

**Peer to Peer Education;  
An Examination of Trained Red Cross Volunteers  
in an Irish Prison Setting**

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## **Abstract**

In Ireland a general healthcare study of the Irish prison population found the prevalence of mental ill amongst prisoners was significantly higher than the general population as were mortality and morbidity levels. Nearly half of all male prisoners in the survey were thought to be 'cases' in need of psychiatric treatment'. These factors were identified as priority areas that needed to be addressed to ensure that the health needs of prisoners could be met (Dept. of Justice, 2000).

One method that has evolved to address the health inequalities of prisoners is peer led interventions. Since 2009, prisoners in Ireland can train to become peer educators and are referred to as special status Red Cross volunteers. Their role consists of educating other prisoners in public health awareness. To date the viewpoints of the Red Cross volunteers have not been researched. This study examined if prisoners trained as peer educators have the ability to address the health and wellbeing needs of prison community. The methodology used was qualitative involving semi-structured interviews.

This study has provided a greater understanding of peer to peer education in the prison, and has demonstrated the positive impact peer- peer led interventions have on the overall health and wellbeing of peers, other prisoners, staff and the wider community.

## 1.0 Chapter One: Introduction

### *Peer to Peer Education: An examination of trained Red Cross Volunteers within an Irish Prison*

#### 1.1. Introduction

This chapter will present the research topic, with a description of the background and rationale of why this particular research topic was chosen.

Prisons worldwide are recognised to house some of the most marginalised groups of individuals comparative to the general population, as prisoners incarcerated have higher burden of diseases such as illicit drug dependence, mental ill health and blood borne viruses (Enggist et al, 2014).

In addition to health issues associated with being incarcerated, prisoners are also at greater risk on release of drug overdoses largely due to losing tolerance to illicit drugs while in prison, as being incarcerated represents periods of decreased drug availability and a resultant abstinence and /or reduction in drug use. In one such study by Lyons et al (2010), investigating drug related deaths among recently released prisoners in Ireland found that between 1998-2005, 28.1% of prisoners that died following release occurred within the first week of leaving prison.

As documented the health needs of individuals in custody is one that is not equitable with the general population. If the health needs of this marginalised group can be addressed to improve their overall health and wellbeing while in prison it has the potential to make a positive impact on not only the prisoners incarcerated but also the wider community upon release. Particularly as prisoners often serve multiple and relatively short term sentences meaning that prisoners health and the public's health are inextricably intertwined (Williams, 2007).

The emphasis on health education and health promotion in addressing the specific needs of this marginalised group is evolving in an attempt 'to empower individuals to take control of their own health through making positive behaviour changes in their lives and ultimately "educating people about health" (Mc Kenzie et al., 2009). In addressing the health needs of this group, peer to peer education is one method that has been instrumental towards accomplishing this. In Ireland, one approach of peer education within a prison setting is the Community Based Health and First Aid in Prisons Project (CBHFA in Action). It was developed to address public health awareness in the prison setting. This programme was developed in 2009 in partnership with the Irish Prison Service (IPS), the Irish Red Cross (IRC) and the Educational Training Boards of Ireland (ETB) and is referred to as the Red Cross Volunteers. Prisoners volunteer to be trained as peer educators and on completion of their training over one academic year they are recognised as special status Red Cross Volunteers.

## **1.2. Outline of Study**

Throughout the following chapters the researcher will provide an overview of the provision of health care to prisoners while in custody and some associated challenges faced by prisoners in an Irish Prison context. It will discuss the academic literature linked with peer based interventions in prison settings and some of the challenges associated with delivering these interventions. It aims to provide a critique of health promotion in prisons. It will discuss the health needs of prisoners and some of the obstacles that are faced in an attempt to provide optimum health care while incarcerated. It aims to provide a broad insight into the



key issues that are relevant and theoretical foundations surrounding peer education from previous studies.

Ultimately, the author seeks to provide the reader with a deeper understanding of the dynamics of the prison setting and the health needs faced by male prisoners' and how peer to peer led interventions can be seen as a contributory agent in addressing these health needs.

### **1.3. Study Aims and Objectives**

The aim of this study is to identify the impacts of peer education on the Red Cross Volunteers, their families and the prison setting within an Irish Prison and to examine if peer to peer led education programmes are advantageous to volunteers and to the prison as a whole. The objective of this study is to:

- To explore the impact of being a peer educator upon those who volunteer
- To explore the benefits of peer led interventions within the prison environment
- To explore the perceived impact of being a peer volunteer on their families and communities

### **1.4. Background and Rationale**

Peer led interventions are becoming an integral aspect of prison life, and are advocated as being an effective method at addressing the health needs of prisoners (Deville et al, 2005). Peer to peer led interventions can be understood as being any 'programme that utilises people who share a common characteristics with the target community, whether it be a common belief, religion, ethnicity or other

factors, in a way which increases positive health outcomes for the target groups' (Webel et al, 2010).

