Community Based Health and First Aid in Action in Irish Prisons

3 Year Evaluation

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On behalf of the Irish Prison Service, Irish Red Cross &

Vocational Education Committee

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The Irish Prison Service, the Irish Red Cross and City of Dublin Vocational Education Committee introduced Community Based Health and First Aid into Wheatfield Prison in June 2009. There are now six Prisons operating the approach in 2012. This Evaluation reports progress after three years of CBHFA activity in the Irish Prison Service.

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Last but not least, acknowledgement is given to the Irish Red Cross Volunteer Inmates whose remarkable work has contributed to the huge success of the CBHFA programme.

1.0 Introduction and Context

The Community Based Health and First Aid (CBHFA) *in Action* approach to improving health, hygiene and first aid in Irish Prisons began in June 2009 with a pilot project at Wheatfield Prison. This is a medium to high security closed sentenced prison of approximately 800 inmates.

CBHFA *in Action* is an International Federation of the Red Cross (IFRC) approach to health education and first aid that was designed for use in communities around the world through the respective national Red Cross Societies of each country. It was particularly designed for developing countries where there is limited access to formal health care systems.

Prior to CBHFA *in Action* the programme was the Community Based First Aid ((CBFA) package that was designed in the 1990's.The course was re-designed between 2006 and 2008 and published in its current action learning form in 2009. The impetus for the change in methodological approach was to encourage community impact resulting from training which was not being realised with CBFA.

Following a successful evaluation of the pilot at Wheatfield in 2010, the programme was extended to two other prisons – Cloverhill Remand Prison and Shelton Abbey Open Prison. At the end of 2011 there was a lessons learned workshop involving inmate volunteers and staff from all three prisons. Lessons learned from this were used in 2012 as the programme was further extended to three additional prisons at the Mountjoy Campus. These were the Training Unit, the Dochas Centre Women's Prison and the main Mountjoy Prison.

Each of these prisons are unique in that each are different and some such as remand and open prisons bring their own unique problems which must be addressed. Information about these differences and their associated problems are provided in the text.

The health service in the Irish Prison Service has been going through change in recent years. Historically, the healthcare was provided by prison officer medics (trained first aiders) and visits from a prison doctor.

Now each prison has a healthcare department with nursing staff and a Chief Nurse Officer as well as General Practitioners. In 2004 the Irish Prison Service (IPS) introduced the IPS Health Care Standards as a guide and benchmark for the delivery of more proactive and preventive healthcare in prisons. Achieving these healthcare standards is to a great extent linked to the existence of prisoner level health awareness and education to achieve these objectives successfully.

The CBHFA *in Action* approach to health in prisons has been instrumental in making an impact at ground level through the use of the trained Irish Red Cross inmate volunteers reported in this evaluation document. The key to the success has been the very real partnership between the inmate volunteers as peer educators linked to the formal health care systems in place. It is important to recognize that these volunteers work as an auxiliary to professional nurses rather than trying to replace them. Evidence is being seen however, that there is a cost saving advantage in that more widespread and more effective health education is being provided than could be achieved by nurses alone.

The structure of this evaluation begins with an executive summary, key lessons learned and some recommendations for future practice. These are followed by method of evaluation used and then an overview of each of the six prisons where CBHFA *in Action* is currently operating. The report then

goes directly into the impact of the Prison-based CBHFA *in Action* approach showing the different projects being undertaken and the results of these. Of particular interest is in how there appears to have been a change in prisoner outlook amongst those involved as inmate Irish Red Cross volunteers. There is then some comment on the positive effects of the approach not only on inmate-staff relationships but also its potential for assisting in the Irish Prison Services' Integrated Sentence Management System and the Enhanced Regimes System.

The report then comments on how this programme is assisting the Irish Red Cross to contribute to the global Strategy 2020 and to its own strategic directions. Then, particularly for global use, there is some discussion about how the Implementation Guide assisted in the introduction and development of the project in Irish Prisons. This is followed by an overview of the Irish Prison Services' (2004) Health Care Standards and the contribution of the volunteers to these and to health care in general. Finally, there are a number of annexes supporting the text in relation to the impact of the project and other important issues.

2.0 Executive Summary

2.1 Inmate Irish Red Cross volunteers have been established in six out of fourteen prisons in the State in the period 2009 to 2012.

2.2 Over 2000 prisoners in the six targeted prisons have been receiving relevant health awareness and safety messages.

2.3 Linked to these, in excess of 6000 people as staff, relatives and friends of prisoners have also had the benefit of the health care messages as volunteers and the prison community are encouraged to pass on their knowledge.

2.4 The International Federation of the Red Cross (IFRC) CBHFA *in Action* Implementation Guide has been a useful flexible tool as a guide to implementing the approach in a prison context in Ireland.

2.5 Community Based Health and First Aid in Action is a successful approach to introduce the WHO 2007 recommendation for the 'Whole Prison approach to Health in Prisons' in Ireland.

2.6 The introduction and development of CBHFA *in Action* complements the IPS 2012-2015 strategy to improving Irish Prisons by targeting and linking with community organizations.

2.7 There has been a significant impact in developing health awareness and education relating to the IPS Health Care Standards in all six prisons targeted in the period 2009-2012 and on the basis of this 4 more prisons will be targeted in 2012/13.

2.8 CBHFA *in Action* has made a significant change in inmate volunteers' outlook and behaviours contributing to the Irish Red Cross's support to the IFRC Strategy 2020 in terms of *Saving Lives-Changing Minds.*

2.9 The CBHFA approach is addressing two out of three of the IFRC Strategic Directions and two out of three of the Irish Red Cross' (IRC) key directions in its own strategy.

2.10 There is evidence that the process of participating as an inmate IRC volunteer through this approach has lead to personal changes and perceptions of confidence and self worth (see annexe 2).

2.11 Management in all prisons currently supporting CBHFA *in Action* report a subtle positive change in relationships between prisoners and staff.

2.12 The CBHFA volunteer manual, whilst written with a non-custodial context in mind, nevertheless was able to be successfully used with thought and imagination.

2.13 The CBHFA *in Action* in Wheatfield Prison is well established to a degree that operational health services actively seek out the assistance of inmate IRC volunteers to help make services work more efficiently through their peer to peer effectiveness.

2.14 The CBHFA *in Action* approach to community health and its inmate IRC volunteers have actively contributed to improvements in operational healthcare through their role as advocates for change.

2.15 In all six prisons there is evidence of improved personal and in-cell hygiene emerging out of learning about topics on safe water, hygiene and sanitation.

2.16 The Prison-based CBHFA *in Action* approach topics in the volunteer manual led to action projects around the prison leading to improved health, hygiene and relevant responses in first aid.

2.17 The report of the Inspector of Prisons (2010) has commended the CBHFA *in Action* approach to health and first aid in prisons and advocates for its wider implementation.

2.18 The successful implementation of CBHFA *in Action* approach in six prisons has demonstrated its replicability as a model for peer to peer health awareness and education in custodial contexts.

2.19 CBHFA *in Action* projects emerging out of HIV/AIDS topics have lead to two major projects which have resulted in over 50% of inmates in two prisons knowing their viral status in relation to HIV which was previously only around 2%.

2.20 A key short fall in the 2010 Evaluation was the fact that first aid skills learned in the classroom were not being transferred to the local prison community and this is now being achieved in most prison communities through a non-equipment-based approach to first aid response.

2.21 Non-communicable diseases (NCD's) were a prominent feature of prison health awareness needs as identified in baseline assessments.

2.22 The Prison-Based CBHFA *in Action* won a number of Awards. In 2011 the CBHFA prison programme won the World Health Organisation Award for Best Practice in Prison Health. In May 2012 it won the Biomis Irish Healthcare Innovation Award for Best Health Promotion Project and in November 2012 it won an Irish Medical Times Commendation Award for Public Health Initiative at the Irish Medical Times Healthcare Awards.

3.0 Key Lessons Learned

3.1 Whilst in the start-up phase, each prison's projects were well connected to each of the partners of IPS healthcare School and Irish Red Cross, there needs to be better on-going liaison with each of the partners at ground level over time.

3.2 Experience has shown that those prisons where there is more active healthcare department involvement do better in terms of productivity.

3.3 Community Health Committees were not as active in a number of prisons as they should have been and this is directly linked to 3.2.

3.4 It is important to ensure that plans are in place to ensure that inmate volunteers are supported in their work equally as much in Prison School (VEC) holiday periods when the school is closed as in term time. This prevents the possibilities of a fall off of productivity over these periods.

3.5 Module 3 (Community Assessment) is more effective in open prisons such as the Training Unit and Shelton Abbey where it is focused as much on the external community as it is on the prison community. This is because prisoners in these institutions are themselves focused on leaving prison rather than ongoing living in it.

3.6 The CBHFA manual can be used successfully for a prison community provided the facilitators were able to help volunteers recognize the similarities and differences throughout the text.

3.7 Within the prison context, significant numbers of inmate volunteers were illiterate. With this in mind it was necessary to encourage 'buddy-aid' so that non-readers were able to be helped by colleagues in the same group being taught.

3.8 Great care needed to be taken in the selection process for new volunteers to ensure that the Irish Red Cross and the Emblem remained protected. This was done through interview and security screening of each potential inmate volunteer through prison intelligence.

3.8 The problems identified in the 2010 Evaluation relating to the potential security difficulties in allowing first aid kits to be available for volunteers within the prison has been solved by changing the approach to first aid to be non-equipment based first aid.

3.9 Baseline assessments in each topic being facilitated in the prison communities needs to be undertaken prior to the community awareness campaigns in all prisons as a routine. Such baseline assessments were undertaken prior to the FAST Stroke campaign at Wheatfield and certain other Topics in other prisons. This permitted a more effective measurement of the success of volunteer action in the community. Universal use of baseline assessment makes it easier to quantify Monitoring & Evaluation information for Federation indicator tools.

3.10 HIV knowledge and anti-stigma awareness is much more widely dispersed in Cloverhill and Wheatfield because of the Mass Voluntary HIV testing campaign. Work in 2012/13 needs to focus on bringing the mass testing initiative and increased knowledge into other prisons.

3.11 Non-communicable diseases need to be included in the CBHFA in Action package including tools for volunteers working with these health issues.

3.12 In 2011 the CBHFA prison programme won the World Health Organisation Award for Best Practice in Prison Health. In May 2012 it won the Bionmis Irish Healthcare Innovation Award for Best Health Promotion Project and in November 2012 it won an Irish Medical Times Commendation Award for Best Public Health Initiative at the Irish Healthcare Awards.

4.0 Recommendations

4.1 The healthcare department in each prison needs to be well integrated in to the action projects and involved in the learning sessions

4.2 Ensure that there are monthly operational meetings between the programme management and the VEC school Head Teacher.

4.3 Whilst Community Health Committees (CHCs) exist in principle, there need to be a much more aggressive stance for this important driving force operating from the beginning of the course and into prison routine. One way of strengthening it is to ensure that there is a strong Health Department involvement in the CBHFA in Action approach in each prison.

4.4 Trained inmate CBHFA Facilitators need to be used more in the delivery of routine classroom sessions. This is to ensure that their skills are properly utilised and that programme staff are released to work on the set up of new prison sites in 2013.

4.5 The support set up in each prison must include a dedicated VEC teacher, a Governor for Health, a Chief Officer and two Assistant Chief Officers (ACO) – one on each side of the roster. From Healthcare there needs to be two nurses – one on each side of the roster who should take an attending role in each classroom. In addition to two nurses, there needs to be the 'buy-in' of the Chief Nurse Officer (CNO) at each prison,

4.6 Direct links need to be set up between each CBHFA prison group and Drug Addiction Counsellors such as with Merchant Quay Ireland to strengthen CBHFA volunteer action in Drug Addiction work.

4.7 In 2013, CBHFA *in Action* should be linked to institutions such as drug rehabilitation centres and other community based groups which could add to the benefit of prisoners in transition from prison to the community.

4.8 A preliminary pool of potential inmate volunteers should be drawn up by the Prison School Head Teacher who knows the potential of all school attending prisoners. To this pool should be added recommendations of potential participants from other sources such as Governors, chiefs, discipline, nursing staff and trained volunteers. This way a good baseline pool of likely volunteers can be developed from which to select inmate IRC volunteers for the CBHFA in Action course. This list of names should be shared with prison authorities for a security screening prior to an interview process which should include IRC input.

4.9 The interview guidelines should be used for the process of interviewing potential new inmate volunteers for the purpose of consistency. An example of this is shown in Annexe 6.

4.10 The CBHFA *in Action* Trainers Course should have a period of internship (observed facilitating) following course attendance before certification as a Trainer is given. This will provide greater quality assurance of facilitation standards.

4.11 Greater quality assurance needs to be provided by programme managers sitting in on inmate trainers classes on a random basis and lesson plans inspected.

4.12 The focus of the Assessment module (Module 3) in open and semi-open prisons needs to be future-paced towards the inmates' home community and secondarily about the prison community.

This is because prisoners in these types of prisons are on the brink of being released and their motivation is towards this time period.

4.13 In Prison-based CBHFA *in Action* the community should be thought about as follows: Prison Divisions as *Neighbourhoods*; Prison Units as *Streets* and cells as *households*.

4.14 It is important for the Irish Red Cross and the Irish Prison Service to seek ways of allowing inmate volunteers leaving prison to have a suitable role in the wider community whilst at the same time protecting the public.

4.15 Linked to 4.14, the field of drug addiction should be explored as a potential area for post-prison volunteering for inmates.

4.16 The Irish Red Cross should advocate with IFRC Geneva to include Non-communicable diseases (NCD) tools and topics in the CBHFA package.

4.17 The Assessment process highlights the needs. Following on from this, effective baseline assessments relating to each health topic identified for action must become part of the way in which we set the scene for effective Monitoring and Evaluation in all prison-based CBHFA in Action.

5.0 Evaluation Methodology

In order to evaluate the effectiveness of the programme over the last three years the following information sources were used:

- Lessons learned workshop involving all prisons collectively was held in 2011 and 2012 where inmate IRC volunteers were brought together along with VEC teaching staff, CBHFA liaison nurses and chief officers. The purpose of these workshops, as a formative evaluation, was to gather information about the impact of the programme in each of the prisons as well as seek out lessons learned for the future improvement of courses. Raw data from these workshops is available separately as is the 2010 Evaluation Report and 2011 Lessons Learned Report.
- In addition to this information, each inmate volunteer was asked to complete a self report which was designed to investigate how participation as an IRC volunteer had impacted on them personally. Similar self reports were completed by the staff involved seeking opinions about changes perceived in the volunteers from before to after becoming IRC volunteers. This information was used to triangulate with the personal inmate self reports for greater validity. The transcripts of all the self report forms are included as annexe 2.
- Interviews were carried out with prison Governors and other prison staff to gather information about the impact from the different perceptual positions that they have within the prison (see annexe3).

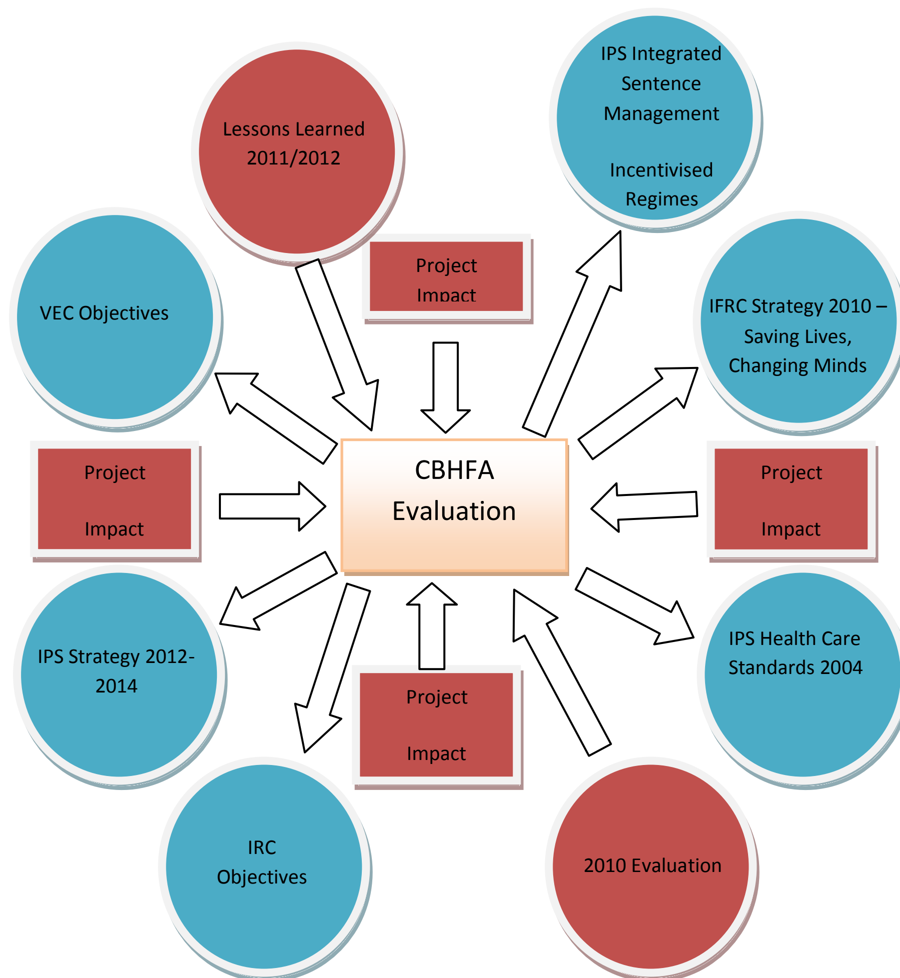


Figure 1

Diagrammatic Representation of the Components Feeding into the Evaluation and the Elements being fed into by the Evaluation

