders to be treated as the lowest of the low. If they are to be Red Cross volunteers, this prejudice must cease and this is something that needs to be incorporated into any programmes undertaken by delegates in their own countries.

5.2 Module 2 Communication

Module 2 is about how we communicate and this was presented interactively. Communication is central to the work of the volunteer and this module is aimed at helping volunteers to become more aware of the ways in which we can communicate with others. In prisons, it is important to be aware of the problem of illiteracy and the presence of multi-national prisoner numbers. Therefore, volunteers need to use illustrations and think about using multi-lingual assets to help in designing awareness materials.



Figure 10

Learning about Communicating through Module 2, prisoner volunteers need to develop their interpersonal skills to facilitate practical knowledge transfer and be adept at the diplomacy needed in the Boardroom for successful Community Health Action Committee Meetings.

In the session, a group exercise was facilitated that made participants think about deafness, illiteracy and other communication barriers. The importance of communication in dealing with prison management was also highlighted. It is important for there to be monthly Community Health Action Committee meetings with the prison management and volunteers need to learn how to communicate diplomatically to achieve their objectives in improving conditions within the prison.

5.3 Module 3 Assessing the Community

Module 3 is the core of CBHFA and delegates were exposed to this on day 1 when they were taken on a tour of the prison. They witnessed a session in progress where mapping of hazards and risks had been undertaken along with focus groups with prisoners and with medical staff. This assessment information is the basis of deciding which topics to learn about in modules 6 and 7 along with ideas for key projects to start on. The data from this session was taken into day 2 to the session on module 3 and used by participants to understand the process of selecting topics and deciding on projects. Delegates and coaches were also asked to carry out an assessment tool with dividers and connectors as well as vulnerable groups. The information collected was also used in group work to form the basis of the process of topic selection and project identification.



Figure 11 & 12

Group work learning to use the assessment tools of module 3 in the context of prisons as opposed to the more ordinary wider community of CBHFA in other contexts.

5.3.1 Mapping

Mapping showing physical hazards, risks and health problems in cells, landings, places where prisoners meet such as the exercise yards, library, school, Gym and other public areas. This information provides one set of data in the same way as it does in CBHFA in the external community.

5.3.2 Gathering Information about Health Issues in Ireland and Specifically in Prisons

In addition to mapping the prison in terms of its environment for health and safety, it is important for the volunteers to understand what the health risks are for themselves in order that they can appreciate the need for the learning they will embark upon. It is good adult learning theory for adults to be motivated to learn. They are motivated to learn about those issues they become aware of as being important to them.

There are two main ways for communities to consider the health risks they face. The first is from the ideas of the community itself. This way with community focus groups they identify from common knowledge, as well as from older more experienced members of the community, what diseases and problems are faced by communities in their area of living.

The second important source of information about health issues is from the professional health carers that work in the area. In the case of Wheatfield prison, this source is from the nurses that work in the prison. Volunteers are therefore encouraged to arrange an interview with a nurse to ask his or her opinion of the important health issues that need to be learned about. This triangulation of information provides the basis of both actual and perceived health issues facing the local prison community.

Healthcare Issues Identified by Health Professionals	Health Issues Identified by Prisoners (Focus Groups)
HIV/AIDS STD Diabetes Asthma Unhealthy diet Chronic Pulmonary diseases/ Smoking Excess alcohol Inactivity Drugs Suicide Mental Health Poor Hygiene Cancer Cardiovascular disease Infections	Drugs Alcohol Smoking and passive smoking TB AIDS Unhealthy Diet (Tuck Shop) Hootch (illegally made alcohol) Fatty Foods Bad hygiene Bad teeth and toothache

Table 2

Information from Two Sources - Focus Group of prisoner community and Interview with nurses from the Prison.

5.3.3 Dividers and Connectors

This assessment tool is not found in the CBHFA module 3 toolbox but is particularly relevant to the prison environment. In this case, it has been selected from the Vulnerability and Capacity (VCA) Toolbox for use in CBHFA in Prisons.



Figures 13 & 14

Interdisciplinary Group work identifying the issues that divide prisoner communities and those which can bring them closer together. Learning to harness these adds to the power of community capacity building.

In any community of people there are things which can tend to bring people together and things which can divide communities. In CBHFA in Prisons the aim is to bring the community together so that it can be healthier and stronger. Therefore, it is useful to be aware of what divides a community and seek to lessen it. Equally it is helpful to know what brings a community together so that it can be built upon and made best use of.

Things that Tend to Divide a Community	Things that tend to Bring a Community Together
Rumour Background areas Religion Football Relationships Envy Beliefs Culture, ethnic origins, Politics Crime Money Stereotyping Nature of offences Gang divisions, neighbourhoods, isolation	Family and friends Employment Language and culture Social media Sports – football Environment of being in prison together Restrictions of both inmates and staff Standards of working and living conditions Dynamics – benefits of weapons amnesty safer environment for both prisoners and staff Similar interests

Table 3

Information about the Dividers and Connectors of the prison Community gathered from a
Prisoner Community Focus Group

In reviewing these dividers and connectors it can be seen that divisions amongst inmates could be widened if **‘difference’** of culture or ethnic origin is highlighted amongst the community among foreign nationals and local people. Or, if the differences were heightened between two sets of Irish prisoners such as Travellers and Non-Travellers. It is easy to see how conflict could be escalated. Instead, inmate Irish Red Cross volunteers use their knowledge and commitment to the seven Fundamental Principles to ensure that differences are played down and the similarities of being prisoners together are highlighted.