Individuals in prisons have poorer health such as mental health problems, long standing physical disorders, poorer health behaviours and drug and alcohol issues (Hannon, 2000). Prisoners also predominantly originate from lower socio-economic groups and experience significant health inequalities in comparison to the general community.

International research shows that peer to peer education is an affirmative measure in influencing a prisoners 'health behaviour in a positive manner, enabling prisoners to be able to increase control of their own health. For example the uptake of HIV screening (Zack et al, 2013), and the reduction of prisoners self-harming while in custody (Snow et al, 2006). It also has been shown to have the ability to improve the relationship between prison staff and prisoners (Davies, 1994) and in turn improve the atmosphere of the prison setting which can be one of tension (Devilly et al, 2005).

Foster (2011) suggested that prisoners are more receptive to what peer educators were teaching than staff. He also found that prisoners felt more comfortable talking about certain issues within peer to peer groups as they favoured confiding in peers rather than staff. Prisoners consider their peers to be a reliable source of information, as they have lived and experienced similar struggles, therefore are able to provide practical support as they are generally of the same societal group and can therefore educate each other about a variety of issues or a specific concern. Furthermore as cited by Fletcher (2012) prisoners tended to be drawn towards peers for help rather than authority figures in prisons (Boyce et al, 2009).

Similarly, an American study by Cook et al (2008) found that trained peers in substance abuse programmes had the capabilities of establishing credibility with other prisoners and demonstrate a greater understanding of prisoners compared to hired treatment staff. They also suggested that by using experienced and certified mentors from within the inmate population provided inspiration for the reformatory process in the correctional substance abuse treatment system (Cook et al 2008, p.131).

Although previous studies have been carried out on the overall effectiveness of peer intervention in a prison setting there have been few studies carried out in which the impact of being a peer educator in a prison setting has been explored. Some of the studies that explored the impact of being a peer to peer educator suggest that it can impact on their own mental health when dealing with and listening to other prisoners and their issues. It is also documented that volunteers run the potential risk of facing burn out and mental exhaustion resulting from the increased demands being placed on them by other prisoners (South, 2017).

However a study carried out by Woodall et al. (2015) found that acting as peer to peer educators in the prison setting could also lead to increase levels of self-confidence, self-esteem and greater feelings of self-worth. Although this study involved the viewpoints of 'expert groups' involved in peer led interventions in prisons it was noted that the actual view point of active peer educators at the time of the study was not heard.

In 2010 a study carried out in the New York state prison investigated the impact of being a trained peer educator while incarcerated and also on release from prison. The study involved 49 female prisoners that were trained by specialist professional staff involved in two HIV prison-based peer programs. The female prisoners were

trained to provide counselling, educational workshops, and facilitate support groups to address the AIDS epidemic in female prisons. The study was carried out over a period of 7 months on the peer educators, 24 of whom were released at time of study and 25 were still in prison. The results of the study indicated the positive impact on the prison setting, as while incarcerated the women did not want to engage in behaviour that could result in disciplinary action thus compromising their position as peer educators. Furthermore, it found that peers involved in the programme on release had a lower rate of recidivism (Collica, 2010).

A mixed method research of an evaluation of a peer led HIV programme conducted by Scott et al (2004), was carried out in 5 Texas prisons involving over 242 prisoners. The data attained was highly suggestive of the positive consequences of increasing an individual's knowledge in relation to HIV. Quantitative data confirmed that the programme was a significant influence in changing certain attitudes and beliefs about HIV. It also provided the recipients and the peers with a greater understanding of their own role and responsibilities in protecting themselves and others against HIV. Interestingly the study found that the recipients and their peers disseminated the knowledge they had learned to their families. Further demonstrating the importance of targeting this group of individuals, and how they can contribute to the welfare of the wider communities.

While much has been written on peer-peer education internationally as a general approach to health education, my literature search did not reveal any specific studies carried out on the Red Cross Volunteers involved in the Community Based Health and First Aid (CBHFA) in Prison Project in Ireland to date, despite this programme being in operation for the last nine years. However some general findings from a 2016 evaluation of the programme identified it is a "powerful

method” of educating prisoners on how to improve their own health and in turn make the prison a safer and cleaner environment (Betts, 2016).

## **2.0 Chapter Two: Literature Review**

### **2.1. Introduction**

This chapter will explore the current scope of academic literature available in relation to Prisons as a health promotion setting and to examine some of the challenges it faces.