- One prison, Wheatfield, has inmate trainers conducting the entire course except for module 4 (Occupational First Aid) which is undertaken by a qualified instructor for FETAC level 5 OFA. In order to monitor the quality, there was random inspection of teaching and of all lesson plans used within the course.
- Other methods of evaluation included inspection of posters used in the prisons displayed by the IRC inmate volunteers as well as the cleanliness of the prisons.
- Secondary information sources included a review of the previous evaluation of 2010 as well as the lessons learned workshop report for 2011

6.0 An Overview of the CBHFA Course Content

The course manual supports seven modules, each containing various topics within each module as shown in the table below. Additional topics relevant to the prison context are included such as Mental Health First Aid, Alternatives to Violence, Restoring Family Links (RFL) and Drug Addiction Counselling

The projects that are undertaken by the Irish Red Cross Volunteer Inmates either emerge from the Community Assessment in Module 3 or as a result of a Health Emergency that arises, or linked in with national health educational campaigns

Module 1	The International Red Cross Red Crescent's history and organizational structure, Emblems, Seven Fundamental Principles, National Red Cross Society, Community Based Health & First Aid (CBHFA) *in action* volunteer
Module 2	Communication and building relationships, volunteers identify groups and meet with potential partners for the CBHFA programme, implement an awareness-raising meeting to inform the community, promote CBHFA *in action* activities.
Module 3	Assessment of the community by volunteers through direct observation and community mapping, identify and prioritize health, first aid and safety issues, develop a CBHFA action plan, learn specific skills and knowledge based on needs identified during the assessment, report on activities in the community
Module 4	First Aid (National Award FETAC level 5 and Pre- Hospital Emergency Care Council (PHECC) Cardiac First Response - community), volunteers learn how to assess, plan, implement and evaluate first aid for various injuries and illnesses, practice communicating injury prevention messages with members of their community.
Module 5	Major emergencies and how that may affect the community, preventing and responding to epidemics.
Module 6	Disease prevention and health promotion including Nutrition, Immunization and Vaccination Campaigns, Safe water, Hygiene and Sanitation, Diarrhoea and Dehydration, Acute Respiratory Infections, HIV and Sexually Transmitted Infections, Reducing Stigma and Discrimination, Tuberculosis, Influenza. Volunteers support the community to adopt healthy behaviours
Module 7	Supplementary topics you may wish to include in order to provide community education and assistance, for example, volunteers learn about safe blood and excessive substances use

Table 1

The Contents of CBHFA *in Action* Course

7.0 A Description of the Prisons in which CBHFA *in Action* is operating

7.1 Wheatfield Prison, operational capacity 700

Figure 2

Wheatfield Sentenced Prison

This is a medium to secure prison which was used to pilot the programme in 2009/10. At the time of the introduction of the course there were around 700 inmates. It is an ideal environment to embark upon this type of programme as it has a stable population with inmates often on longer term or even life sentences. The current courses at Wheatfield are run entirely by trained trainers from amongst the inmate volunteers using health professionals as required. Quality assurance checks are carried out including inspection of lessons plans on an ongoing basis. Overall, the programme has been well implemented with satisfaction from prisoners undertaking CBHFA in this context. Analysis of the end of course evaluation indicated that inmate volunteers rated each aspect of the course evaluated as 'very good'.

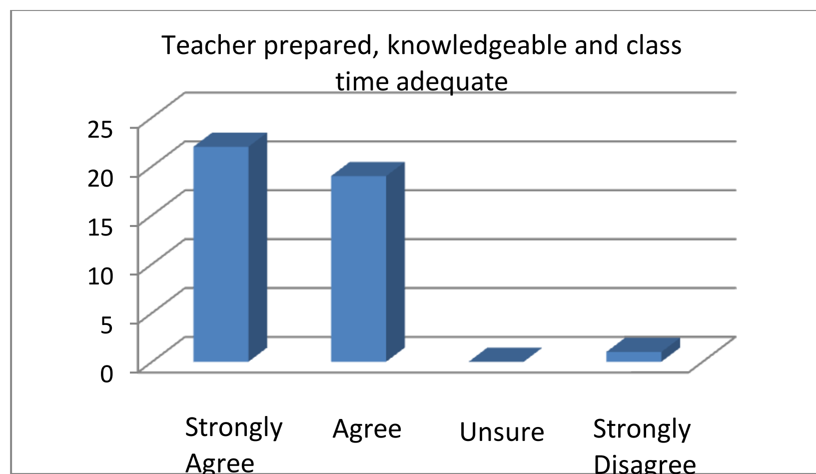


Figure 3

Wheatfield Course Evaluation

Qualitative comments showed that 100% of the volunteers enjoyed the course, 90% suggested that it created a sense of community and 90% enjoyed passing on what they had learned to their local community.

7.2 Cloverhill Prison, operational capacity 430

Cloverhill Prison is a Remand Centre which means the prisoners are awaiting trial and not sentenced. The key difficulties experienced in this prison was the fast turnover of prisoners and the fact that, even with good planning, there can be unexpected movements of prisoners. This was a key reason for the attrition that occurred in this prison. However, now that the approach is operating in six prisons, a number of transfers out of Cloverhill were able to be placed into other prison inmate IRC volunteer groups.

Figure 4

Cloverhill Remand Prison

Despite these problems, the programme was effective with some important healthcare work undertaken by the volunteers which included a major TB awareness campaign emerging out of a TB outbreak in that prison. Volunteers were also able to assist in a major mass voluntary HIV testing project that saw 50% of the prison population tested.

7.3 Shelton Abbey Open Prison, operational capacity 120

Figure 5

Shelton Abbey Open Prison

This is an open prison and is an institution to which trusted prisoners nearing the end of their sentences are brought. A key challenge in this prison for implementing CBHFA was the often short time period spent there and the unpredictability of temporary release and community service orders that lead to volunteers leaving the prison before completing the course.

Two full courses have been run at Shelton Abbey and the first course was less effective than the second. Lessons learned in 2011 showed that the emphasis of the course should have been more targeted at leaving the prison environment and re-entering society. This was evidenced by the

relative lack of enthusiasm for creating change in the prison when the focus of all the prisoners was quite understandably linked to leaving the prison.

In the second course, the focus was changed to being mainly about preparing to re-enter the external community and only secondarily about the prison environment. To effect this, the assessment module 3 was undertaken using both the present and future time metaphors. This means that volunteers conducted their community assessment primarily based on what they remembered about the community they were about to return to. The effect of this was much more motivating to the inmates and created a much stronger and more industrious cadre of volunteers which high output in terms of projects undertaken.

7.4 Training Unit, operating capacity 120

This prison is a semi-open prison and was again a place where prisoners are sent towards the end of their sentences in preparation for being released. In this prison, lessons learned from Shelton Abbey were successfully used with the focus on the future – the community they would be returning to.

Figure 6

The Training Unit (Semi-open Prison)

In order to achieve this focus on the future, the assessment module 3 had to be done differently so that volunteers made some kind of assessment about their current prison environment and the social environment to which they would be released. This focus on the future was successful in engaging inmate volunteers much more effectively and added to motivation.

7.5 Dochas Centre Women's Prison, operating capacity 100

Figure 7

Dochas Centre Women's Prison

The Dochas Centre is a medium secure prison for women over the age of 18 years and has a capacity of 105. Bringing CBHFA into the women's prison was initially a greater challenge than expected. They were very different to their male prisoner counterparts and as a group; they seemed, at first, less ready to commit to the type of dedicated work needed to make a real difference through implementing relevant projects.

Despite the slow start, they ended up producing some really worthwhile projects and gained a lot from being Red Cross volunteers. There was high attrition from the course at about 50%. All the attrition was due to a lack of interest and those that left did so because they found it was not what they wanted to be involved in. It is likely that in the next course, the involvement of women inmate trainers might be more readily accepted.

7.6 Mountjoy Prison, operating capacity 590

Figure 8

Mountjoy Sentenced Prison

This is a medium to high security prison with inmates who have been sentenced by the courts. Like Wheatfield, this was also an ideal prison for CBHFA because of the longer stay prisoners including a number of lifers. The volunteers at this prison have made the most impact in a short period of time. It is thought to be due to the dedicated provision of a Governor, chief officers and Assistant Chief Officers to make things happen with projects. The role of the Discipline staff in facilitating the implementation of projects in the community cannot be over-estimated. Significant changes have been made very quickly in Mountjoy because of the strong support from the Governor, chiefs, ACO's, Chief Nurse Officer and VEC school teacher.

8.0 The Impact of the CBHFA *in Action* in Irish Prisons

> *Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has* – Margaret Mead

8.1 Some of the Impact of Community Based Health and First Aid *in Action* in the Six Prisons During 2009-2012

In order to measure the success that CBHFA *in Action* has had in Irish Prisons, it is important to review the impact in terms of improving health in Irish prisons and contributed to the IPS Healthcare Standards (2004). In addition, it is important to examine the personal development of inmate volunteers that have been the focus of CBHFA as special status volunteers. In line with the original aim of CBHFA *in Action* as a new approach to CBFA, *actual impact* rather than just training was the direction in which the Prison-Based CBHFA *in Action* was aimed. The outputs were designed as projects which emerged from each lesson or topic learned about. For example, the actual output in the prison from learning about the Topic on vaccinations and immunizations was a campaign to encourage prisoners to seek out Hepatitis A and B protection from the prison surgery staff.

To demonstrate the impact of the Prison-Based CBHFA *in Action* approach to community health and first aid, this evaluation report will describe the different projects that emerged from learning at the various prisons. These have emerged from thorough community assessment through implementing module 3 in each prison as part of the CBHFA in Action approach (see annexe1)

8.2 Community Assessment as the Basis for Action in the CBHFA *in Action* Approach and Baseline Assessments

The implementation Guide to CBHFA identifies that it is module 3 (the assessment module) that is central to creating the action that emerges throughout the course. Different to most training courses, CBHFA *in Action* stimulates action in the community from the very start of the course. The assessment of the local community – in this case the prison community – leads to the identification not only of the relevant health and first aid parts of the course to be studied but also the aspects of community living that needs to be improved from a health and safety perspective. Baseline surveys were carried out through focus groups in all the landings rather than cell by cell. These were used to plan a number of projects such as HIV testing and awareness, Stroke awareness and other non-communicable diseases (NCD).

Making an assessment in the prison community takes planning and proper briefing of the prison management so that community assessment can take place without problems. In one prison, the briefing of prison staff was insufficient and lead to confusion and concern as some prison officers mistook the mapping of the local prison community as a potential security breach. Making maps in prisons could be mistaken for escape planning. However, this was an isolated incident that was able to be rectified with timely explanation.

Wall Mounting Assessment outputs such as seasonal calendars

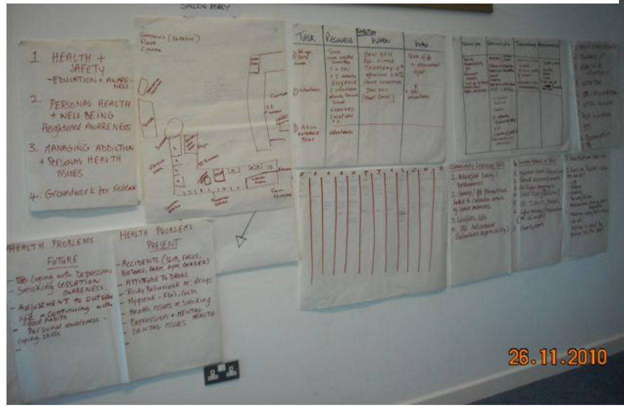


Figure9
Mapping Exercises

	J	F	M	A	M	J	J	A	S	O	N	D
Colds/flu	X	X							X	X	X	X
Allergies						X	X	X				
No yard access	X	X	X	X						X	X	X
School holidays		X		X				X		X		X
Festivities	X	X	X	X	X	X	X	X	X	X	X	X
Deaths	X	X	X	X	X	X	X	X	X	X	X	X
World AIDS Day												X
Irish AIDS Day						X						
National No Smoking Day		X										
Red Cross Day					X							
Cancer awareness											X	
Men's Health Day						X						
Healthy Heart				X					X			
Christmas Depression awareness												X

Table 2

Seasonal Calendar

The tools used in all prisons included health and safety hazard risk mapping along with resource mapping. Direct observation was used as was community focus groups and the interview of key personnel such as nurses and doctors. These people were consulted to ensure the validity of perceived health and safety risks. One other tool was used not identified in the CBHFA volunteer

manual and that is the assessment of ‘Dividers and Connectors; within their prison community. This was added since the prison is a place where it is important to reduce the possibilities of conflict by reducing things that divide communities and enhancing the connectors in the community. This tool was taken from the Federation’s Vulnerability and Capacity Assessment Toolbox[1].

Fig 10

Mapping Exercise of the prison landings

The action learning approach of CBHFA *in Action* uses module 3 (Community Assessment) as the means by which volunteers identify which topics in the volunteer manual to study based on assessment of health risks. In Ireland, for example, the topics on Dengue Fever and Malaria are not present and so these topics are not highlighted to be learned about. This method of volunteers themselves identifying what they need to learn about is based on adult learning theory so that everything learned about has a real basis of need to them. The process of assessment leading to identification of learning needs and project relevance is shown in Figure 11 below.

[1] IFRC 2007 Vulnerability and Capacity Assessment Toolbox, Geneva

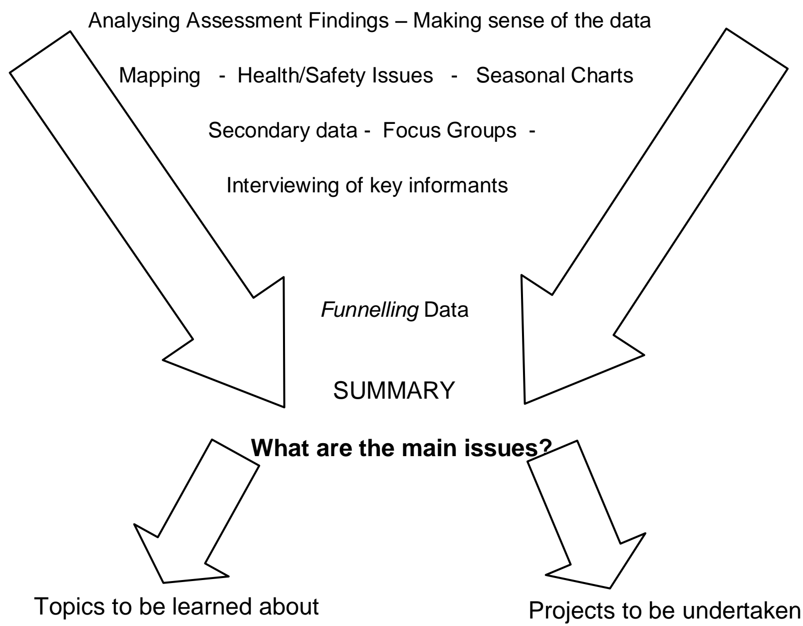


Figure 11

The process of finding out about your community. This shows the stakeholders going through the same assessment process in a Sensitization Workshop as the inmate volunteers inside the prisons.

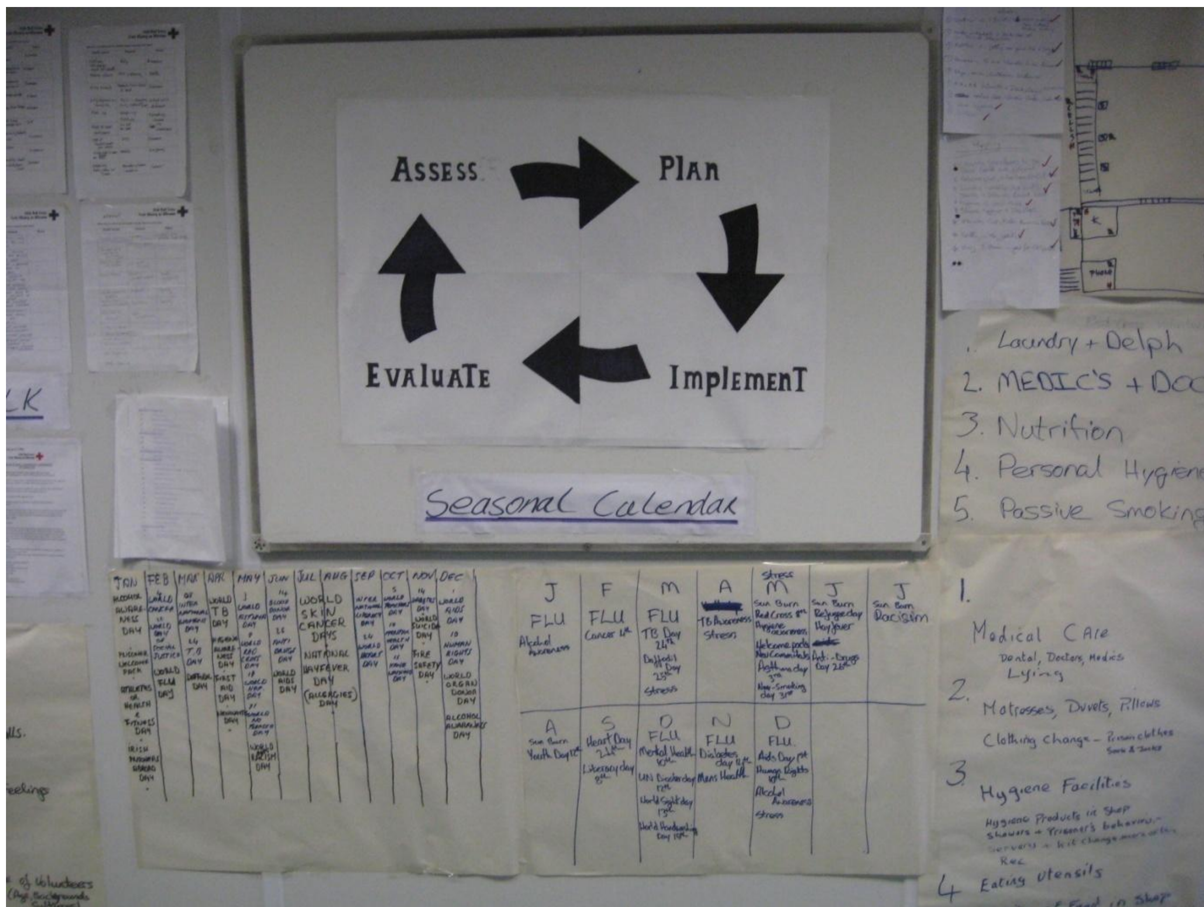


Figure 12

The Action Learning Cycle for Project Planning

The assessment module identifies the types of projects that need to be introduced in the prison community to improve health and safety. This means that concurrently with learning about the topics in the manual, prisoner volunteers can begin immediately to make an impact with properly planned projects. To do this, they use the action research cycle of Assessment, Planning, Implementation and Evaluation shown in figure 12 above.