Volunteer inmates also use their awareness of Connectors such as sport, family and friends as the backdrop to talking to fellow community members about health awareness campaigns. In doing so, the recognition of **‘sameness’** is appreciated and more likely to lead to successful awareness campaigns than if the differences were highlighted.

5.3.4 The Seasonal Calendar

The seasonal calendar is a commonly used assessment tool in module 3 and is most useful in helping inmate volunteer groups to plan their campaigns of health awareness around the changing seasons of the year. This means that awareness about seasonal flu for example can be undertaken in the months running up to the time when flu is most prevalent. In Ireland, flu is to be found from late autumn through winter months. Therefore, volunteers know that they need to assist the health departments in encouraging prisoners at risk to book in for flu injections late summer. Landing level awareness about coughing and sneezing etiquette etc can also be begun towards the end of summer.

In prisons, there is usually a period when depression can be a problem such as Christmas when inmates miss their loved ones particularly. Therefore, inmate IRC volunteers need to be aware of look-

ing out for other prisoners that seem to be in poor spirits and talk to them to help them feel better. They may also be in a position to alert healthcare staff where they have significant concerns.

Summer months in open prisons have added dangers of a time for bee stings and high pollen counts significant since prisoners spend allot of time outside.

In addition to this type of mapping, inmate volunteers can plan specific prison campaigns with healthcare staff around national and international days. Examples include World AIDS day in December each year and Irish AIDS day in June each year. In the Irish CBHFA programme in recent years, volunteers have teamed up with a local hospital and prison healthcare staff to undertake rapid voluntary HIV testing campaigns. These raised the uptake of testing from less than 10% of prison populations to in excess of 75% uptake. In addition to the increased screening, the activities lead to HIV/AIDS stigma being reduced in the prison community. This was demonstrated through a survey undertaken by the Irish Red Cross.

Other campaigns can be organized in this way such as Non-communicable diseases (NCD) where the risk factors such as high alcohol intake, lack of activity, poor dietary intake and smoking can be addressed through campaigns attached to national days. This is also a good way of making new partners for future campaigns and even funding possibilities.

Summer	Winter
Hay Fever awareness Pollen counts Skin cancer Sun burn Dangers of UVL Dehydration/water intake Insect bites	Colds and Influenza Flu injections Cold sores Floods in yards (risk of slipping and infected water) Snow and Ice – accidents Winter vomiting bug
Spring	Autumn
Fevers Smoking Sunburn Sun screen awareness Protective clothing Swimming and fitness Moisturising Extra showering	Fevers Slippery surfaces Leaves falling Colds Influenza and colds.

Table 4

The outputs from a focus group discussion amongst prison community members about the health issues relating to the four seasons of the year

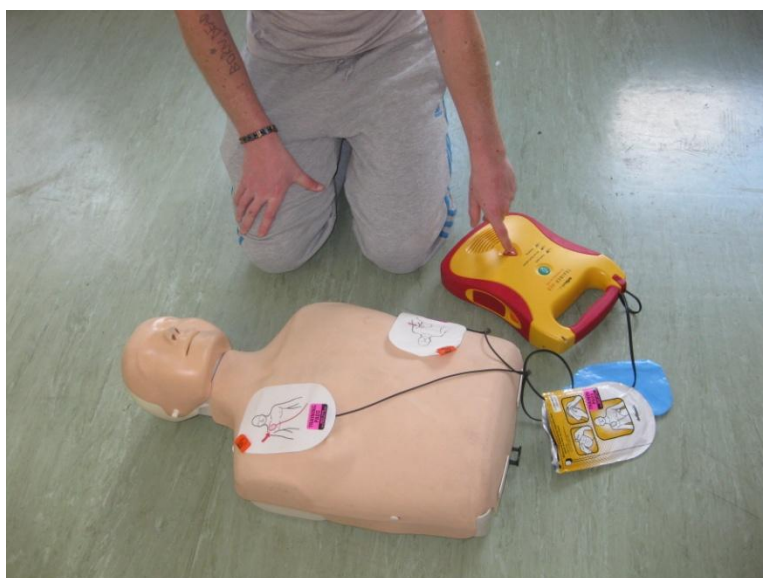
Winter in Prison	Summer in prison
<ul style="list-style-type: none"> • Windows broken and heating not always working. Some Prisoners tend to break the windows in the summer because they are too hot. Then it is a problem in the winter when the weather is cold. • Being made to go to the yards in the winter regardless of how cold it is outside. • Get the flu injection from the medics • Don't take the medication you don't need • Good hygiene • Maintain good clothing hygiene 	<ul style="list-style-type: none"> • Very warm in the cells – not much ventilation • Sun can damage skin and cause cancer and sun stroke. • Hot weather affects prisoner's attitudes and frays tempers. • Not allowed to wear shorts in the yards in summer when it's hot • Prisoners dehydrating due to lack of water intake. • Sun creams not widely disposed of amongst prisoners. • Warn people of high pollen count in advance through use of posters

Table 5

The outputs of a discussion in the Community about the health issues to be considered in the Winter versus the Summer months

5.4 Module 4 First Aid Training

Module 4 is about First Aid. Information was provided about how this is done in Ireland and a hand-out provided for delegates to take away. The essence of this topic is that each country uses its agreed standard of first aid approved by its Ministry of Health or national Red Cross Red Crescent Society. In many countries, the main activity of the national Red Cross and Red Crescent Society is first aid and so this often provides a useful entry point to CBHFA.



The First Aid Module (4) in Ireland is provided through FETAC level 5 preparation which gives the inmates an additional certificate of training. In CBHFA internationally, it is normal that the standard accepted by the Ministry of Health in that country be followed.

Figure15

5.5 Module 5 Major Emergencies and Epidemic Control

Module 5 is about Disaster Response and Response to Epidemics. In prisons in Ireland, there is no role for the inmate Red Cross volunteer in a disaster situation. This is because in an emergency, there are prescribed roles for all staff and that of all prisoners is a situation of lock down. It would be unwise to interfere with the prescribed role of the security services and so no role is agreed for volunteers in this situation.

However, there is a key role for inmate volunteer in the other topic of this module which is about epidemics. This is about awareness and the prevention of the spread of infections and the recognition of signs and symptoms of infectious diseases. These can be taught to volunteers and they can act as an extension of the health care departments of the prison. Their role can be one of surveillance as well as one of reassurance to stop the panic that the presence of disease might bring.

A clear successful role was seen in Wheatfield prison Ireland during the 2009 swine flu pandemic. Here the role of volunteers was to teach basic hygiene, hand washing, sneezing and coughing etiquette around the prison. The result of their work was that no cases of swine flu entered Wheatfield prison. In other prisons where there were no volunteers – swine flu was evident.

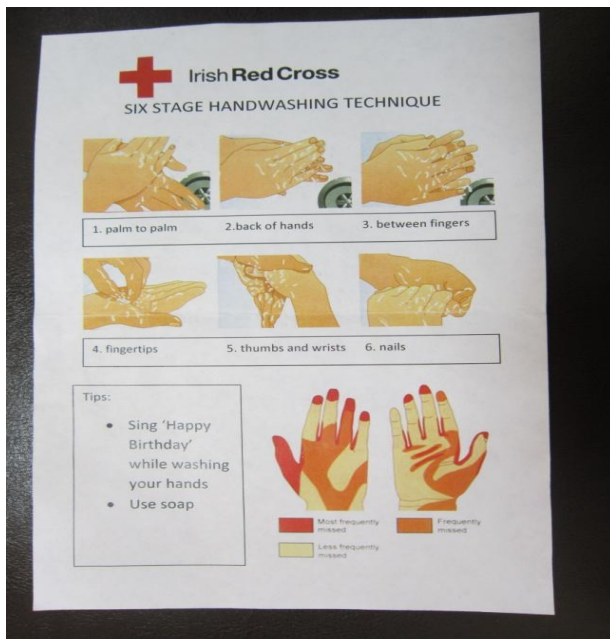
5.6 Module 6 Public Health Topics

Module 6 is about public health topics which are highly relevant in most cases for inmate volunteers to have a role in. The selection of topics to be learned about depends upon the assessment module 3.



In order for prisons to be more hygienic, a colour-coded mop and bucket system was introduced into all prisons. In this way, inmate differentiate between the colour mops and buckets according to the places they are used to clean. The same system is generalized to all prisons for continuity and common standards of hygiene.

Figure 16



Prevention of Cross Infection and the reduction of diseases spread by touch. In all prisons, a standard project is the hand washing project. In this, prisoners are taught the 'six stage' hand washing technique.

During the Swine Flu pandemic, the intensive use of this approach lead to zero cases of the swine flu in Wheatfield prison which at the time was the only prison with inmate Irish Red Cross volunteers operating, other prisons where no such volunteers and projects were in action saw cases of swine flu amongst their populations.

Figure 17



Figure 18

Through hand washing reducing the incidence of cross infection and disease spread

5.7 Module 7 Optional Topics

Module 7 is about Optional Topics and these are to be chosen depending upon the context. It includes topics identified in the manual as well as new topics not in the manual. For example, in Ireland we added topics on Violence Prevention and Overdose prevention as well as Mental Health awareness because they are relevant to our prison community. The topic included in module 7 of Excessive Substance Abuse or drugs awareness is also important to the prison community and was therefore used.



An example of the types of home made cutting weapons found in Wheatfield Prison prior to the weapons amnesty project in 2012.

The impact of the amnesty was profound with the incidence of cutting weapons attacks reduced from 97% to only 6% in 1 year. Not only is the prison a safer place for prisoners and staff, there are considerable cost savings.

Figure 19

It is important to partner those organizations already working in the prison with relevant topics such as drugs. In Ireland, Merchant Quays Ireland is the organization associated with drugs counselling and provides this service in Irish Prisons. Therefore a partnership was struck up between the Irish Red Cross and Merchants Quays (MQI) to provide joint activities. An important part of the drugs awareness campaigns has also been that of HARM reduction. This aims to accept that certain practices actually go on and to accept this. The emphasis is to focus on reducing the harm caused by harmful practices.

An important joint project provided by inmate Irish Red Cross volunteers and MQI drugs counsellors is on drugs overdose prevention. Statistics show that there are significant deaths occurring in drug using people released from prison who upon release start to take drugs again at the dosage they last used before coming into prison. It is also common knowledge that people lose their tolerance to quite high doses of drugs quite quickly. Whilst in prison, there is little access to drugs and so taking the same dosage on release can prove deadly.