8.3 Dealing with Major Emergencies

In a closed prison setting and the obvious need for safe and secure custody, all roles relating to a major emergency such as disaster of major riot are pre-prescribed in prison Standard Operating Procedures and there would be little if any opportunity for volunteers to be involved in the response other than providing 'buddy aid'. Therefore, Module 5 Topic 1 is not included. However, there is a clear role in major emergencies of a medical nature such as disease prevention, outbreaks and epidemic emergencies (Module 5 Topic 2) and this has been seen in prisons in relation to pandemic flu and Tuberculosis outbreaks.

8.4 Responding to Relevant Emergencies and Disease Outbreaks

The central content of the CBHFA *in Action* approach to first aid and health in communities is dealt with in modules 4, 5, 6 and 7. Within the methodological approach to learning and action is to create peer to peer educators amongst a pool of internal change agents at community level through the inmate IRC volunteers reported on in this evaluation. The entry point to the approach in each prison has been dependent upon the pressing health issues of the day. In terms of relevant first aid

emergencies and disease outbreaks there have been a number of important opportunities for the volunteers to play an important role auxiliary to the prison health departments.

8.4.1 Tuberculosis in Prisons

One of the key features in the design of CBHFA *in Action* is that it should respond to local needs and priorities wherever it is being used as an approach to community health and first aid. There is clear evidence of this in the Irish Red Cross CBHFA in Irish Prisons in relation to Tuberculosis. The World Health Organisation (WHO) confirms that one of the major problems in prisons all over the world is Tuberculosis and whilst TB in Irish Prisons is by no means as endemic as in other countries, it still is a high risk because prisons by their very nature have people living in close proximity to each other with as many as three people in a cell. In addition, committal prisons have a high throughput of people who are often not in the best of health.

In 2009 and 2010 there was an outbreak of some cases of TB and it was imperative to aggressively treat cases and apply good preventive and public health measures to contain and prevent further outbreaks. Whilst there are effective health care teams of nurses and doctors in all prisons, experience and the literature show that simple but aggressive peer to peer health messages are the most effective way of doing this.

Figure 13

TB Awareness Community Tools including messages in Chinese to include minority groups

In all prisons in which the CBHFA *in Action* approach is being used, inmate Irish Red Cross volunteers have been active around the prisons in giving out messages aimed at reducing panic and preventing the spread of diseases such as Tuberculosis.

All prisons have effective committal health care interviews in which key TB-focused questions are asked and where appropriate, prisoners can be isolated, screened and treated. However, it is quite possible that some prisoners who do not show any signs of TB on admission may later develop such signs. For this purpose, volunteers are taught to recognize early potential signs and symptoms and be directed to health care personnel without delay. This is regarded as a key defence against the spread of Tuberculosis in Irish Prisons and the notion of the volunteer role of referral to health centres is recognized in CBHFA *in Action* globally.

Experience also shows that, particularly in busy committal prisons, prisoners can be of multiple nationalities and speak different languages. For this reason, IRC volunteers attempt to have key messages written on posters in different languages as well as pictures to assist those who are illiterate.

The TB awareness project emerged as a result of the session on TB and the prioritization of TB in Prisons linked to an outbreak within one major remand prison. The unique partnership between prison health centre, discipline staff and the Red Cross volunteers led to trusted cooperation where the volunteers were responsible for designing awareness posters and the key messages used.

The focus of the volunteer role was three-fold:

1) To reduce panic and stigma associated with TB within the prisoner community and staff and to reiterate the fact that TB is completely treatable if acted upon quickly.
2) To promote awareness of the common signs and symptoms so that prisoners were encouraged to report concerns they might have to the health centre.
3) To promote an environment in which the spread of TB can be reduced

The impact of the campaign was to noticeably reduce tension within the prison about TB and to help lead to the early detection of possible cases of TB.

In Mountjoy Prison, a mobile mass Chest X-ray campaign was carried out where the role of the inmate IRC volunteers was to advocate amongst the community to encourage attendance for x-ray. The campaign was extremely successful with high numbers of prisoners availing of the opportunity to get a chest x-ray in the fight against TB in prisons. This is an excellent example of the use of peer to peer education and encouragement with important health issues in the community.

8.4.2 Seasonal Flu, Swine Flu and the Norovirus (Winter Vomiting Bug)

These infectious diseases were identified by inmate IRC volunteers in each prison whilst they were undertaking their community assessment which is module 3 of the CBHFA *in Action* course. A key assessment tool used in this module is the seasonal calendar which identifies not only health promotional dates in the year but also the times of the year when particular types of diseases are high risk.

Based on this, volunteers design campaigns aimed at preventing problems such as flu and winter vomiting bugs. Whilst their actions cannot wipe out all cases of these common diseases, it is likely that it reduces them and encourages *at risk* people to go the healthcare department for seasonal flu vaccines.

8.4.3 First Responder Actions of Volunteers

Whilst every prison has healthcare staff on duty, inmate IRC Volunteer First Aiders have a role in being first responders who can deal with emergencies whilst waiting for healthcare staff to be deployed. There have been a number of examples of effective first aid being performed by inmate volunteers so that there is complementary and relevant emergency response. In some prisons, volunteers even have a label on their cell doors indicating that a qualified first aider is available in that cell and these are now being used by prison officers for immediate action whilst calling for emergency response from healthcare staff.

8.4.3.1 First Aid Competition

In Wheatfield Prison where all IRC inmate volunteers are Occupational First Aiders, a competition was held early in 2012. There were three teams convened who were then asked to deal with a number of scenarios planned and examined by Irish Red Cross examiners. It is hoped that in the future inter-prison first aid competitions will be able to be held.

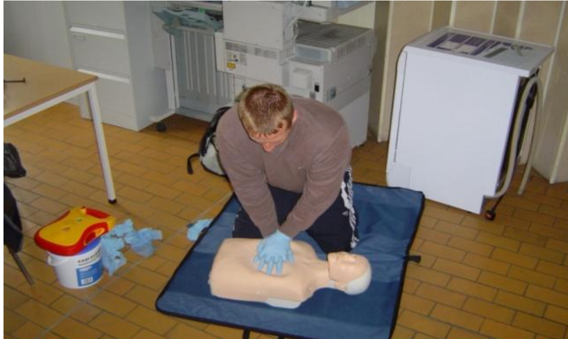


Figure 14

Practicing CFR Skills on a manikin undertaken in the classroom and in the landings of the Prison

9.0 The importance of the Project work and an Overview of Those Being Undertaken in Irish Prisons

In completing the CBHFA *in Action* course, volunteers gain a lot of relevant health education, awareness and first aid skills. This is training but with the CBHFA *in Action* approach, training is only part of the course – it is the action that emerges as a result of the training that really shows the impact of the approach within the local community. This is where the CBHFA *in Action* approach is unique within the Red Cross Movement portfolio of courses. It is action learning at its most useful. In this sense it is the projects that emerge from the learning within the course that is the most important part of the course.

Experience in working with the CBHFA *in Action* volunteers in all six prisons so far has lead to a need for a mixture of health awareness raising amongst prisoners and changes in the way that things are done in prison to improve the health and well-being of prisoners whose community it is.

Change in prisons can only occur by the willingness of prison management and prison officers to support and work with volunteers to bring about operational change for the improvement of living for all prisoners. Some projects emerge from volunteer ideas and others as a result of management or health department initiatives. Ultimately however, it is a partnership approach that leads to successful outcomes of projects.

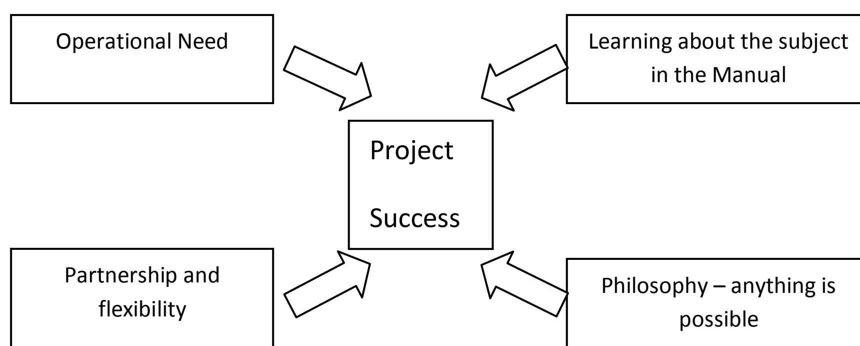


Figure 15

The factors that created successful projects in the Prison-Based CBHFA *in Action*

The most successful CBHFA *in Action* outcomes occur in those prisons where there is a true partnership between, prison management, staff, volunteers, healthcare, school and Irish Red Cross representatives. The model for this is created when there is prison commitment to appointing a Deputy Governor to oversee the Red Cross project in each specific prison, a chief officer, an assistant chief officer on each side of the roster, a dedicated teacher for the project and a health care department nurse on each side of the roster.

9.1 Non-Communicable Diseases (NCD's)

In the context of western society which is regarded as relatively well developed, the issues emerging from community assessment and baseline assessments were primarily about non-communicable diseases. This is related to the high incidence of heart disease, stroke, addiction problems, smoking and other non-communicable disease processes commonly seen in more western society.

In order to address these, it was necessary to be innovative and creative in the approach to CBHFA *in Action* within the prison communities in Ireland. Specific tools were created by volunteers to undertake relevant health promotion activities.

Following the Irish Red Cross participation in the Global CBHFA Meeting in Geneva, this prisons CBHFA project will pilot the new draft NCD module on behalf of Europe/Central Asia Zone in early 2013.

9.2 Drug Addiction

Drug Addiction problems are a key issue amongst prisoners with almost 25% of the population in some prisons being on Methadone replacement therapy. A useful role for inmate IRC volunteers has been developed where they have two roles.

The first is with Harm Reduction activities including raising awareness about the dangers of death from over dosage. This is based on research that shows that between 1998 – 2005, 28.1% of prisoners that died following release occurred within the first week of leaving prison. A further 18% of deaths occurred within the first month following release. The reason for this is because prisoners on release may go back to taking the same high dose of drugs that they were taking before the entered the prison.

The second key role of the volunteers is in assisting Merchant Quays Ireland (MQI) Drug Addiction Counsellors to make access to them more effective.

9.3 Violence Reduction – Weapons Amnesty

A unique pilot project was implemented in Wheatfield Prison as a management initiative. It included a weapons amnesty linked to an advocacy campaign to promote the seven Red Cross Fundamental Principles. Over a period of a week, agreement was reached between prison management and the IRC volunteers to operate an amnesty for the handing in of cutting weapons.

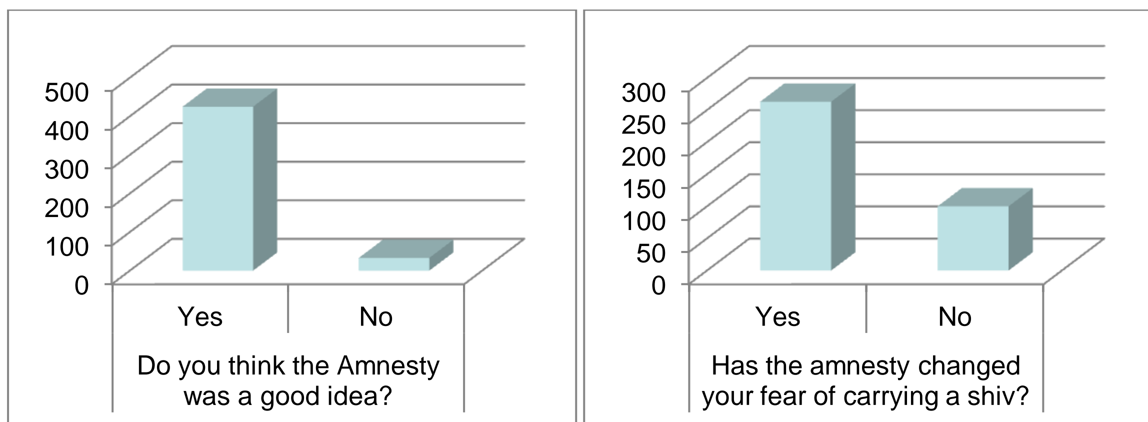
To bring the project into action, the IRC volunteers met with the various gang leaders within the prison to gain their support for the amnesty. The trust and respect with which gang leaders have grown to have for the inmate IRC volunteers was the key reason that they agreed to participate. At the same time, it was made clear that the negotiations were undertaken between the prison management and the inmates with the IRC volunteers performing the advocacy role. This was important to maintain the neutrality of the Irish Red Cross and its volunteers as well as safeguard the emblem.

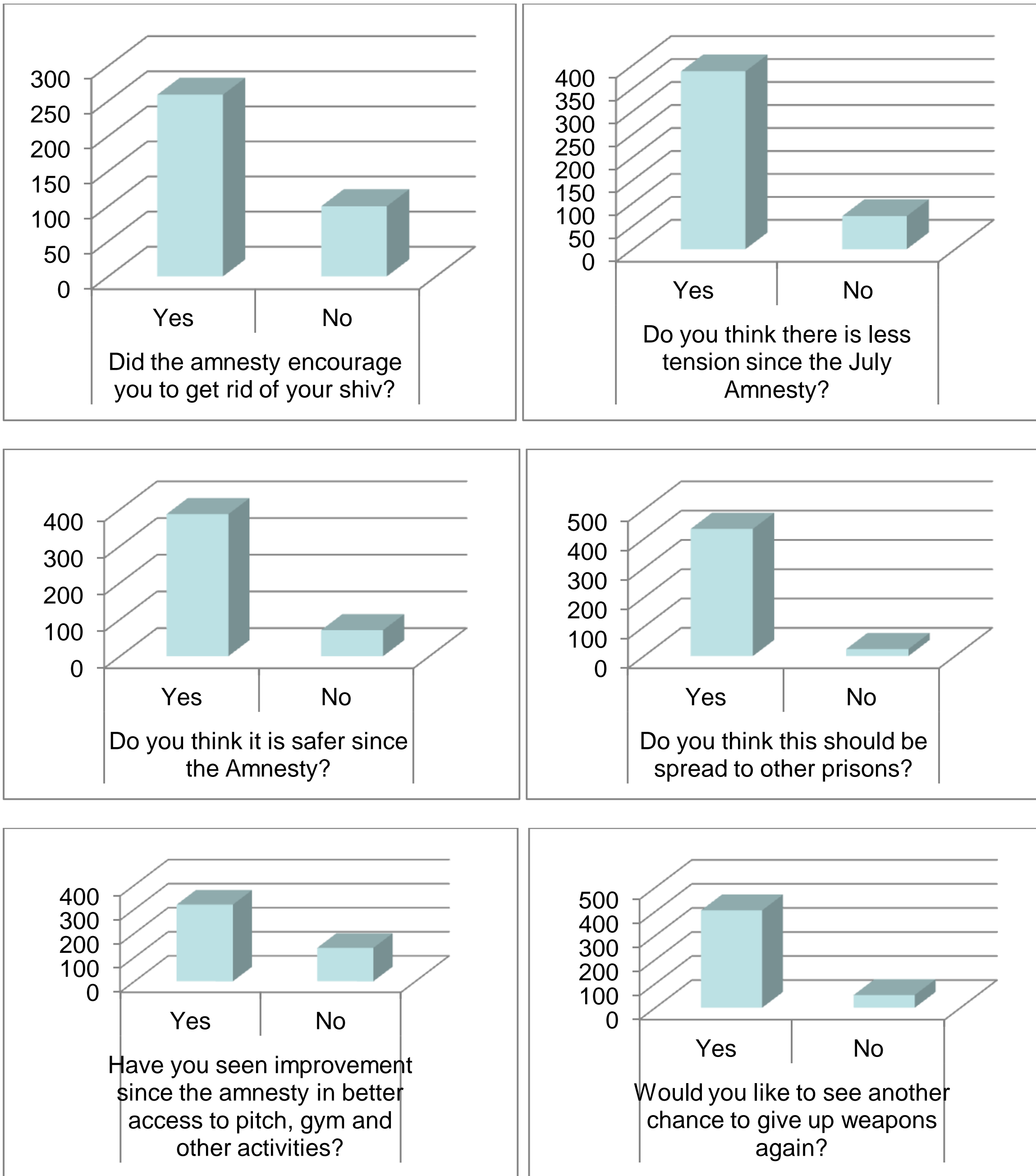
9.3.1 The Impact of the Weapons Amnesty project

A baseline assessment indicated that during the period June 2011 to June 2012, there were regular assaults using weapons almost weekly. Unofficial figures place the number of cutting/stabbing incidents at around 2 per week in the year June 2011 to June 2012. In addition, the absence of incidents there were the following positive outcomes:

- More access to the football pitch and additional services were being made available to inmates. Part of this is because more officers were available that might normally be taken up on hospital escorts with inmates suffering cutting injuries. Everyone was mixing in the school every day because of the increased trust and reduction in tension around the prison.