Our awareness campaigns undertaken with prisoners shortly prior to release make it clear to prisoners about the dangers and suggest that if they do intend to use, they should start with lower doses and work upwards. This is HARM reduction. Awareness campaigns include making prisoners aware of how to place an unconscious person into the coma position to maintain an open airway. This way they can be part of their community providing safer environments.

5.8 Module 8 Non-Communicable Diseases (NCD)

Module 8 is about Non-Communicable Diseases. These include Diabetes, Chronic pulmonary diseases, Cardiovascular diseases and Cancer. These are approached through identifying the risk factors that inmates have such as being overweight, smoking, lack of exercise, poor diet. There is a Federation toolkit to support this module which should be available shortly. In prisons, the NCDs are very appropriate and some may use these as the entry point to CBHFA.

The practical application of learning in this workshop relating to modules 6, 7 and 8 was undertaken as group work. Each group of Irish teams and their other country delegates selected topics from any of these three modules with the environment of a prison bourn in mind. They were asked to create plans of action using the templates recommended in the volunteer manual. Some of these are shown in the following tables.

6.0 Putting Classroom Learning into Action in the Prison Community

Delegates were provided with the opportunity to act out the practicalities of Prison-based CBHFA by working in groups to simulate what inmate volunteers must do to bring classroom learning into the community to create a difference with their newly found knowledge. Groups were asked to choose relevant topics from modules 6, 7 or 8 and create an action plan for presentation to the whole group. They were asked to create the plan using the planning template provided in the volunteer manual and to give some thought to how to provide monitoring and evaluation of impact. A number of these action plans are shown in the tables that follow.



Figure 20

Paracetamol project reducing the amount of Paracetamol used by the prison by 30%

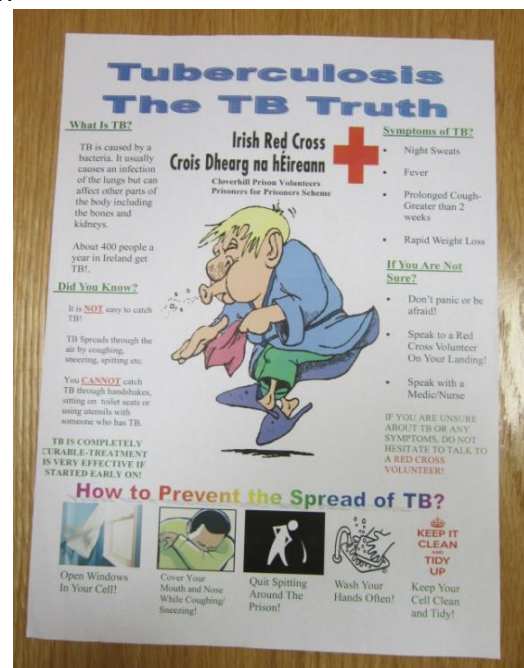
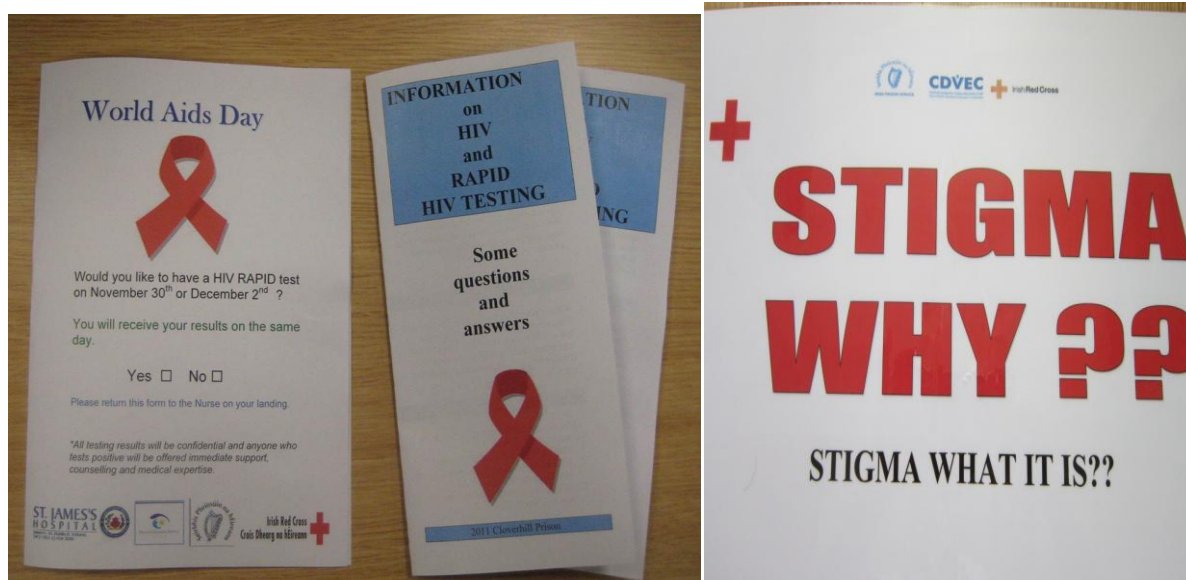


Figure 21

Tuberculosis awareness campaign is important in all prisons because of inmates living in close proximity to each other



Figures 22 & 23

World AIDS Day was marked by a Rapid Voluntary HIV Testing Project undertaken in partnership with a local hospital and consultant physician. The testing raised healthcare's knowledge of the screening status of the prison population from less than 10% to 75% in three days. The campaign also had the effect of raising anti-stigma awareness amongst the prisoner population.

Project Action Plan

Task	Resources	Time Frame	Responsibility
1. Questionnaire on eating habits	Pre- Post questionnaire. Teachers/Healthcare/ volunteers	2/4 weeks	Volunteers, health-care staff, dietician
2. Educational campaign	Posters, leaflets, food pyramid. Healthy eating education in the school	2/4 weeks	Healthcare staff
3. Deal with issues	Dietician		
4. Evaluation			

Table 6

Topic: Unhealthy Diet (NCD Risk Factor)

Measuring Impact: How the project could be monitored and evaluated. More healthy options could be placed in the shop such as fruit. Then check the sales of healthy options of fruit along with the post survey. This could give an indication of whether the project has been successful or had any impact in the prison.

Project Action Plan

Task	Resources	Time Frame	Responsibility
Highlight the effects of smoking with pictures. Effects on body and the pregnant woman. Effects of passive smoking Non-smoking areas Survey on knowledge – pre and post. Money spent and saved by stopping smoking apart from health benefits	Use spirograph to measure lung capacity <ul style="list-style-type: none"> • Video • Posters • Do comparison between smoker and non-smoker and non smoker • Taste • Smell Smoking cessation course and nicotine patches	7 weeks and ongoing	Volunteers Nurses Teachers Prison Staff

Monitoring and Evaluation

Pre and post questionnaires, Spirograph readings at regular intervals

Table 7

Smoking (NCD Risk Factor)

Project Action Plan

Task	Resources	Time Frame	Responsibility
Questionnaire for both staff and volunteers	Volunteers Posters Leaflets	2/4 weeks	Volunteers Staff
Community map highlighting hazards	HSE Outside agencies volunteers, school, workshops, Health-care, library staff, Glow Boxes	2/4 weeks	
Setting standards – what are the standards?	HSE Outside agencies volunteers, school, workshops, Health-care, library staff, Glow Boxes	Manageable area to start i.e kitchen 4 weeks	
Drinking water and personal hygiene	Source bottled water Availability of products i.e. razors, shampoo, toothbrushes, bed linen		Stores, Kitchen, Class Officer
Post-questionnaire survey	Survey Glow Box	Continuous	

Monitoring and Evaluation

Use of pre-and post questionnaire survey about knowledge

Use of Glow Box to demonstrate competency at proper hand washing

Table 8

Topic Project: Safe Water, Hygiene and Sanitation

Project Action Plan

Task	Resources	Time Frame	Responsibility
Prevention - Information for prisoners and staff	Contact Department	Before the rainy season begins 1 st June and roll out in May each year	Involvement of all teams. Staff, prisoners AND visitors
Community Mapping for hazardous areas and sanitation problems that support Dengue	Maps Mops inside out Money Computer and printers Dept of Public Health Information workshops		
Hygiene information for prison cells and sinks.	New pot plant holders Access to clean water		
Awareness about signs and symptoms of Dengue – fever, headache, pain behind the eyes, pain in joints, nausea and skin rash. Medicines to avoid – aspirin. Vitamin C			

Dengue Fever is a public health issue very relevant in some parts of the world. It is especially important in terms of prison health where Dengue is a common rainy season disease. The topic is omitted in Ireland because Dengue does not feature in Ireland.

Table 9

Dengue Fever

Project Action Plan

Task	Resource	Time Frame	Responsibility
Plan a competition walk	Volunteers Staff HSE –pedometers	Summer – 1 week	Volunteers Inmates Staff
Doing the walking	Use a measured route which could be the YARD		
Advertise	Chart on Divisions weekly Posters Word of mouth		
Prize	Leather Football		

Monitoring and Evaluation

Survey before and after the walk we could measure weight, motivation or any other factor than stands measurement to show the impact of the walk on the person's health as the risk factor is reduced.

Table 10

Inactivity (NCD Risk Factor)

Project Action Plan

Task	Resource	Time Frame	Responsibility
Show alcohol-related impact on the body. E.g. liver disease, dietary intake, reaction with medication	Leaflets, posters, newsletter Classroom, nurse, teacher, class officer, volunteers, Print Shop for leaflets	Class work and education 2 hours	Education Addiction Counsellors
Psychological effects. Addiction and withdrawal tolerance	Doctor Addiction Counsellors	Inmate education 3 days	Doctor and Nurse
Personal hygiene	AA	Leaflets and posters 1 week	Leaflets Teachers Volunteers Print Shop
Detoxification	Doctor, Nurses		
Social and family breakdown	AA		
Employment and income			

Monitoring and Evaluation

Questionnaires pre and post educational inputs

Table 11

Excessive Alcohol (NCD Risk Factor)

7.0 Key Lessons Learned in Days 1 and 2

Day 1 Coaches (IPS)

At the beginning of day three, all participants were asked to reflect on their learning from days 1 and 2 and the following points were identified

- Huge improvement – progression in 2 months
- All prisons spoke professionally
- Interesting what is being done for all – prisoners networking – excellent – it is working
- How far the programme has come!
- How lucky we are that we have such a good multidisciplinary team
- How important the programme is to the volunteers and they now have a voice within the prisons.
- Sharing of inter-prison projects
- Tolerance of volunteers and personal growth
- How well we work as a team
- New ideas from all prison representatives
- Seeing the principles put into practice