A survey was conducted three months after the Amnesty week to find out what other prisoners thought about the amnesty and its effect. The results are shown in the following graphical representations in Figure 14 below.





Figures 16

Weapons Amnesty Questionnaire results

Discussion

The impact of this project is significant since it has lead to a considerable reduction in prison violence. Studies have been undertaken which suggest that the level of violence in a prison is a reasonable proxy for evaluating the quality of life in prisons (Alzua *et al* 2009). Based on this, it is reasonable to suggest that this project has lead to an improvement in the quality of life in Wheatfield prison and is worthy of further development.

Dates	Assaults
Pre-Amnesty Project	
Oct – Dec 2011	20 Assaults 10 weapons
Jan –Mar 2012	27 Assaults 15 weapons
April – Jun 2012	27 Assaults 15 weapons
Post Amnesty Project	
July – Sept 2012	16 Assaults 1 weapon

Table 3

The dramatic reduction in assaults and use of weapons since the amnesty was put into place

The project has enormous potential for the reduction of violence in Irish State Prisons and is being examined at the highest levels in terms of replication of the project in other prisons where the IRC CBHFA *in Action* approach is working. It is imperative however that there is a careful partnership between prison management and Irish Red Cross volunteers where the volunteers are trusted amongst other inmates as neutral and hold an advocacy role.

From a Red Cross Movement perspective, it is recognised that the problem of violence is worldwide and that it is a global humanitarian catastrophe that affects all continents, countries and communities. The IFRC recognizes that all communities have groups of people –often hidden – who may be neglected, marginalized or excluded. It is recognized that many people live in circumstances where they are subject to violence. Prisons are obvious places where violence is a constant threat and is often associated with exploitation (IFRC 2009). As in prisons, WHO recognizes that violence is not random – it is predictable. Therefore if it can be predicted, it can be prevented (Nodstrom 2006).

To this end, the Prison-based CBHFA *in Action* approach in Ireland will include a learning Topic to add into Module 7 of the curriculum for 2013 based on the Canadian Red Cross 'Ten Steps to Creating Safe Environments'. The weapons amnesty can be a practical application of violence reduction as a partnership between prison management and inmate Irish Red Cross volunteers in each prison as advocates of change and central to developing violence prevention teams led by prisoners for prisoners. The sharing and planning of weapons amnesties in other prisons, however, is a matter for the Governors Group as an operational issue. The role of the IRC volunteer remains available to support these initiatives as neutral advocates supporting violence reduction behaviour change.

9.4 Hygiene and Cleanliness

This type of project emerged from the Assessment module in all six prisons as it was a key concern amongst them all. Inmate volunteers in each prison tackled the issue by advocating with the Discipline staff to acquire suitable cleaning materials and supplies. In some prisons there was a direct connection set up between the senior volunteer and the prison stores/supplies officer.

Figures 17

Hygiene

A number of prisons implemented a colour coded mop and bucket system to ensure that separate mops/buckets were used for different areas (see figure 18). Wheatfield prison developed this further by undertaking hygiene audits every two weeks to ensure the standards implemented by the IRC volunteers were kept up.

Figure 18

Mountjoy Prison Colour Code System

Many prisons had improved shower areas, soap dispensers and hand washing facilities. Volunteers created signs and placed them in strategically placed areas encouraging prisoners to keep areas clean and tidy

In the women's prison at the Dochas Centre, inmate volunteers implemented a checking system so that a signature was acquired following each check of key areas such as toilets and living areas.

In some prisons, soap dispensers have been installed in showers along with hygiene messages in posters; new equipment has been acquired and bin disposal points. Drinking water filters have been acquired along with the fixing of sterotone pumps. All prisons reported cleaner environments of living and better in-cell conditions purely through having cleaning equipment available. In Mountjoy Prisons there is a new project being set up whereby additional sinks are being fitted for the separate washing of plates and utensils.

Figure 19

Hygiene around dispensers

9.5 Hand washing Technique

This activity was really well accepted in all prisons and the baseline assessment indicated the need for learning about proper hand washing as a means of preventing the spread of disease. The volunteers undertook demonstrations on the landing about how to properly wash the hands with a six point plan. To make this more meaningful, the Glow Box was used (see figure 20 below).

This is a teaching aid that uses ultra violet light to identify the areas on the hands that are not properly washed. Prisoners and staff found this teaching aid to be really effective and like using it, shown in the figure below.

Figure 20

The Hand washing intervention was used extensively during the Swine Pandemic and for annual Noro-virus (Stomach Bug) preparedness with good success in all prisons

9.6 Nutrition and Cholesterol Checks

This was another interesting project and a useful health awareness project that emerged out of the Topic on Nutrition. The use of the cholesterol check machine was undertaken with involvement of the nurse from the prison surgery. This was a popular session and was an interesting project for the prison community to engage in because it highlighted the importance of diet and the dangers of high cholesterol. In the Training Unit (semi-open prison) over 90% of prisoners of all age groups participated.

Other valuable outcomes of learning the topic on nutrition was the emergent project of identifying the items sold in prison Tuck shops. The result of surveys amongst the prisoner communities in some prisons was the stocking of healthier options and a reduction of those items less healthy.

9.7 Food Hygiene – Providing covers for plated meals

One specific prison identified a risk in that plated meals were not covered during their transportation from the servery to the cell. Volunteers advocated with the Governor to acquire plastic food plate covers (figure 21). These were put into action resulting in more hygienic practices. The food hygiene also linked in with the good hand washing techniques and behaviour change is reflected in figure 22.

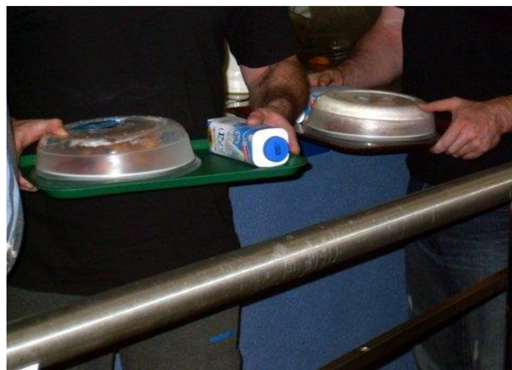


Figure 21

Plate covers for more hygienic food transportation in Mountjoy Prison

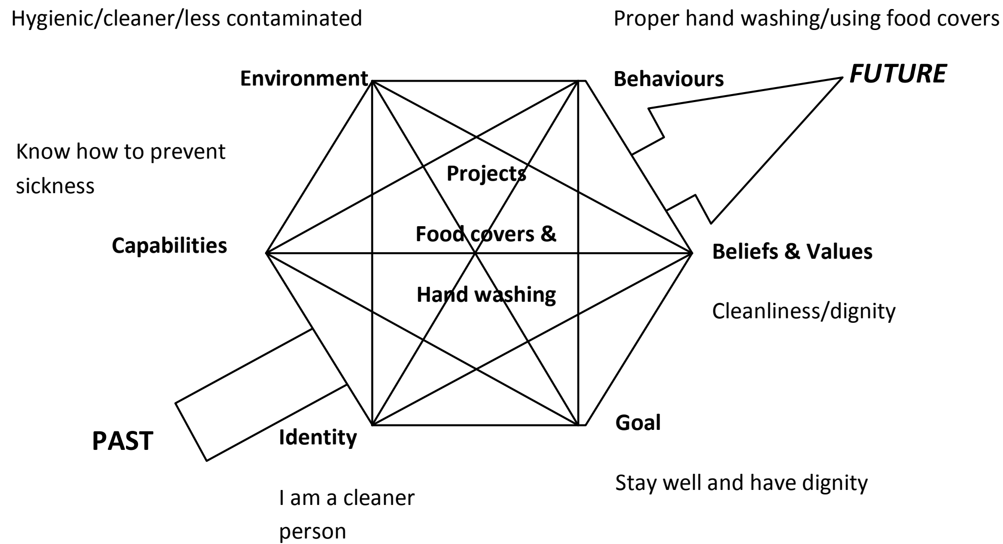


Figure 22

Explaining the behaviour changes resulting from projects at Mountjoy

9.8 HIV/AIDS and Anti Stigma

This subject was highlighted in all prisons with specific prison-based projects undertaken in two prisons. As a result of learning about the Topic HIV and STI, a project was planned and executed that permitted inmates to find out their HIV status. The project was undertaken as a partnership between the IPS and St James Hospital[2] in Dublin. The project was a mass voluntary rapid HIV testing campaign. This system used a new product that uses a small amount of blood on a test strip to give a result in twenty minutes. This is much more useful than the normal HIV test where the results can take a number of weeks to be known.

All work to raise awareness about HIV AIDS and reducing Stigma was undertaken by the IRC inmate volunteers in the weeks running up to the planned mass HIV Testing days in June 2010.

Figure 23

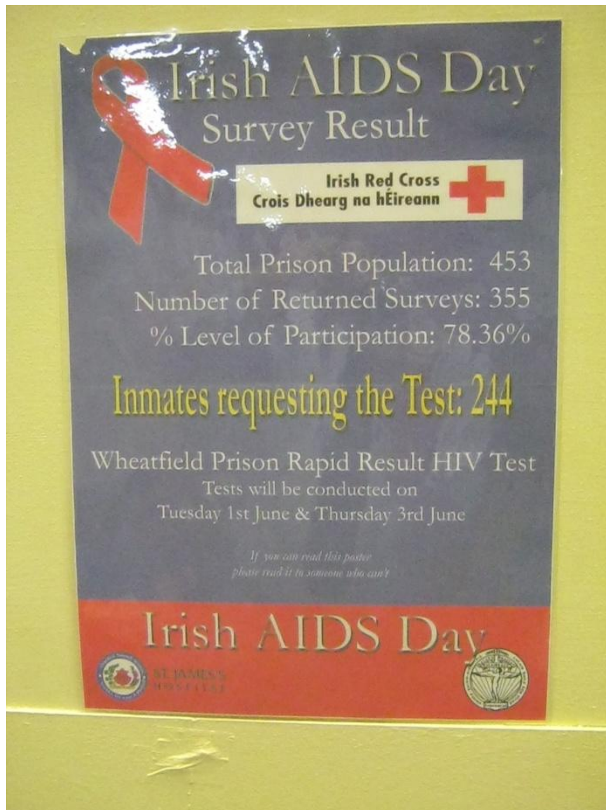
They used International Red Cross materials, GUIDE clinic DVDs as well as uniquely designed posters and flyers by the volunteers. These advertised the dates of the testing and importance of participating voluntarily. The emphasis on voluntary testing was highlighted at all stages.

Prior to this initiative only 2% of the prison population knew their viral status. After the campaign this was raised to >50% knowing their status. In terms of the IPS Health Care Standards, this made

[2] This hospital has a department known as the GUIDE (Genito-urinary and infectious diseases) Clinic specialising in Sexually Transmitted Infections

significant progress in a relatively short time. Similar projects are planned for other prisons later this year to celebrate World AIDS Day.

The role of the inmate IRC volunteers in this project was limited to advocacy amongst prisoners to encourage them to get tested and anti-stigma messages. It should be understood that the volunteers had no involvement with any part of the testing and results because of medical confidentiality.



A post-testing survey was undertaken by the IRC through the interview of prisoners that availed of the opportunity. The strong messages that came out of the survey included the fact that the reason they came for testing was that they trusted the inmate volunteers.

The second major outcome was a changed view of people with HIV. The interviews suggested that they would in future be less critical of people living with AIDS. (see annexe5)

Figure 24

HIV Rapid Voluntary Testing Poster

9.8.1 Raising awareness about HIV AIDS

Direct observation of the prison divisions, landings, corridors and school in the week leading up to the testing showed a lot of activity by the volunteers. Inspection of landings identified well placed awareness posters and calendars, the wearing of HIV AIDS Red Ribbons by prisoner inmates and staff and intensive group sessions being facilitated by volunteers and the school using TV/DVDs of anti-stigma messages and film clips. There were exhibition tables with information and awareness materials being promoted and lots of red balloons around the prison celebrating Irish AIDS Day.

Interview data showed that the campaign had reached everyone in the prison and that many simple but important misconceptions had been clarified. It was also apparent that prisoners had little knowledge about HIV AIDS, its treatment and prevention. Annexe 7 provides some examples of responses to post testing semi-structured interviews at Cloverhill and Wheatfield Prisons. Figure 25 shows an example of how changes in behaviours about HIV Stigma can come about by advocating discussion around the subject. If beliefs and values change, so do the other aspects of Living Through Time,

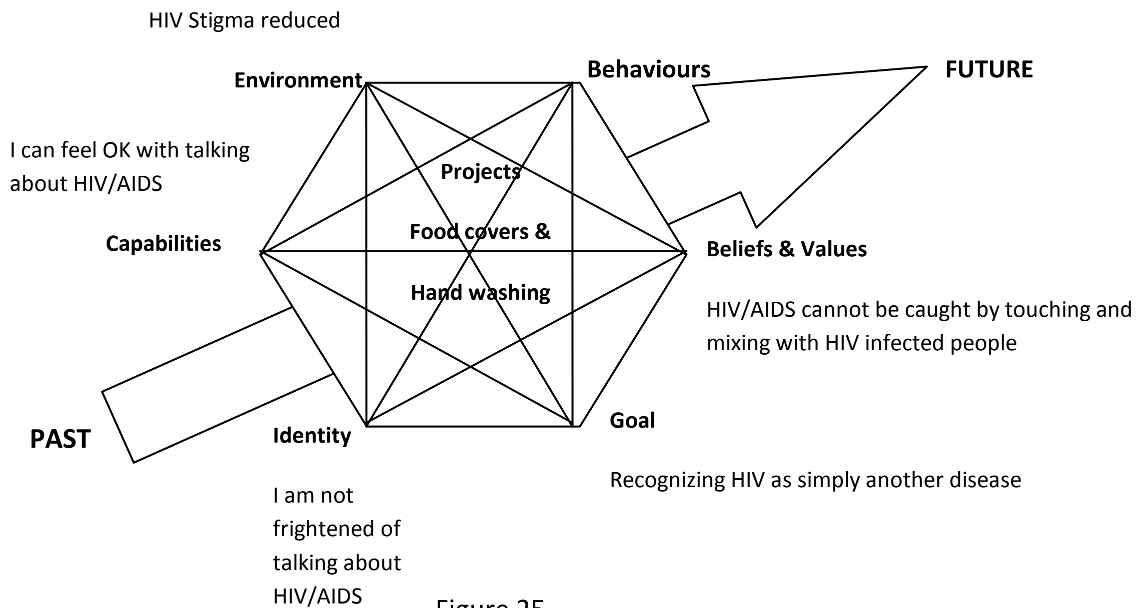


Figure 25

Model of Change in Thinking about HIV/AIDS and Stigma

With the awareness and decision to get tested, came a great deal of anxiety and worry as significant numbers of inmates were involved in drug abuse and the sharing of needles before coming into prison. Focus groups did show however, that there was some relief in the fact that they had made a decision to 'find out' once and for all. However, it was also clear that few would have turned up if they had had to wait weeks for the results of traditional testing.

This project in the two prisons so far, has been a success and the first such mass testing undertaken in the history of prison health in Ireland. It provides the state with a model of how an innovative operational partnership can make a difference in major prisons which can be replicated in others. It is planned to repeat this in the Mountjoy Prison for World AIDS Day in December 2012.

It also demonstrates an important role for the Irish Red Cross with a previously untouched part of vulnerable society in Ireland and is a replicable model that it can share among other national Red Cross societies and the International Federation. The project is important in terms of new ways of working between government and Red Cross with HIV AIDS and anti-stigma in prisoner populations which are known to be high risk.

From the Red Cross Programming perspective, the project has demonstrated the value of the CBHFA *in Action* programme interfacing with another major Red Cross programme of HIV AIDS.

9.9 Smoking Cessation

There is heavy smoking amongst prisoners in Irish Prisons and this was identified in the assessment module of the courses in each prison. In a number of the prisons, a smoking cessation programme has been started by the IRC volunteers. The programme is supported by IRC volunteer smoking cessation facilitators trained by the local Health Authority (HSE). This programme operates as a partnership between the IRC volunteers and the Prison doctor who prescribed the smoking aids such as Nicorette patches. In order to make the project successful, prisoners wishing to join the smoking cessation programme must agree to attend the group support meetings to have access to the medical smoking aid support. Overall there is an excellent success rate in prisoners either giving up smoking or significantly reducing their smoking habit.