Day 2 Coaches

- Re-affirming
- Exciting to meet with delegates. A feeling that this is growing
- Proud to be the hosts
- Unusual for Ireland to be pioneers
- How important communication and planning is
- Understanding the difficulties facing our delegates in starting the programme in such countries
- Ongoing learning we are always getting new ideas by meeting other teams – ongoing development
- Modules
- Seeing the challenges facing other countries
- Enthusiasm and *Can Do* attitude
- Learning about conditions in other prisons
- Identified the challenges for other countries going back to set up the programme
- No prison reps from other countries or education representatives

Delegates Learning Points from Day 1

- Importance of team and shared ownership of the programme
- Insight into organisation of volunteer groups
- Importance of Red Cross volunteers to do something meaningful
- Visit to prison – impact. Could see it working
- Invest time in staff/prisoners – empowerment won't come otherwise.
- Teamwork – excellent
- Passions of volunteers, enjoy their work; proud of being part of the Red Cross, Teamwork

- Process with motivated people who further motivate others to join in.
- Life changing impact of the programme
- We discovered the Probation Service which we do not have in our country.
- Unity between all the services (Officers, teachers, nurses and Irish Red Cross)
- Proud, confident prisoners.

Delegates Learning Points from Day 2

- Understanding of how sensitization workshop works
- Insight into communication module and how skills are developed
- Demonstrate the value of prisoners taking care of their health and their community.
- Last module - NCDs
- Classroom – mapping, communication and brainstorming
- Could begin to see it happening in our countries
- Need for pilot projects first to start small
- We don't accept no for an answer – we do solutions.
- Learned about all points of the programme
- Methods of implementation (Models)
- Learned to plan our own programmes. We were taught how to analyse plans and programmes working in groups

8.0 Planning for Action in Your Own Country

Day 3 was about putting together country plans for action in delegates own countries upon their return. They were asked to think about how they could realistically plan to implement CBHFA or part of it and make a draft plan to do this.



Figure 24

Grace Lo, Moderator for Day 3 of the Workshop introducing the focus of the day as planning for implementation in delegates own countries.

Planning for Action

It was clear from the country plans that delegates show a good understanding of the methodology and context of prison CBHFA which were both creative and realistic. Delegates were asked to spend some time individually, thinking about how they will implement CBHFA in their prisons based on what they have learned from the three day workshop.

Following their planning using the planning template, they were asked to share their plans with their table coaches, take on feedback and amend their plans accordingly. This was followed by a presentation of plans in plenary.

Each of the delegates produced an action plan and these are shown in the tables that follow. The last column in each plan is for a variance report to monitor progress which will be asked for at intervals. Whilst it is not expected that all plans will go according to what is written, the variance section can facilitate notes that indicate necessary changes from the original plan.

Country Plan – Belarus

Activity	Resources	Time Frame	Responsibility
1. Information dissemination session for 3 groups – Teachers, prison staff and the target group of ex-prisoners.	Conversation video Printed materials, Round Table, Exhibition		Monrovia Red Cross Society
2. Selection of volunteers and individuals talk with every person.	Meeting with the Governor of the prison and look for his recommendations		
3. Organisation of education for teachers and staff of the prison. Preparation of school classroom and technical facilities and educational materials.	Lectures, trainings and discussions		Educational systems Chief of Red Cross Chief of Internal Affairs (Militia) Chief of Health Service Department
4. Adaption of educational programmes with elements of CBHFA programme			
5. Preparation of all other things to implement CBHFA in local conditions.			
6. Preparation of volunteers groups	Conversations, trainings, skills to work with groups. Giving individual tasks. Schemes, pictures, theatre		
7. Organisation of volunteers work with offenders	Individual different activities – various activities such as stopping smoking, alcohol and drugs, hygiene.		Chief of Governor of prison

8. Stimulation – benefits to volunteers	Letter of gratitude Better conditions Letters to parents from the management of the prison Strengthening ties with families.		
9. Psychological Support	Individuals and in groups		Psychology
10. Dissemination of information about volunteer activities	Printed material, radio, TV, leaflets		Chairperson of the Red Cross
11. Monitoring of volunteer activities		Visiting activities Tests for volunteers and staff	Red Cross
Variance Report			

Commentary

Belarus RC already has a programme about re-integrating offenders into society and it is their aim to use this as an entry point and use ex-offenders. Therefore they are adapting the existing programme to introduce components of CBHFA with this group of offenders. This has the advantage of being more cost effective and the infrastructure of RC working with prisons is already there.

Country Plan – Finland

Activity	Resources	Time Frame	Responsibility
1. Needs assessment	Red Cross coordinator, prison, Time, meetings, Coordination of trainers	3 rd quarter of year	Coordinators
2. Sensitize stakeholders	Coordinators and prison, peers, workshop materials, training place.	1 st quarter of the year	RC coordinator, prison, peers
3. Agree on steps forward and form a support committee			
4. Selection of volunteers	Time	2 nd quarter	Prisoners, staff
5. Planning of volunteers TOT training modules 1,2 3	Time , paper, prison	2 nd quarter	RC coordinator, and resource person
6. Conduct TOT module 1, 2 and 3 and do community assessment then select programme priorities Conduct baseline assessment – PMER system	Training materials and classroom	3 rd quarter	Programme resource person RC and prison
7. Train on first topic and organise community action (results needed)	Paper, survey monkey	3 rd quarter	Programme coordinator with volunteers
Variance Report			

Country plan – Australia

Activity	Resources	Time Frame	Responsibility
1. Formal Report	Report from the workshop meeting	July meeting	Sharon
2. Develop the pitch and a partnership approach which also sells how RC is such a powerful vehicle – principles in prison	Report. Notes from the meeting. Power point presentations and share across Red Cross. Use videos	July 11 th 2014 meeting	Sharon
3. Gain approval for inmates to be Red Cross volunteers Present proposal to introduce CBHFA programme in Australian prisons to Red Cross leadership	Meeting already scheduled Heads of Red Cross. Use videos	July 11 th 2014 meeting	Justice and impacts Invite RC Dymphna Kenny Imprisonment Steering Group
4. Identify best location for pilot programme in Australia	Executive Directors of Justice staff. Government supports	September 2014	Red Cross Head of Community Programmes Executive Directors
5. Join High level Government Change Management Programme. Have Michael Donnellan talk to DG of Australian Prison Service	Executive Director. Head of Corrections Government Change Management lead. NC Justice Programmes	October 2014	SA Executive Director Government Lead Justice Orla Brennan
6. Begin dialogue with potential partners	Identify prisons (Champions) Prison Management/health/education	November 2014	Executive Director Justice Team Leader
7. Sensitization Workshop How it can improve the prison environment	Education/Justice/ Team Leader	December 2014	Sharon (National Coordinator Justice, Justice Team Leader)
Variance Report			

Country plan – Armenia

Activity	Resources	Time Frame	Responsibility
1. Design a working plan and share the ideas with government.	SRCS Staff Responsible people from government. Prison Service Staff Prisoners	1 month to design and develop the plan of action and introduce it to government	ARCS Government Probation Service Prisoners
2. Develop strategies to involve prison service staff in cooperation with government.	2 months for involving the prison service		
3. Provide several sessions among prisoners and evaluate their attitude and the effectiveness of the session among them.	4 months for planning educational sessions for inmates and developing peer education		
4. Ensure the favourable environment for inmates to organize and provide peer to peer education sessions	4 months for peer education to planning sessions		
5. Evaluation	1 month for evaluation of the pilot project.		
Variance Report			

Country plan – Austria

Activity	Resources	Time Frame	Responsibility
1. Overview about the prison system in Vienna (How many prisoners – who is responsible)	Research tools (Internet) 1-2 PERSONS	Half a day	Tanya and Karin
2. Identification of the existing contacts (e.g JRK works with juveniles, one volunteer is a judge)	ORK Headquarters Special Units Via email and personal meeting	1-2 weeks depending on the involved people	
3. Getting the Director General on board (Michael Donnellan could contact Vienna – entry point)	Existing contacts headquarters and Judging Unit	Talk and preparation 1 week	Tanya and Karin ORK
4. Create a curriculum for a pilot project – workshop about first aid, hygiene and NCD in prison. Train the Trainer/ Volunteers that are already active (WatSan, First Aid) plus new volunteers.	CBHFA manual adapted Existing toolkits. Project coordination team	Curriculum and marketing (finding volunteers)	Project coordinator
5. Training for the volunteers	Room, trainers, flip charts	3 weekends	Tanya and Karin
Variance Report			

Country plan – Sweden

Activity	Resources	Time Frame	Responsibility
Project (1 year) Work for cooperation with one prison in Sweden	Time	1 year	
Goal – To start one project (CBHFA in one prison in Sweden)	Staff from probation, Red Cross – national Volunteers Nurses Teachers T Shirts	1 year	Probation (Lead) National Red Cross
Variance Report			

Country plan – Belize

Activity	Resources	Time Frame	Responsibility
1. Proposal – Partners – MoE, MoH, Prison Management CBHFA training – Red Cross Volunteers x 6 – Health Committee	Red Cross	2 days	Belize Red Cross
2. First Aid Training (Check prison sentence 3 yrs or more) 10 prisoners Sensitization of prison management and partners plus Red Cross volunteers. MoE, MoH, nurse, public health official	Red Cross		
3. CBHFA Training of inmates Graduation – issue of T shirts	Red Cross Manuals – Printing contact Irish Red Cross		
4. First Major impact Hand washing Hygiene – Hurricane seasonal calendar mapping Stagnant water Flies – sanitation Rodents Gatbag disposal	Inmate volunteers Fly nets Fly repellent		
5. NCD – staff – NQ		2-4 weeks – first impact	
Variance Report			

Country Plan – Colombia (Juvenile Detention Center)

Activity	Resources	Time Frame	Responsibility
1. Hygiene - Hand wash	Flyers Soap and water Posters on how to do it Emblem T Shirts	1.30 mins 1. Meeting 2. Teaching 3. Getting the habit 4. Reply it – make it work 5. Check on them. Follow up every three months or 10 weeks	Red Cross volunteer inmates Coordinator Budget
2. Drugs – Healthy habits 3. School 4. STD-STI 5. Re-cycling	Director Teachers Staff Dispensers Anti-bacterial Gel (if allowed in the facility)		
Variance Report			