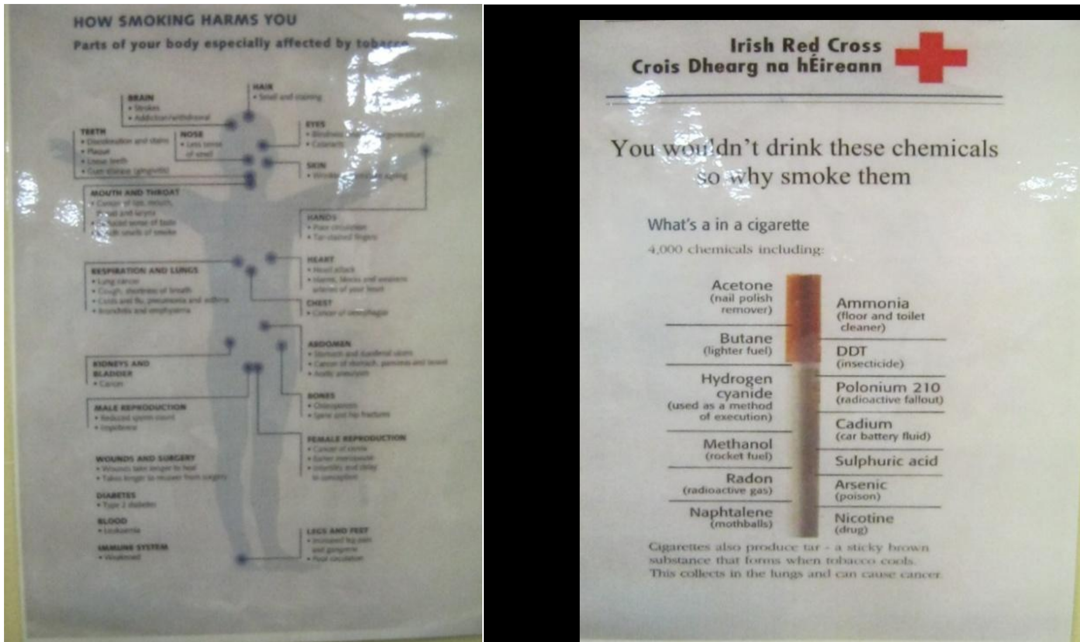


Figure 26

Smoking Cessation Posters

9.10 Working with Probation Services

Following the success of the partnership between the inmate IRC volunteers and the MQI drugs counselling service, the Probation service requested the service of the volunteers in helping to pass on important information from Probation Officers and the prisoner community. This way, prisoners can have a better and more personal service from probation.

9.11 Newsletters and Prisoner Information Dissemination

A number of prisons have started Irish Red Cross newsletters as a means of advocating with their prison community. These include information about the work of the local inmate Red Cross volunteers as well as passing on health awareness information and messages from the Health Care Clinic. Some prisons have introduced IRC Notice Boards and suggestion boxes.

Figure 27

Mountjoy Community Irish Red Cross Notice Board and Suggestion Boxes

9.12 Women's Health

One of the six prisons involved in the Irish Prison Service roll out of CBHFA is a women's' prison. Whilst they included many of the same type of projects that were run in the men's prisons, they also included awareness relating to women's health. Some projects were aimed at reducing the

Figure 28

Posters advertising women's health

risk of pregnancy immediately on release from prison for obvious reason. Advocacy around methods of birth control was carried out by inmate IRC volunteers. It was also connected to the healthcare department so that as women were coming to the end of their sentences, the most appropriate contraceptive methods could be started well in advance of release. Some methods even included implant contraceptive devices.

9.13 Stroke Awareness

In partnership with the Irish Heart Foundation, campaigns were held in prisons about Stroke awareness. These campaigns were run in parallel with the Irish Heart Foundation (IHF) national Stroke Action campaign in the media. Some prisons held pre and post surveys about prisoner knowledge in terms of stroke awareness. Results after the awareness campaigns indicated good uptake of information about simple ways of providing life saving actions to stroke victims in any community.

Figure 29

F.A.S.T. Poster for Stroke Awareness and Prevention

9.14 Paracetamol Reduction Project

Paracetamol is the medication of choice for minor pain such as headaches and other minor ailments that does not require a doctor's prescription for short term use up to three days. Paracetamol can be administered by a registered nurse using an Irish Prison Service Protocol for a period of up to three days after which a doctor must examine the patient and prescribe for further use of the drug.

The consumption of Paracetamol amongst prisoners in all prisons has become excessive and despite warnings from healthcare staff, prisoners have been reluctant to decrease their demand for it.

Figure 30

Paracetamol Poster Community Tool made by Volunteers

In Cloverhill prison, inmate IRC volunteers did a survey to try to ascertain why prisoners were demanding Paracetamol. The results were interesting with some citing headaches and toothache. A considerable number of responses indicated two other reasons:

1. It tastes good
2. It was an opportunity to get out of the cell and to talk to a nurse.

On the basis of this, it was decided to ask the volunteers to carry out an awareness campaign amongst their peers pointing out the dangers of Paracetamol to health. Cloverhill Prison volunteers carried out a pilot campaign and the result was a reduction in consumption in certain landings, thus again showing the power of peer to peer education. This pilot has some useful outcomes and could well be the basis of a more widespread controlled study which could have the benefit of improving health by reducing the damaging use of Paracetamol and secondly, reduce some of the costs to the IPS's significant annual drugs bill.

9.15 Adapting to new Environments and Orientation for New Prisoners

It was recognized in a number of prisons that there was a need for information for new prisoners and that the IRC volunteers could provide this within the first week of committal to prison. Key useful information about prison routine was provided along with information about the Red Cross volunteer presence in the prison. This care and support to new prisoners is of considerable humanitarian significance, particularly in the case of life sentence prisoners. It is probably unimaginable how life sentence prisoners feel on arrival at the prison. One prisoner's remarks: *"It is like a bolt of lightning hitting you...".*

Figure 31

Volunteer-led Meetings helping newly transferred prisoners to adjust to open prison life

Other needs for orientation to new environments was identified for those moving from a closed secure prison to the open prisons where the regime is much more informal and there are no gates. Experience has shown that there is a significant likelihood of prisoners falling foul of regulations when they are transferred to open prisons where security is much less obvious. A number of prisoners end up being sent back to closed prisons because of misbehaviour when they are unable to cope with the lack of discipline, Therefore the volunteers in open prisons such as Shelton Abbey and the Training Unit take the trouble to visit each new inmate and help them to re-adjust to the change in regimes, thus preventing them from doing something that could lead them back to a closed prison.

9.16 The Emblem and Living the Humanitarian Principles

Figure 32

The humanitarian principles are the mainstay of the CBHFA approach to health and wellbeing. These principles are worked in some detail with inmate volunteers identifying how each of the seven principles can be applied within the prison context. As such, volunteers in each prison have their own interpretation of how the principles can be lived.

9.17 Restoring Family Links (RFL)

An important role provided by all Red Cross/Red Crescent Societies around the world is to locate and deliver messages to people in war torn countries and in times of natural disaster. A pilot programme is being implemented at Wheatfield Prison in 2012/13. Selected inmate IRC volunteers are being trained by the RFL Unit from the Irish Red Cross so that they can assist any prisoner initiate ~~a search~~ tracing and message delivery. All tracing and message requests being sent must be viewed as usual by the Prison Censors and will also be vetted by the IRC RFL Unit and the International Committee of the Red Cross before being delivered. Some information is provided here in Figure 33 below

RESTORING FAMILY LINKS

THE RED CROSS MESSAGING SERVICE

What is the Red Cross Messaging Service?
Restoring or maintaining contact between people separated from relatives in times of conflict, natural disaster or migration is a basic service of the Irish Red Cross. The Red Cross Messaging Service, in which the Red Cross facilitates communications between family members, is one such means of facilitating this contact.

What is a Red Cross Message?
Red Cross Messages are unsealed letters that allow family members or friends to exchange private or family news. Such messages are written on special Red Cross Message forms and then transmitted by the Red Cross to the separated family members. If delivered, the receiving relative has a chance to reply. It is used only if, and for as long as, there is no other way of transmitting family correspondence. Message content will be checked before transmission by Red Cross personnel to ensure adherence to the rules ensuring only information about the person.

Figure 33

Restoring Family Links

9.18 International Day of the Elderly on 1st October 2012

This day was celebrated by the Mountjoy inmate IRC volunteers by inviting elderly people and carers from a day care centre for an afternoon tea party and entrainment organised by the inmates.

Figure 34 Figure 35

The elderly group at Mountjoy

9.19 Re-Cycling Project

An important project that emerged out of CBHFA *in Action* at Shelton Abbey open prison was re-cycling. It developed out of looking at cleanliness and the need for managing waste more effectively.

Figure 36 Figure 37

9.20 Dental Health

The Dublin Dental Hospital in-reach service has asked the assistance of the inmate IRC volunteers at Wheatfield to help teach prisoners how to clean their teeth properly. This is an important opportunity for the IRC volunteers to assist in operational healthcare improvements.

9.21 Evidence of Personal Development and Changed Outlook

One of the most profound changes that appear to have occurred as a result of volunteer inmates participating in CBHFA *in Action* relates to the apparent personal development of the inmate Irish Red Cross Volunteers. Qualitative data is abundant around themes of 'more confidence' and being able 'to do and say things' with conviction. This is due to the confidence building that the methodology of action-learning in CBHFA. For example:

> *"Now I am a man who takes pride in what I do and see myself as a role model..."*
>
> *"I'm more motivated in helping my community..."*

In order to illuminate some evidence of a change in outlook of prisoners involved as IRC volunteers, a qualitative tool was used which breaks levels of thinking into six parts. These are Goals, Identity, Beliefs & Values, Capabilities, Behaviours and Environment. These levels were first described by Robert Dilts (1991) who used seven levels (keeping Beliefs and Values as separate levels), see figure 38. The survey forms were presented for completion as the six levels (Betts-Symonds 2008) with past thinking on the left and current thinking on the right (see examples in Annexe 2). Subsequently, the model has been adapted into a cybernetic model called 'Living *Through* Time' (Betts-Symonds 2006; 2007; 2008; 2009), see figure 39.. This became the *process* model used in the designing of the IFRC (2009) CBHFA *in Action* design and methodological approach.

Dilts' (1991) linear presentation of the model presupposes that the higher levels of beliefs, values, identity and goals control the lower levels of capabilities, behaviours and the environment. Therefore, it is logical that if the higher levels can be influenced to change, the lower levels will also change. The systemic presentation of 'living *through* time' suggests that each of the Dilts (1991) levels can be dynamically presented systemically rather than hierarchically such that changes in any one of the Dilts' levels can influence all of the other levels. Thus, if we can alter how a person experiences the environment through exposing them to CBHFA volunteering we can alter what they do (behaviours), capabilities, beliefs in themselves, their identify and the goals they choose to aspire to *THROUGH TIME*

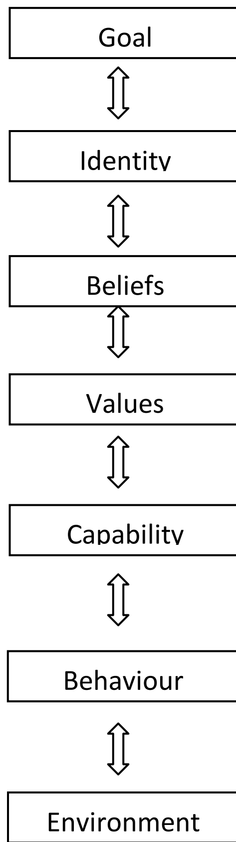


Figure 38

Dilts' (1991) Linear Model

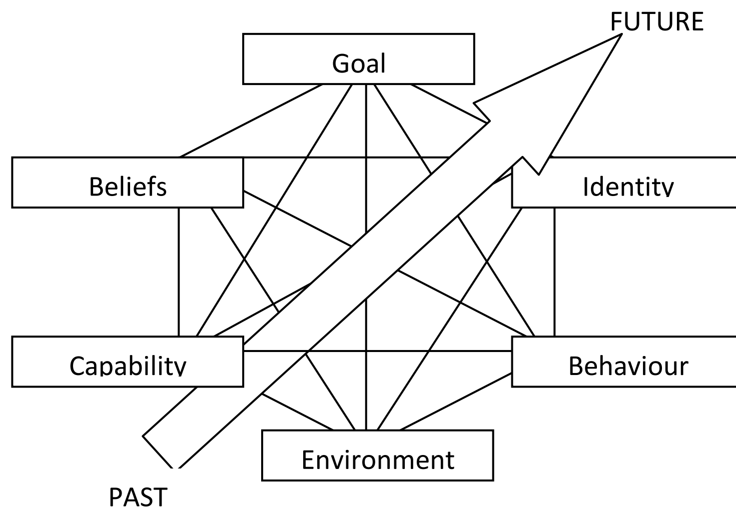


Figure 39

The Living *Through* Time Model of Behaviour change

Betts-Symonds (2006; 2007;2008) derived from Dilts (1991)

The self-report forms were completed by individuals independently of each other. An analysis of the contents of the self reports from all inmate volunteers was undertaken and triangulated with similar report forms given from the perspective of teachers, discipline staff and nurses working with the volunteers over time.

The analysis used followed a method described by Patton (2002) called 'comparative pattern analysis'. Themes were clustered from data bits and a process of 'funnelling' (IFRC 2006; Betts-Symonds 2008) to identify key themes about the nature of thinking prior to becoming a volunteer and afterwards. The analysis that follows includes input from various staff involved with the volunteers and correlates well between volunteer's outlooks and those perceived by the staff members in a triangulation (see annexe 3).

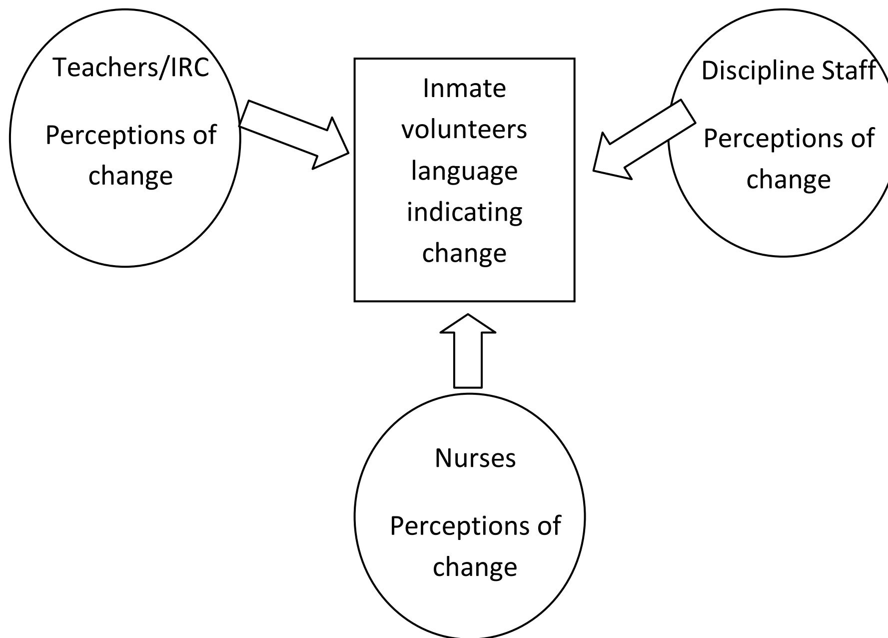


Figure 40

A Triangulation of information sources providing illumination of language uses indicating changes in outlook of prisoners involved as CBHFA volunteers.

9.21.1 Environment

Descriptions of their prison environment prior to becoming a Red Cross volunteer seemed to focus on darkness, survival, blackness and unhealthy. There was a sense of being 'at effect'. In other words they were blaming others. Contrastingly, after being volunteers there was a sense of brightness. Appreciating what they had in the same environment with language suggesting cleanliness, friendliness, making a difference and being actively involved in their environment. Overall there was a sense of being in control and 'at cause'. This is a paradigm shift where they are moving forward and not feeling stuck at the whim of others.

9.21.2 Behaviours

Prior to becoming a volunteer the focus was on selfishness, lack of community, dark things, lack of caring and violence. The language connects to the thinking above on a dark environment. After becoming volunteers there is a striking difference in language used all highlighting balance, improved outlooks, taking responsibility (being 'at cause'). There seems to be brightness about the language used and an air of self confidence and pride. It is a moving picture rather than stuck and still picture.

9.21.3 Capabilities

The language in this level of thinking follows the same sort of dark – light patterns for before and after being a volunteer. Prior to engaging as Red Cross volunteers the language focuses on being afraid, unsure, lacking confidence and respect along with using the word CAN'T. As a direct contrast after being a Red Cross volunteer language changes to being focused, confident, multi-skilled, achieving, acquiring new beliefs and having a bright future. Again there is a sense of *movement* rather than being stuck.

9.21.4 Beliefs and Values

These are very powerful areas of people's outlook. Again there is a stark difference between before and after volunteering. The same dark-light themes are present. Before volunteering the language focuses on lack of self confidence, poor self esteem, uselessness and poor values. The word CAN'T features heavily. By contrast, after becoming a Red Cross volunteer the word CAN features appears more as does self confidence, the value of life, new and altered beliefs along with community spirit and an urge to help others. The seven Fundamental Principles features heavily as does the notion of community spirit and the importance of family and friends. Again there is a sense of *movement* after being a volunteer contrasting to a sense of being stuck.

9.21.5 Identity

There is a clear sense of being struck with the identity of being just a number, dishonest, self centred Prisoner that doesn't matter prior to being a Red Cross Volunteer. Afterwards there is again a sense of *movement* with language of confidence, worth, helping others; community person, honest family person and the word CAN features prominently. There is also pride in being a Red Cross volunteer with a better opinion of self.

9.21.6 Goals

Goals prior to being a Red Cross volunteer seem to be noticeable by their absence. There is language focusing on a lack of achieving, low self esteem, sleeping life away and surviving from day to day. By contrast after being a volunteer the language is bright and moving focusing heavily on building a healthy community in prison and family for the future.

Discussion

The qualitative evidence provided by this analysis of linguistic representations of outlook by inmate IRC volunteers before and after becoming volunteers is compelling. It seems to be suggesting that being actively involved as Red Cross volunteers not only helps improve the health and wellbeing of these inmates but also affects them in a positive way at all levels of the Dilts' (1991) hierarchy. Overall, it suggests a change from being stuck to being proactive and personally future-paced in a sense of movement towards goals that were not there or realised prior to being involved.

Whether or not this new found self confidence and changed perspective will make a difference in terms of the future after release would need a longitudinal study to investigate it. However, it can be said that CBHFA *in Action* in Prisons is making a difference in the general outlook of inmate volunteers and improving interpersonal relationships with other prisoners and prison officers.

In this sense, it may be a powerful tool for change that will contribute to the IPS Strategy for 2012-14 and as an adjunct to the incentivized regimes.

In terms of the quality of life in prisons, it is likely that the CBHFA project has contributed to an improvement in quality. This can be ascertained by a comparison of the before and after self reports where language used indicates greater satisfaction with themselves within prison life. Linked to this is research by Liebling & Arnold (2002) who investigated methods of measuring quality of life in prisons and found differences in before and after studies where language used indicated greater cohesion between staff and prisoners. This was where specific actions had been taken to improve prisoner perceptions of safety, respect, fairness, trust, humanity and improved relationships with officers.

9.22 Improved Relationships

All prison management report a change in the way that volunteers and other prisoners relate to officers. They suggest that there is a new found respect and appreciation of each other's role and this is a significant step forward to revolutionizing future staff-inmate cooperation. It could also assist in developing the incentivised prison regimes system. This is a system whereby prisoners can earn improved regimes through good behaviour. There is also a clear role for the Red Cross CBHFA in Action approach with reference to the Integrated Sentence Management (ISM) system that is being implemented in Irish Prisons. ISM aims to create greater connection between the various players around the individual prisoners needs in mapping out a prison sentence more effectively designed for each prisoners needs.

Because of the network of volunteers at ground level, there is a better communicating system between healthcare and the prisoner population thus creating more effective health awareness and cooperation with health care initiatives ultimately resulting in better standards of care. There is a reported better sense of community and community spirit.

Discussion with prison officers indicates that there appears to be a better relationship between inmates and officers.

10.0 Aligning National Society Programmes to Strategy 2020

In 2009 the International Federation of Red Cross and Red Crescent Societies adopted a 10 year strategic direction - Strategy 2020. Specifically the strategy has three strategic aims:

1) Save lives, protect livelihoods and strengthen recovery from disasters and crises.
2) Enable healthy and safe living.
3) Promote social inclusion and a culture of non-violence and peace.

The Irish Red Cross CBHFA in Prisons programme directly contributes to the second and third strategic aims of the IFRC Strategy 2020. Within the prison communities in Ireland the work of the inmate IRC volunteers is enabling healthier living and safer environments. It is doing this through reducing the spread of infectious diseases such as TB, HIV and other diseases. In addition, prisoners are trained in first aid creating a cadre of first responders that can operate in a complementary way to existing prison health care centres.

Prisoners are a part of the wider society and as such the programme initiative is directly contributing to improving social inclusion as volunteers and the local prisoner community become empowered to take charge of their own health and safety in a preventive and proactive way. The volunteers have a key role in promoting the Humanitarian Principles in a very practical way that includes organizing and advocating for weapons amnesties as well as promoting tolerance, an understanding of cultural differences and reducing stigma. The seven Humanitarian Principles include Unity, Universality, Impartiality, Voluntary Service, Neutrality, Independence and Humanity

11.0 Profiling of the Irish Red Cross

The Irish Red Cross promotes three Strategic directions. These are:

1. Championing safer and resilient communities
2. Promotes social inclusion and humanitarian values
3. Supports disaster and crisis recovery

The work of the Society in relation to the CBHFA in Irish Prisons fulfils the first two of these strategic directions by recognizing prisoners as a marginalized part of Irish Society and through its CBHFA approach to community health and safety contributes to social inclusion, safer, healthier and more resilient lifestyles. The central importance of promoting the seven Fundamental Principles within the practical aspects of implementing CBHFA helps the prison service and its prison community to value the notion of humanity.

The CBHFA *in Action* approach to health and First Aid in Prisons potentially increases the visibility of the Irish Red Cross as an active and innovative member of the Red Cross Red Crescent Movement. It also provides an alternative perspective to engagement with those in detention to that traditionally undertaken by the International Committee of the Red Cross (ICRC).

The programme provides a new entry point for the fulfilment of the auxiliary role of the National Society in line with the Fundamental Principles. In addition, it provides a development of a new institutional core competence that creates opportunities for partnerships with other stakeholders. It also builds on the existing core competency of first aid well grounded in the Irish Red Cross. Finally, CBHFA *in Action* saves lives and reduces human vulnerability amongst a specific marginalized part of Irish Society.

12.0 The Alignment of the Programme to the IPS Strategy 2012-2014.

The Irish Prison Service is going through a period of change where there is a will to change how custodial care is thought about both at governmental and Directorate level. The vision is one where the number of prisoners in custodial care should reduce over time and the outcomes of being in prison - changed significantly. This level of change requires a paradigm shift at all levels of operation in our prison system. It includes the people who manage our prison system from the Justice Department down to the prison officer supervising inmates at the landing level. There needs to be a change in emphasis from the 'lock-up' culture to one in which personal capacities are developed during imprisonment, such that the prisoner leaving prison does so with a changed view of themselves, their capacities to change and be less likely to return in the future.

Whilst the challenge of changing staff mindsets is a task on its own, this paper describes how a significant paradigm shift is already under way that will aid change from within the prisoner population itself. Whilst the project is aimed at prisoners taking charge of their own health and hygiene needs, the ***processes*** involved in the development of inmate IRC volunteers are already making changes in their general outlook and how they are viewing their prison time and their future aspirations (see annexe 2 and 3).

13.0 Focus on Mental Health and Addiction Services

These services are a declared priority of Government and the Irish Prison Service and the CBHFA programme has included these areas of practice with defined roles for IRC volunteers that include working with Addiction Counsellors to enhance the impact of their work. A Vision for Change (2005) a report of the expert group on mental health describes the need for transformation and change in this area of prison health and that such change needs to be as much about changing mindsets of service users as it does about carers. The methodological approach of CBHFA is based on models for change and empowerment and so is directly contributing to changing the mindsets of prisoner communities in all areas of health but especially in relation to mental health and addiction services. The change in thinking that it supports is a proactive, preventive approach rather than reactive and curative.

For example, statistics show that prisoners leaving prison are amongst the most likely people to die of drug overdoses and so CBHFA focus is on awareness around this area of drug addiction and includes first aid for drug overdose. In essence, the focus of learning about addiction is on Harm Reduction. Whilst CBHFA includes the topic of psychological first aid, the importance of mental health has lead to the introduction of a specific module of learning on Mental Health First Aid.

14.0. The Use of the Key Elements of the CBHFA Implementation Guide in planning and implementing the CBHFA in Prisons Programme

The International Federation of the Red Cross and Red Crescent Society's CBHFA Implementation Guide was utilized for this purpose. Whilst the approach was originally intended for local communities throughout the world, it was not specifically envisaged being used in a Prison setting. However, the flexibility of the approach in its design still allowed the course to be successfully implemented in the prisons. The Guide lays down ten steps for the successful implementation of the approach within communities and these were found to work well (Table 3).

Step	Information in the Guide	Prison context
1	Plan and implement a sensitization workshop with stake holders	Sensitization workshop included the following: • Nursing staff representing the local healthcare department. • The Governor for Health • Teaching staff from the prison school • Chief Officers • Local Irish Red Cross volunteer support.
2	Management structure and project action group	See figure 2 and section 8.3
3	Be creative	Recognition of the difference in the prison community versus the usual community that the CBHFA programme was designed for. Creativity was required to focus on the prison community. • Landings are neighbourhoods • Units are streets • Cells are households
4	Customize to local priorities	The prison community recognized the community priorities such as TB or swine flu as priorities for the starting point of CBHFA in Action. The assessment module allowed the

		prison community to identify which topics were relevant to them.
5	Prepare volunteers and staff	Proper training based on the needs identified was provided and certificates awarded. Staff in the prison were made aware of the volunteer resources in the prison community. Following basic CBHFA training and certification, facilitators were developed through a CBHFA Training of Trainers programme.
6	Logistics and Resources	Planning included an assessment of the resources needed for the duration of the course and beyond to enact relevant projects. Planning included identifying teaching resources and rooms within the prison schools.
7	Core Knowledge and Community Need	In order to ensure the IFRC global standards were met, implementation included the Red Cross core knowledge of modules 1 and 2 as well as the Assessment module 3 as the basis for identifying the prison community needs.
8	Initiate actions based on priorities with support from volunteer leaders in the community	Actions as projects were implemented right from the start. These were based on the needs identified from the analysis of needs in module 3. For example, at a time when TB was a priority problem, this was the first awareness project started in specific prisons. Volunteers acted as role models advocating for healthy lifestyles. Annual Trainer of Trainer workshops provided sustainable programming.
9	Tools for planning, implementing and documenting actions	Volunteers used project planning cycles for designing projects. Surveys were undertaken to document both needs and post project impact. Lessons learned workshops documented successes and identified areas for improvement.
10	Monitor progress and evaluating actions	Ongoing monitoring was carried out during projects and changes made as necessary to work towards maximum impact. This is where the action research framework was valuable. Evaluation of impact was undertaken in post project surveys. Lessons learned workshops

Table 3

The 10 Steps Recommended in the IFRC CBHFA Implementation Guide

14. 1 Acknowledging the Five Components of Health Promotion and a Dynamic Model for Change

Health education and promotion are connected but different with education an integral part of the broader health promotion. Health promotion needs to reflect the reality of peoples' lives and in prison this is a very different environment to that which they may have been used to in the outside world.

Health promotion needs to reflect cultural and social dimensions inside the reality of prison for the present time and then for their home environment after they have served their sentences in the future. It is hoped that prisoners involved with CBHFA *in Action* can be helped to reflect on unhealthy options in the past and change them for better behaviours in their future home environment. In this sense prison-based CBHFA *in Action* needs to cater for a continuum of time from past experience to the present in prison and future release (see Living *Through* Time model Figures 39).

Table 4 below reflects five components of health promotion and it is also useful to think about the Living *Through* Time model (figure 39) when dealing with changing behaviours. The factors affecting the beliefs, values and attitudes of each prisoner control to some extent their behaviours and capabilities in the prison community (environment), therefore, preparing health awareness needs to consider these levels of thinking so that new behaviours can change positively, driven by new beliefs and values learned through CBHFA *in Action* whilst in prison. The action learning approach helps in this paradigm shift.

1	Preventive	All interventions in the prison were about reducing the effects of health and safety issues and prevention rather than curative.
2	Behaviour Change	The focus was on changing existing behaviours to ones of healthy living and prevention of injury and illness
3	Educational	Prisoners are provided with relevant education to make choices about healthier living both during incarceration and for their future after prison. Education takes the form of projects, one-on one awareness raising. Everything the volunteer inmate learns he or she is expected to spread the word amongst other prisoner inmates (their community).
4	Empowerment	The CBHFA approach to health and first aid creates empowered prisoners rather than passive reactive ones. There is documentary evidence of changed perspectives amongst the volunteer population.
5	Educational Social Change	The learning and education in which prisoners become involved helps to develop their social as well as physical wellbeing for prison life and for future socio-economic change. Volunteer inmates become more confident and proficient in presentation skills which builds their capacities for the future.

Table 4

The Five Components of Health Promotion from the IFRC Implementation Guide

14.2 The Minimum Content and Requirements for CBHFA in Action

When CBHFA in Action was designed between 2006 and 2008, it was envisaged that the approach would be both similar and different in order to be flexible enough to match any type of community. The similarities were ensured by having a minimum content which included modules 1 and 2 and the

assessment module 3. Module 4 was also regarded as a mandatory that must be included in every CBHFA in Action approach. To do this, each country should use its own formalized First Aid training course. In Ireland, the national standard is Occupational First Aid (FETAC level 5 Award) and The Pre-Hospital Emergency Council (PHECC) Cardiac First Responder- Community.

Thereafter, it was envisaged that each community, based on the assessment module 3, would identify its own community priorities and needs. In this sense, the manual would be used in a way that allowed its differences to also be acknowledged. Modules 5, 6 and 7 were therefore flexible in content so that those subjects relevant would be studied and those which were not relevant could be left out.

There are 7 components in the section of the Implementation Guide about minimum content and requirements and the Irish Red Cross CBHFA in Action approach acknowledged each of these.

Stage	**Item**	**Comment about the Prison Based CBHFA *in Action* Approach**
1	Modules 1 to 3	Modules 1 and 2 are generic in any context. Module 3 in the prison-based CBHFA *in Action* needs some explanation. Life sentence prisoners do not have an end date and so the assessment of the prison environment alone is more relevant. However, other prisoners are being asked to consider the environment of current living (in prison) and for the future when they rejoin their permanent living community on the outside. This requires some creative thinking on the part of facilitators in order to be able to catch both time periods.
2	Module 4	FETAC level 5 Occupational First Aid and PHECC Cardiac First Responder- Community
3	Customize CBHFA *in Action* Modules 5, 6 & 7	In module 5, there is a topic on Major Disaster. This could not be done in the Prison Service version since prisoners would not have a role in dealing with such an event due to security issues. Instead, a session on fire emergencies is included and the focus on emergency response is related to infectious diseases response and preparedness. In modules 6 and 7, those topics relevant for a prisoner community in Ireland were selected. Others such as Malaria and Dengue Fever were de-selected.
4	Empower household groups	The emphasis in empowerment was for volunteers to engage prison landings (equating to neighbourhoods), units (equating to streets) and cells (households) with proactive messages. In addition, prisoners were helped to understand that they themselves could become in charge of their own improved health and safety. This was

		successful with most prisoners engaging and appreciating their new found power over their own health.
5	Integrate learning and action	From the very first session volunteers were encouraged to take what they had learned in the classroom into the community with awareness messages and involving them in community action.
6	Adapt to crisis	Each prison in which CBHFA *in Action* was introduced, acknowledged the relevant priorities of the day. For example, in one prison it was Swine flu awareness and prevention because of the pandemic emergency at the time. In another, there was a TB outbreak and so the CBHFA *in Action* approach started with Module 6 Topic on TB.
7	Focus on impact	Every project (community action) was based upon an identified need. Where appropriate a baseline assessment was undertaken followed by a post action survey to be able to measure impact. It was recognized in every prison CBHFA in Action course that the classroom learning was only part of the outcomes – the real outcomes was the impact made at community level.

Table 5

The IPS CBHFA Approach measuring up the IFRC Implementation Guide Minimum Content for CBHFA *in Action*

14.3 Management Support model for an Effective CBHFA in Action Approach to Health in Prisons

Experience with all Red Cross community based programmes show that there needs to be both bottom up and top-down support to ensure impact, this is because there must be community ownership of a project and also top-down ‘permission’. The model in figure 41 has been borrowed from the IFRC Vulnerability and Capacity Assessment guide where three levels of management are shown as a political will, implementation body and a driving force.

The diagram is self explanatory showing that the permission level is governed politically by Prison Governorship, Red Cross Secretary General and CEO of the VEC (Prison Schools). With this is place, the community itself as part of the driving force can politically drive its own CBHFA approach with the middle management there to facilitate making action in the community happen. This model has been used in all six prisons implementing CBHFA with success.

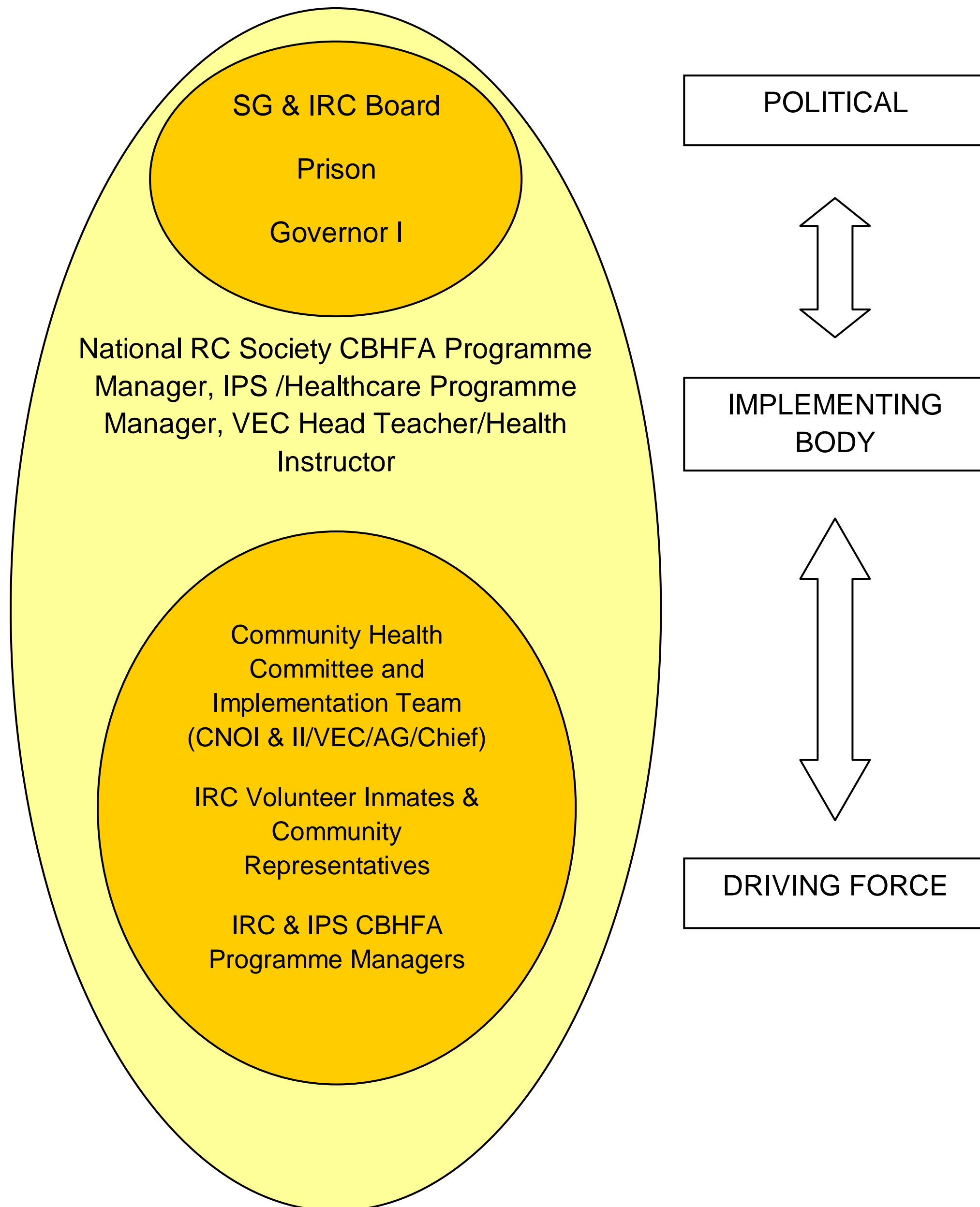


Figure 41

Model for Implementing CBHFA Approach through political, implementing body and ground level Driving Force.