Country plan – Guatemala

Activity	Resources	Time Frame	Responsibility
1. Hygiene – Hand washing project	Posters Flyers Soap and water Human re-sources Black T shirts Glow Box	Meeting with volunteer's teachers and a nurse. 1 day Session with teacher to teach <i>How to teach to volunteer</i> . 1 day Design of materials – Printing and distribution on walls. 2 Days Start the sessions with the volunteers. Ongoing	Guatemala Red Cross Volunteers Nurses Teachers
<p>It is thought best to choose a low security prison as that is the place where GRCS has a good opportunity to start the programme. In Guatemala intestinal infections are very common so if GRCS start with hand washing there could be a good opportunity to see some impact in reducing such infections.</p> <p>Advice to GRCS – Ask healthcare to give statistics of number of cases of intestinal infections BEFORE you start the programme and then measure the number of cases after implementing the hand washing project.</p>			
Variance Report			

Country plan - Aruba

Activity	Resources	Time Frame	Responsibility
1. Hygiene – six stage hand washing technique 2. Hand wash in their house and in their community	Flyers, posters, Stickers (by sponsor) Wash gel, soap and water	Step 1 meeting with RC volunteers 30 mins Step 2 Having a specialist in hygiene and giving presentations – volunteers 1 hour Step 3 Getting the habit Step 4 Make it work - ongoing	ARCS volunteers Prison nurse and doctor
Variance Report			

9.0 Recommendations

The Delegates and Irish Programme representatives made the following recommendations aimed at maximising the impact of the three day workshop and in moving the forward the global agenda of raising CBHFA as the best common standard for community health in prisons around the world.

Recommendation	Action to be coordinated by
<p>A communication data base should be developed on resources and resource people involved in CBHFA in prisons from this workshop.</p> <p>Keep all parties updated on progress of country action plans</p>	<p>Ayham – Geneva to look at developing a web page such as Facebook page linked to IFRC</p>
The Report on this workshop to be sent to all delegates and relevant parties	Graham Betts-Symonds, Irish Red Cross/IPS
The Director General Irish Prison Service (Michael Donnellan) to advocate for CBHFA in prisons with Director Generals of prison Services of other countries	Graham Betts-Symonds with Michael Donnellan
Create a short one page document supporting CBHFA in Prisons from DG IPS, Healthcare, Education and Irish Red Cross	Graham Betts-Symonds to coordinate
Set up a networking group for countries with similar issues	Ayham/Graham
<p>A follow-up virtual meeting should be planned for.</p> <p>A working teleconference meeting should be scheduled for one year's time for countries to share their progress on their action plans share lessons learned.</p>	Irish Red Cross and IFRC Geneva
A Face to face meeting of the group should be planned for two/four years time to share their progress against their action plans and to act as a lessons learned workshop forum.	Host country to be decided
There is a need to convince all countries that they can have volunteers within the prison system as special status volunteers	<p>Ayham (Geneva) with Volunteering (Geneva)</p> <p>Also table at the ENDOV meeting in Ireland in October 2014.</p> <p>A guideline to be produced jointly between Health Department and Volunteering Department in Geneva.</p> <p>John Roche (IRC) to speak to his counterpart at ICRC.</p>
Red Cross Federation Journal Article Report	Already done in Red Cross Red Crescent Magazine 2013.
Seminar for volunteers with representatives from all prisons (In Ireland, this means bringing 14 chairperson/secretaries together). This would permit the best of	Graham for Ireland

practice to be replicated in all prisons in Ireland. The same could happen in each of the other countries.	
Links coming from this workshop to Geneva to link up with 5 Nations Meetings	Graham Betts-Symonds with Dr Eamon O'Moore
Global Programme to assist countries regarding funding	
Guidelines on good practice to be part of the approach/evaluation	IRC to be tabled into the global CBHFA meeting in Geneva in November 2014
Establish a worldwide support system via email/webpage	Ayham Geneva
Assistance on certain topics/areas and in setting up systems	Irish Red Cross/Irish Prison Service available to assist other national societies and prison services.
Promotion by IFRC of prisoners as a vulnerable group	Ayham Geneva
CBHFA in Prisons to be promoted at the 5 Nations Prison Health Meeting hosted in Ireland 12 th June 2014	This was done by Fergal Black and there was much excitement about it. Wales Public Health Department is keen to start up the programme in Welsh Prisons in association with the British Red Cross
WHO is meeting in Ireland October 1-2 nd 2014. CBHFA in Prisons to be presented at this meeting with four prisoners presenting the work to delegates representing all 50 countries	Graham Betts-Symonds with Fergal Black. 4 inmate volunteers to do presentations at this meeting rather than programme staff.
ENDOV Meeting in Ireland October 2014. European network on volunteering will visit Wheatfield and prisoners will present projects as in this workshop.	IRC Meeting to be used to promote the notion of inmates as Red Cross volunteers.
European Psycho-social Network Meeting to be held in Ireland this year. They have requested to visit the CBHFA in Prisons Programme.	This will be done at Mountjoy Prison with visiting inmate volunteers from other prisons to present project work specifically relating to mental health and psycho-social interest.

10. Conclusion

This workshop has been a resounding success and an opportunity for Irish Red Cross, the Irish Prison Service and the Educational training Board of Ireland as the main partners to show case its CBHFA in Prisons initiative. Delegates from over 14 countries attended the workshop and it is clear from the outputs as shown in this report that they benefitted from the opportunity to take part. There was also a clear determination from each of them to take back their learning to their home countries and put it into action in their prisons. The action plans shown in this report are testament to this. There is also a determination to keep the group connected and to monitor progress in terms of the implementation of the individual action plans and it is hoped to have a follow-up meeting in the coming years to follow progress and to facilitate a lessons learned event from which all can benefit.