15.0 Ensuring the CBHFA approach is sustainable

Ensuring that the CBHFA approach in the Prisons become sustainable over time is critical to the ongoing success of proactive community health and safety in each of the prisons targeted. The way this has been done is through Training of Trainers in each prison and making improvements through lessons learned workshops held each year.

The Irish Red Cross, Irish Prison Service and VEC jointly run annual Facilitator Training courses as well as Lessons Learned workshops.

15.1 Sensitization Workshops

The Sensitization workshop has already been stated to be of key importance in implementing CBHFA effectively and is the first of the ten steps cited in the Implementation Guide. Apart from the initial workshop undertaken as preparation for the first pilot course in Wheatfield Prison in 2009, it is also used prior to the roll out of new prisons.

Figure 42

Sensitization Workshop including Nurses, Teachers, Chief Officers, Governors and Irish Red Cross staff

Each year, a set of four more Prisons are targeted and so a sensitization workshop is undertaken for staff members identified to be involved with the new volunteers in each prison. These staff undergo learning and action over one long extended day which clarifies the very different action learning approach used in CBHFA. Specifically the content and *process* are learned about so that they can more effectively support the volunteers in making an impact in each prison.

15.2 Lessons Learned Workshops

Each of the Lessons Learned workshops aides the evaluation of the impact made by the inmate volunteers and allows for improving areas of practice where relevant. These annual events are carried out at one of the Prisons, bringing representative volunteer inmates from each of the other prisons together in one room for a day. To make them even more useful the VEC teachers, health care nurses, discipline chiefs, IRC and any other staff working with them also join this workshop. This way, a triangulation of opinions can be tapped, so that lessons learned and recommendations can be viewed from a number of different perceptual positions. Figures 43 below show a Lessons Learned workshop carried out in 2011 and 2012.

Figure- 43

Lessons Learned Workshops 2011 and 2012

15.3 The Importance and the Community Health Committee

The Community Health Committee (CHC) is an operational local body set up to be the driving force of the CBHFA approach and ideally should meet once a month throughout the course and beyond. It should be made up of local stakeholder decision makers to ensure that activities needed to implement change are driven forwards. It should include prisoner representation, prison management, prison school staff, health centre staff including nurses. As well as this core group others can be co-opted as necessary such as the prison doctor, stores/supplies manager.

An example of its value is where in Wheatfield prison a CHC meeting including the head of supplies lead to regular meetings between volunteer leaders and stores to ensure the smooth operation of cleaning supplies to keep the hygiene programme going along with twice monthly hygiene audits. The CHC meeting began and then drove action in the community.

16.0 Health Care in the Irish Prison Service

The Irish Prison Service developed Health Care Standards in 2004 aiming to create proactive rather than reactive improvements in prisoner health linked to nine standards. These are:

1. Health Assessment on initial reception into prison
2. Primary Care
3. Mental Health Services
4. Transfer, Release and Through care

5. Clinical and Related Services for Promoting Health
6. Communicable Diseases
7. Use of Medicines
8. Dental Services
9. Drug Treatment Services

Table 6 below provides information about how CBHFA in Action volunteers have made a clear contribution in relation to these standards.

Health Care Standard	**Volunteer Contributions**
1. Health Assessment on initial reception into prison	• Volunteer support to new committals providing emotional and practical information orientation to new prisoners. • Volunteer vigilance around the prison reporting health-related issues of new prisoners.
2. Primary Care	• Advocacy role in re-organization of primary care systems resulting in improved services to prisoners. • Encouraging inmates to seek vaccinations • Blood pressure, cholesterol & nutrition awareness
3. Mental Health Services	• Mental Health First Aid being introduced into the CBHFA to augment the current Psychological First Aid Topic in module 4.
4. Transfer, Release and Through care	Prisoners can give advice about joining the IRC group in the next prison where they are going to. Inmate volunteers can also provide orientation for new prisoners arriving.
5. Clinical and Related Services for Promoting Health	In the Prisons CBHFA *in Action* this standard has included: Hepatitis, HIV/AIDS, Drug Addiction/dependency, Alcohol abuse, Heart disease and stroke through various campaigns, smoking, mental illness, cancer, STI, dental disease. It has also included men's Health and Women's health issues. Action in these areas emerged from module 3 assessment.
6. Communicable Diseases	• HIV/AIDS awareness and anti-stigma • Advocacy role in voluntary HIV rapid testing project in two major prisons resulting in >50% of inmates being virally screened, (up from 2%). • TB awareness, prevention and recognition campaigns in all prisons following an outbreak. • Swine flu/seasonal flu awareness campaign in all prisons • Norovirus (winter vomiting bug)

	awareness and prevention campaigns • Hand washing demonstrations to reduce the spread of infections • Coughing/sneezing etiquette campaigns.
7. Use of Medicines	• Advocacy and assistance to Health Care in rolling out the medications in-possession system in Wheatfield. • Paracetamol awareness campaign in Cloverhill to encourage inmates to consume less of the drug based on the dangers associated with it. There is a noticeable reduction in Paracetamol usage on the landings as a result of the campaign
8. Dental Services	• Advocacy around dental hygiene as part of basic hygiene component • Campaign demonstrating the correct way to clean teeth. Linkage with the dentist and healthcare.
9. Drug Treatment Services	• Drug awareness and Harm Reduction campaigns. • Advocacy role with Merchant's Quay Ireland drugs counsellors leading to more effective use of the service by prisoners.

Table 6

CBHFA *in Action* Contribution to the IPS 2004 Health Care Standards

16.1 How the CBHFA *in Action* Volunteers have Assisted in Improving Operational Health Care

The purpose of the CBHFA volunteers in the prison has been to begin to empower prisoners in a way that changes their approach to healthy living from a reactive medical model to a more inclusive, proactive preventive model. In doing this, the intention was not to replace healthcare functions but to augment them and to take community health awareness and education into the community using peer educators.

In this sense, it was intended to create the volunteers to be the intermediary between the prison community and the prison healthcare staff in terms of health awareness and information sharing. This is based on the well documented notion that peer to peer education is far more powerful than a top down approach from professional medical personnel alone.

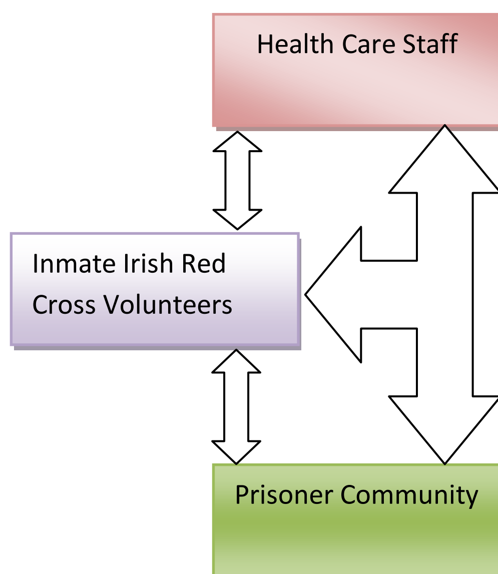


Figure 44

A diagram indicating the auxiliary role of the volunteers between the Health Care Department and the Community

Volunteers have played a key role in passing on key messages from healthcare such as TB awareness, swine flu prevention, Winter Vomiting Stomach bug awareness and other advocacy work. Operationally, they have played an important role in the roll out of improved healthcare services such as the in-possession' medications project[3] and other key information that has allowed improvements to be made in operational changes. In the Rapid voluntary HIV testing[4] campaigns in two prisons, the volunteers played a key role in advocating with the local community and this led to the good results that were achieved in these projects.

17.0 Community Development and Empowerment

Discussions with volunteers, some inmate community members, prison officers and management staff have indicated that one of the key areas of impact in each prison where the CBHFA has been implemented, show a sense of greater community. This includes better relationships between inmate volunteers and prison staff where each is now more able to recognize the useful role of each party.

The notion of being part of a community is constantly voiced by inmates and volunteers. For example:

"Learning about ourselves as a community..." "being able to work together as a team..."

[3] In prisons generally, nurses give prescribed medication to prisoners at pre set times each day. In line with wider community practices it is more appropriate for prisoners to hold their own medications and take them at the times directed on the pack. Introducing this needed community level explanation and support and inmate Red Cross volunteers undertook this advocacy role.

[4] Prisoners in two major prisons were offered the opportunity to avail of a new HIV test which provides results in 20 minutes. This is different to standard testing which can take a couple of weeks to provide a result. Inmate Irish Red Cross volunteers undertook the advocacy for this and promoted anti-stigma messages. This project is described more in the text.

"It means a lot to be spreading awareness amongst our community..."

The prison service has benefitted from the volunteers through their work in becoming the mouth piece of the community and leading the way in building a community within the prison. There is evidence that volunteers are looked up to by other inmates and that prison officers recognize the relevance of the work that they do around the prisons.

18.0 Conclusion

Over the past three years Community Based Health and First Aid *in Action* has been rolled out to six of the fourteen prisons in the State. Over 140 volunteers have been trained who in turn have worked with over 2000 inmates and indirectly spread health awareness to over 6,000 staff, friends and family members.

There is good evidence of the impact that the inmate volunteers are having in all six of the prisons operating the approach to community health and first aid. In addition, the report has shown how there apppears to have been a personal capacity building effect on most volunteers as indicated in the self reports shown in the annexes.

The Red Cross project in Irish Prisons has indicated that the CBHFA *in Action* approach and learning materials can be sucessfully used as much in a prison community as it can in the wider external community. In addition, the Implmentation Guide has been found to be a useful guide for implementing CBHFA *in Action* in the prison context. There were limitations in the usefulness of the Community tools since they were mostly prepared for developing countries rather than a prison population in the westen world. However, based on recommendations, individual community tools were developed by inmate volunteers for use with the general community as well as those who are illiterate.

A key to the sustainability of the approach in Irish Prisons has been the preparaing of inmate trainers, lessons learned workshops and good sensitization of all staff involved as stakeholders working with the volunteers.

As recommended by the IFRC, the CBHFA approach to community health and first aid has been as much about the action-learning projects in thecommunity as it has about classroom learning. There is clear evidence shown in this report that there has been significant impact and good operational partnerships with departments complementary to healthcare to ensure action in the community.

The report has shown how the CBHFA *in Action* Prisons Project has fed into both national and international strategies and made a significant impact in moving forward the IPS (2004) Health Care Standards in a really practical way.

Finally, it has contributed to the Irish Red Cross' contribution to the IFRC Startegy 2020 in makiing significant inroad to changing minds towards healthier lifestyles for prisoners as a marginalised section of Irish Society.

18.0 References

IPS, IRC, VEC (2010) CBHFA in Action Evaluation Report, Irish Prison Service, Irish Red Cross, City of Dublin VEC

IPS, IRC, VEC (2011) CBHFA in Action Lessons Learned & Evaluation Report,Irish Prison Service, Irish Red Cross, City of Dublin VEC

Dilts R (1991) Changing Belief Systems with NLP

IFRC (2009) CBHFA in Action Volunteer Manual, IFRC Geneva

IFRC (2009) CBHFA in Action – Implementation Guide

IFRC (2009) CBHFA in Action – Community Toolbox

IFRC (2006) How to do VCA, IFRC Geneva

IFRC (2010) CBHFA Update, IFRC F, Geneva

WHO (2007) Health in Prisons, Brussels

Aluzua M.L, Rodriguez C & Villa E, *The quality of life in prisons: Do educational programmes reduce in-prison conflicts?*

Liebling A & Arnold H *Measuring the quality of prison life*, Home Office, Crown Copyright 2002

Annexe 1

Things Happening Differently

Projects & Activities led by Irish Red Cross Volunteer Inmates

Shelton Abbey

- Re-cycling project
- Hygiene – toilets, soap dispensers, showers, gym, new equipment, awareness, bin disposal, hand washing
- Stroke awareness
- Red Cross Newsletter and information board
- Promoting men's health
- Red Cross awareness through charity work
- Hepatitis C awareness campaign
- Adapting to a new environment
- Drinking water filters
- Fixed sterotone pumps
- Smoking cessation group
- Fitness & Health Project
- Family integration phone project cards

Cloverhill

- TB awareness campaign
- Mass HIV testing and Anti Stigma Campaign
- Paracetamol Reduction project
- Colour coding cleaning equipment for different areas
- Hand wash 6 point plan
- Underwear project
- General hygiene awareness and reduction of spitting
- Winter Vomiting bug awareness
- F.A.S.T. Stroke Awareness Campaign

Training Unit

- Hand washing technique demonstrated and hand gel dispensers installed in visiting area
- Cholesterol checked on up to 90% of the prison population
- Nutrition Awareness
- Mapping prison highlighting danger areas
- Deep cleaning implemented & promotion of hygiene in communal areas
- Preventing sunburn and the placing of sunburn lotion dispensers
- Trained Smoking Cessation Facilitators
- Winter Vomiting Bug Awareness
- Glove box project

- Sexual Health linked to leaving prison

Wheatfield

- Hygiene awareness and prison cleanliness
- HIV testing and Anti Stigma campaign
- First Aid demonstrations and First Aid competition
- Cutting weapons reduction/amnesty
- Better drinking water
- Smoking Cessation Courses with good success rate
- Better community spirit and relationship with officers
- F.A.S.T Campaign (Stroke)
- Drug awareness & counselling project
- Cultural awareness
- Participation in University College Dublin swab testing survey relating to drugs in prisons
- Hand wash 6 point plan
- Swine flu & Winter vomiting bug prevention
- Assisting prisoners with reading difficulties
- Hepatitis survey
- Red Cross newsletter
- Tuck shop survey and promotion of healthy eating
- Actively involved with new committals
- Linked to the Dublin Dental Hospital in-reach service volunteers are helping to teach prisoners how to clean their teeth properly

Mountjoy

- Food covers for prisoners when collecting their food to bring back to cells
- Demonstrations of the 6 point hand washing technique and Glow box
- Colour coded mop system and new washing machines
- New sinks for cleaning Delph
- IRC Newsletter
- Suggestion boxes and information boards on landings
- Mass chest X-rays to detect TB
- Rubbish disposal arranged
- Milk survey re cold milk with each meal
- Tuck Shop survey re healthy options
- International Day for the Elderly on 1st October, a group of elderly & their carer's were provided with afternoon tea, entertained with music and dancing and given gifts of hats & scarf's all provided by inmate IRC volunteers with support from staff
- Flu prevention campaign
- Soap containers for cells without toilets
- Awareness campaign on voluntary Rapid HIV testing in December
- Working on a DVD that will inform prisoners about all aspects of the prison
- Hepatitis vaccinations awareness

Dochas Centre Women's Prison

- Contraception protection for women being released from prison
- Promotion of Smear Tests
- 6 stage hand washing technique and using the Glow box
- Winter vomiting bug and disease prevention
- Avoiding sunburn
- Vaccinations against diseases such as Hepatitis
- Influenza awareness
- Personal hygiene
- Support to new prisoners

Perceptions of teachers, nurses, prison officers and IRC

- Better information dissemination within the population on health and health requirements.
- Better relationships between staff and volunteers
- Improved cleanliness and hygiene
- Increased awareness of first aid.
- Increase in self-confidence and self esteem, through partnership of volunteers.
- Instils greater community spirit and focus
- Provides two way communication channel
- Extra resource for the prison
- Contributes to overall well being
- Highlighted underwear hygiene
- Newsletter
- Smoking cessation facilitator volunteers seen as a source of information
- Industrial cleaned gym
- Washing hands better
- More signs in prisons
- Qualified first aiders
- Reduce stigma around HIV
- Recycling
- Reduction in taking Paracetamol
- Sun awareness campaign
- Awareness of Women's health

Annexe 2

Trend in Prison Groups - Changes in Outlook from Before Becoming an IRC Volunteer and After
Mountjoy Volunteers

Before I was involved with IRC	Living Through Time	After I became an IRC volunteer
Had not much in regard to goals in the community	**Goals** Where am I going?	I am focused on forming a healthy environment within my community
I lived a dishonest life	**Identity** Who am I?	I believe in having an honest life style
I had no beliefs and didn't think I was capable of achieving much in my life	**Beliefs and Values** What do I believe in and Value?	My beliefs have changed towards my family and community
We felt we couldn't achieve much in life	**Capabilities** What am I capable of?	I am focused on a healthy lifestyle in regard to living condition and education.
Not much consideration towards our community	**Behaviours** What I do	We have a better outlook in life now focused on achieving a healthy plan
We were not aware of how bad our environment is and how bad the stigma attached to it.	**Environment** What is my environment of living like?	We are now aware of our environment and make it better, safer and healthy place to live.

Wheatfield Volunteers

Before I was involved with IRC	Living Through Time	After I became an IRC volunteer
None – get time done and sleep your life away	**Goals** Where am I going?	Be better people, stay drug free, build a community and relationship with your family
Self centred. Selfish	**Identity** Who am I?	Sons. Fathers, brothers, family. Red Cross volunteers. Contributor
I was always right. Low self esteem	**Beliefs and Values** What do I believe in and Value?	Helping others. High self-esteem, consideration for others.
None. Not very many. No confidence. No respect.	**Capabilities** What am I capable of?	Can achieve more. More confidence. Bright future
Drugs, fighting, violence, selfish	**Behaviours** What I do	Balanced. More support, less p.19s
Prison cell dirty and cold	**Environment** What is my environment of living like?	Prison clean now and better living conditions

Cloverhill and Training Unit Volunteers

Before I was involved with IRC	Living Through Time	After I became an IRC volunteer
Awareness was less achieving	**Goals** Where am I going?	Increased awareness. Respect of ourselves and others
Prisoner / Number	**Identity** Who am I?	As a volunteer I have more self-belief, confidence, better opinion of myself
Did not believe in ourselves. Considered ourselves Useless	**Beliefs and Values** What do I believe in and Value?	Value life more. Quality of life and believe we can make a difference.
Afraid of telling others what to do because unsure of ourselves	**Capabilities** What am I capable of?	More sure, confident, unafraid of putting ourselves out.
Selfish, uncaring, keep myself to myself	**Behaviours** What I do	More concerned about the community, more responsibility for the environment.
Dirt, dark, bleak	**Environment** What is my environment of living like?	Cleaner, healthier, safer

Shelton Abbey Volunteers

Before I was involved as an IRC volunteer	Living Through Time	After being involved as an Irish Red Cross Volunteer
Looking forward to going home. Low self esteem	**Goals** Where am I going?	Through knowledge gained improving our community through the skills and knowledge learned in the IRC
Another number, no identity. An identity of a prisoner enforced by the prison staff	**Identity** Who am I?	As an IRC volunteer we want to help others and improve our community
Before the IRC they were very low and not much thought given to them	**Beliefs and Values** What do I believe in and Value?	New beliefs and values is in community spirit and the 7 fundamental principles of the IRC
Uncertain of them but no real focus to develop	**Capabilities** What am I capable of?	Variety of skills like – self confidence, new beliefs, communication.
Subservient – falling into line.	**Behaviours** What I do	Self confidence, awareness to things around. Willingness to try.
Took things for granted, survival, self preservation, no voice	**Environment** What is my environment of living like?	Actively involved, waiting to make a difference and encourage others to improve our environment

Annexe 3

Different Perceptual Positions

Perceptions of Changes in Prisoner Outlook from Before to After Becoming Red Cross Volunteers from Amongst Discipline, Nursing, Teaching and IRC Staff in Two Mixed prison Groups

Group A

BEFORE they were involved as IRC Volunteers	**Living Through Time**	**AFTER they have become involved as IRC Volunteers**
Day to day survival	**Goals** Where are they I going?	See the point of having goals, promoting health, peer teaching
Anonymous	**Identity** Who are they?	Result driven can make a difference, useful, advocate
Didn't matter to anyone, can't make a difference	**Beliefs and Values** What do they seem to believe in and Value?	7 principles can make a difference. I do matter
Unaware of hidden capabilities. No confidence	**Capabilities** What are they capable of?	Capable of making a difference both in prison and for outside. Better problem-solving capability
Engaging in non-hygienic, careless behaviour, running with the crowd.	**Behaviours** What are they doing?	More proactive. Proud and happy to be a volunteer. Driven, leading by example. Demonstrating and educating others.
Unappreciative, not my problem, self focused	**Environment** What is their environment of living like?	Appreciative, took responsibility, community focused

Group B

BEFORE they were involved as IRC Volunteers	**Living Through Time**	**AFTER they have become involved as IRC Volunteers**
Passing time. Getting through sentence, get certification.	**Goals** Where are they going?	Improving the environment and helping others.
Just a prisoner	**Identity** Who are they?	IRC volunteer and first aider
General sense of being de-valued. Of little use.	**Beliefs and Values** What do they appear to believe in and Value?	May be altered as a result of Red Cross project. More self belief
Self conscious of group, shy	**Capabilities** What are they capable of?	Better communicator. Better group and organizational skills
Primarily concerned with self	**Behaviours** What can they do?	More aware of other people and their needs
Lack of concern and care for the environment, especially health/hygiene	**Environment** What is their environment of living like?	Cleaner, safer, healthier more environmentally friendly

Annexe 4

Student Course Evaluation Form

Community based health and first aid in action

Student Course Evaluation Form

		Strongly Agree	Agree	Unsure	Strongly Disagree
1.0	**TEACHING**				
1.1	Class contact time was adequate	☐	☐	☐	☐
1.2	Trainers were well prepared.	☐	☐	☐	☐
1.3	Trainers were knowledgeable regarding the subject matter being taught.	☐	☐	☐	☐
2.0	**LECTURES**				
2.1	Lectures were clear and effective.	☐	☐	☐	☐
2.2	Teaching aids were appropriate and useful.	☐	☐	☐	☐
2.3	Class notes were clear, concise and useful.	☐	☐	☐	☐
3.0	**SKILLS**				
3.1	Do you feel your communication skills such as listening to others, expressing your ideas and presenting have improved as result of the course?	☐	☐	☐	☐
3.2	Are you better able to organise, implement and evaluate projects?	☐	☐	☐	☐
3.3	Are you better able to work as part of a team?	☐	☐	☐	☐
3.4	Do you feel more confident speaking to and working with prison authorities?	☐	☐	☐	☐
3.5	Do you feel your negotiation skills have improved?	☐	☐	☐	☐
3.6	Would you consider yourself to be more of an independent and self-directed learner now?	☐	☐	☐	☐
4.0	**EXAMINATION**				
4.1	You were made aware of exam pass requirements.	☐	☐	☐	☐

4.2	You were aware of the examination format.	☐	☐	☐	☐
5.0	**COURSE GENERAL**				
5.1	I would recommend this course to others.	☐	☐	☐	☐
5.2	I would be interested in continuing my involvement as a facilitator on the next course	☐	☐	☐	☐

Annexe 5

Irish Red Cross Post HIV Testing Survey

Questions asked of the prisoner community on Rapid HIV Testing Days in Cloverhill Prison

6th December 2011, Day 1

How did you know about today?

- Red Cross told us about it on the landings
- Last 2 weeks Red Cross talking about it
- XX (prisoner) works for Red Cross and went around with a form, doing great job
- Heard from Red Cross, got leaflet, very good

Why did you come today?

- Don't use needles but have been with a women who does
- Have a habit of going to hookers outside
- Have wife and kids, a rope job if I have it
- Had sex other night with a man
- Test free should get it done
- Very handy having it here
- To know if you have it and not spread it
- Peace of mind

Do you think most people will come for testing?

- Foreign prisoners not interested because they are not on heroin and don't use needles
- A lot waiting at gate but their names not down
- Some don't want to know
- They don't use needles so not coming
- Fearful, hope I haven't got it
- I would crack if I have it
- Inmate had Invalid 1st test, following 2nd test, "worst experience I went through in long time, can feel my heart pounding".
- One inmate blessed himself 3 times, very fearful

What would you do if someone on your landing tested positive for HIV?

- Have to get rid of them off the landing
- Know people who have it and are fine
- I would support him

What do you think of the Irish Red Cross volunteers?

- Would love to join Red Cross
- Ah Red Cross great, they are all over the world
- Great, really want to get into Red Cross course but can't, could you help me get in.
- Red Cross doing great job

General comments

- TV channels very good compared to other prisons, food not bad and gym good.
- When asked why throwing sweet paper out the window, "if you did not throw stuff out windows black fellows would not have jobs"
- Have been asking for this for ages

- Practice safe sex and don’t share needles

Funny comments

- Gave blood so my sugar levels low, can I have another sweet
- Miss, do you get a commission for everyone who goes through
- Few nice looking women here
- Should not be taking sweets off strangers
- Feel dizzy after that (test)
- As long as sweets coming I don’t mind being here
- These are lovely sweets

Comments about TB

- Need more Red Cross leaflets about TB
- Red Cross leaflets given out before I came in
- Hard when you are in a cell with 3, might catch it
- Quite a few comments about the fear of catching TB

Irish Red Cross Post HIV Testing Survey

Questions asked of the prisoner community on Rapid HIV Testing Days in Cloverhill Prison

8th December 2011, Day 2

How did you know about today?

- Red Cross let me know, leaflet very good
- Teachers, very helpful in the school
- Red Cross spread news
- Heard it from Red Cross in School

How have you found today?

- Everything fantastic here, very fast and better than waiting weeks
- Staff very friendly and nice in dealing with situation
- Good, eased into it
- Counsellors very nice, keep them
- Nurse made me laugh
- Everyone very good, very relaxed
- All very good

Why did you come today?

- Would not think of doing it outside
- Came to see if I am wrecked or not
- Better to be safe than sorry
- Better to know if you have it and not spread it

What would you do if someone on your landing tested positive for HIV?

- I know through Red Cross that it's not end of world
- I would tell him to move before I move him
- Talk to them, no difference
- Relative has it for years and fine
- I have shared cell with someone who has it, no problem
- Not end of world, medication there for you
- Try and help them, I would read my Red Cross book

Do you think this will help remove stigma?

- People talking about it, stigma reducing
- Yes, very taboo subject
- Think so, could be intimidating

How have Irish Red Cross Volunteers helped?

- Definitely doing good job, few issues they are working on
- Sit and listen to Red Cross but still a bit anxious
- Interested in making people aware of this

General comments

- Why are they all gone before me, I have been waiting longest
- Foreigners afraid if they test positive it will effect residency application
- If I am positive, will hang myself
- Thought negative would be good and positive result bad, not sure about this

Annexe 6

Interview questions for choosing IRC Volunteer Inmates

- Why do you want to take part in the course? (You are looking for someone who is interested in improving their community)
- Do you know anything about the Red Cross
- How/ do you think the course will help in this community?
- How do you think the course will help you personally?
- Do you have any literacy issues, it does not matter if you have but it is helpful for us to know at this stage
- Have you been in trouble here in this prison, if yes please expand.
- Can you make a commitment to attend all classes where possible

Emphasise

- That as an Irish Red Cross Volunteer Inmate they will be part of a group with special status
- They should appreciate each other's opinion and don't let the group down
- They must avoid any trouble like getting into fights, being involved in drugs or bullying.
- Any actions likely to bring a poor image to the Irish Red Cross in the public's eyes may bring expulsion as an Irish Red Cross Volunteer Inmate

YES **NO** **MAYBE**

Once the interview process is finished, please inform each person either at the time or afterwards whether they have been chosen or not.

Annexe 7

Guidelines for Irish Red Cross Volunteer Inmates

The Irish Red Cross agrees to have prisoners become special status Irish Red Cross (IRC) Volunteer Inmates within a prison. This is on the condition that on release from prison, if the volunteer wishes to continue volunteering with the IRC, they must appy in the normal way as a member of the public through Membership Application and Garda Vetting Forms. It will then depend on the nature of the criminal offence what action is taken in this regard.

Irish Red Cross Volunteer Inmates should,

- act in accordance with the Seven Fundamental Principles of the Movement
- respect the use of the emblem and prevent its misuse
- strive and work for the highest standards of quality
- respond to the needs in their communities
- have appropriate training or personal development to be able to undertake their agreed tasks or role

The Seven Fundamental Principles

1. Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

2. Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

3. Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

4. Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

5. Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

6. Unity

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

7. Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Misuse of the Red Cross Emblem may include, but is not limited to, the following:

- Any use not expressly authorised by the Red Cross
- Imitation use of a sign which, by its shape and/or colour, may cause confusion with the emblem
- The use of the emblem by persons not entitled to do so
- The use by persons normally authorized to use the emblem who fail to do so in the proper way
- Carrying out actions likely to bring disrepute, by association, to the integrity of the Emblem and the Red Cross Movement.

I agree to abide by these guidelines for Irish Red Cross Volunteer Inmates in the Prison. I also understand that the issuance of P.19 penalties by the Prison Governor may affect the integrity of the Emblem and Red Cross Movement in certain cases.

Signed...Date...

Annexe 8
Community Based Health & First Aid Prison Programme

Briefing Guide for Irish Red Cross local branch CBHFA support volunteers

The Programme

The programme is a partnership project between the Irish Prison Service, Vocation Education Committee (VEC) and Irish Red Cross, which has recruited Irish Red Cross (IRC) volunteer inmates who become peer to peer educators in their prison community. Having completed various modules within the Community Based Health & First Aid programme, they manage a number of projects aimed at improving the overall health and wellbeing of prisoners. These are a broad range of projects and include hygiene improvement, stigma-reduction/awareness programmes as well as mental and physical health. Each group and prison is different so the project work can vary hugely.

Role of the IRC Volunteer

The role of the IRC volunteer is to support the IRC Community Based Health & First Aid (CBHFA) programme involving IRC volunteer inmates. The prisoners are generally very proud to be involved as IRC volunteer inmates and realise it is a privilege to be part of the worldwide movement, and so, to have a link with a member of the local branch is of benefit to them. Furthermore it would also be beneficial if the IRC volunteer also reported the progress of the programme to their own Area/Branch Committees from time to time, strengthening this link.

The IRC volunteer should act in accordance with the Seven Fundamental Principles of the Red Cross, have a good knowledge of how the IRC operates, the work it carries out and the correct use of the Red Cross emblems. The volunteer is an ambassador for the IRC and therefore a clean, neat appearance and good personal hygiene is expected. The IRC volunteer does not need to have a first aid background as the first aid component may be taught by the VEC within the prison or organised separately with the Irish Red Cross. In general the IRC volunteer will be assigned to a specific prison.

An example of how the IRC volunteer can assist with the programme is by gathering information on various topics (e.g. using internet searches or phone calls to relevant people) and also by helping with facilitation on specific modules within the CBHFA programme. The IRC volunteer is also a point of reference for the volunteer inmates on the Irish Red Cross and on information about the Red Cross Movement.

Support

The IRC volunteer will be supported by the IRC CBHFA Programme Manager. Any concerns, feedback (constructive criticism or praise) should be brought to the attention of the Programme Manager or the IRC Head of National Services immediately.

Responsibilities

- Punctuality: You are asked to be very punctual due to the security requirements within the prison
- Security: Please bring photo identification (e.g. passport, driving licence) which will be required to get access into the prison. Mobile phones or any other electronic equipment are not allowed into the prisons – please leave them behind.
- Reliability: It is essential that prison reception knows you are coming. If expected and unable to attend please inform the relevant staff in good time.
- Availability: There is an ongoing commitment to this programme from a volunteer. Please take on this role only if you can attend regularly and get involved in the programme. Bear in mind, with security and parking requirements etc, a two hour session can take over three hours on top of travel time. Sessions are generally on weekdays to facilitate the prison timetable.
- Confidentiality: Personal details of prisoners should not be discussed outside of the prison. Please do not ask anyone why they are in prison. Don't carry unnecessary documentation with prisoners' identities outside of the prison. An exception may be applications for certificates.
- Positive Outlook: Within the training sessions and group work it is important to have a positive outlook, to be non-judgemental and, at times, diplomatic. Prisoners come from many different backgrounds and may have literacy or language problems, so good humour and positive encouragement makes a big impact.
- Reputation: It is important to remember that having access to a prison should be taken very seriously. Any actions by an IRC volunteer which may put the IRC reputation or the CBHFA programme in jeopardy would result in the volunteer being removed from the programme and could involve disciplinary action.

Annexe 9

Transcript of Training

Name: **Date of Completion of Training:** **Class Teacher:**

Module	Topic No.	Subject	Contact hours	Attendance	Comments
1	1	International Red Cross/Red Crescent Movement			
1	2, 3, 4	Local National Society IRC, CBHFA in Action,, Volunteering			
1	Additional subject	Restoring Family Links			Additional subject
2	1	Communicating and building relationships			
2	2, 3, 4	Organizing Communities, sensitizing to CBHFA, mobilizing communities and using learning aids			
3	1, 2, 3, 4	Overview of assessment module, secondary information, assessment tools			
3	5	Conducting the community assessment and mapping			
3	6, 7, 8	Analyzing information gathered, preparing action plans and reporting on activities			
4	1-20	FETAC level 5 Occupational First Aid Certification PHECC Cardiac First Response Certification			
4	Extra topic	Mental Health First Aid			Additional
5	1, 2	Public Health in Emergencies. Preventing & responding to epidemics			
6	1	Community health education and promotion			
6	2	Family Planning			
6	3, 4	Safe motherhood, care of the newborn			NOT APPLICABLE except in Dochas
6	5	Nutrition			
6	6	Immunization and vaccination campaigns			
6	7, 8	Safe water, hygiene, sanitation, diarrhea and dehydration			
6	9, 13, 14	Acute respiratory infection, TB, Influenza			
6	11, 12	HIV, Sexually Transmitted Infections, Reducing Stigma			
6	16	Caring for the sick at home			Optional
7	1	Road Safety			Optional
7	3	Excessive substance abuse and Harm Reduction			
7	Additional optional topic	Health and Safety			

Special Projects: Project Topics		**Estimated contact hours**
1	**2**	
3	**4**	
5	**6**	

CBHFA Facilitator **Date:** **VEC Class Teacher** **Date**

Programme Manager for IRC **Date**