One of the underlying aims of health promotion is educating individuals of how to gain control over their own health thus enabling them to become empowered, this will be discussed as to the actual possibility of a prison being a Health Promotion Setting. It will identify the urgency in targeting this marginalised hard to reach group of individuals. The author will discuss how the health need of this captive audience can be addressed through methods such as peer education and discuss how this can only be achieved by incorporating a whole of prison approach.

### **2.2. Overview of the Irish Prison Service**

In Ireland the Irish Prison Service (IPS) operates within the Department of Justice and Equality and is comprised of 14 institutions including 11 traditional 'closed' prisons (Wheatfield Place of Detention, Cloverhill Prison, Portlaoise Prison, Midlands Prison, Mountjoy Prison, St Patricks Institution, Dochas Centre, Arbour Hill Prison, Castlerea, Cork and Limerick Prison), two open centres (Loughan House and Shelton Abbey) and one 'semi-open' facility (training unit Dublin).

'Closed' Prisons house prisoners whose escape would be considered a danger to the general public. Prisoners generally spend long periods of time locked in their cells and have stringent internal and perimeter security. 'Open' prisons house prisoners who are trusted to serve their sentence with minimal supervision and perimeter security. 'Semi- open' prisons have minimal internal security but

stringent perimeter security. Dependent on many aspects, prisoners can be accommodated in 'semi-open' and 'open' prisons depends on aspects such as their crime, drug use and sentence length.

The mission statement of the IPS is "to provide safe, secure and humane custody for people who are sent to prison. The service is committed to managing custodial sentences in a way which encourages and supports prisoners in endeavouring to encourage them to live law abiding and purposeful lives as valued members of society." Within the IPS services are available in order for this mission statement to be achieved for all. Prisoners have access to services such as drug treatment centres, psychology services prison education and healthcare and re integration services while incarcerated.

In 2014, the IPS processed 16,155 committals (12,336 under sentence, 3,558 on remand, 48 for European arrest, 407 under immigration law and 6 for contempt of court with 13,408 individuals serving time in prison (80.9 % male and 19.1 % female) (IPS, 2016). This research is concerned with the Red Cross Volunteers within 2 male closed prisons which will be referred to as Prison A and Prison B.

### **2.3. Health Care in Prison**

Health in prisons is an important priority for global population health. The World Health Organisation (WHO) advocates its member's states to 'improve public health by addressing health and healthcare in prisons and by facilitating the links between prison health and public health systems both at national and international levels' (WHO, 2007). Historically prisons in the main were not principally concerned with prisoners' health needs. Prisons have values, rules and rituals that ensure they

are observed contained and therefore ultimately disempowered (De Viggiani, 2007).

For the most part international prisons are linked directly with health services. Most recently the NHS in England and Wales in 2006 assumed responsibility for prisoner health and the responsibility for healthcare in Scottish and Northern Irish prisons transferred to the NHS in November 2011 and April 2012 respectively.

In Ireland however, healthcare services in prisons in the main are provided by health care staff that are primarily employed by the IPS. Employment of nurses in the IPS is a relatively new phenomena. They have been recruited in a full time capacity since 1999 to provide primary care services to prisoners that is equivalent to that available in the general community on the General Medical Scheme (GMS). Nurses take on the role as primary caregiver in the prison setting, as they are usually those who first approach the prisoners and who govern access to all aspects of the health system (Muse, 2009). The provision of healthcare within a custody environment is challenging particularly for nurses' who have to adapt to the environmental constraints of prison life. The prison environment is one that often 'encourages non-caring behaviours; thus, nursing practice within the prison setting faces unique ethical dilemmas as one attempts to carry out the ideologies of the profession' (Gadow, 2003). Complications can arise for health care providers in prisons in the provision of flexible, responsive health care needs (Wright et al, 2011), as security in prisons is the principal concern and its main function is to detain people convicted by the courts. Unfortunately prisoners' healthcare is second. In the prison setting 'healthcare and preventative services are delivered within a wider system that is focused not primarily on health but on security and rehabilitation' (United Nations, 2013). This is quite unfortunate considering the



vulnerability of prisoners ; prisons are full of poor, disadvantaged and vulnerable people; compared with the general public, the average prisoners is considerably more likely to have been homeless, unemployed and in social care as a child'(PRT, 2016 ;pg10).

Addressing this gap in the effective provision of healthcare to prisoners is under consideration. The IPS strategic plan for 2016-2018 has noted this, identifying and acknowledging that 'prison healthcare services to be brought under the responsibility of the Department of the Health Service Executive (HSE)'. This is to ensure that prisoners receive the same equivalency of care and range of services as offered in the community to those under the General Medical Service (GMS).

#### **2.4. Volunteering**

Volunteering can be described as any activity in which time is freely given to benefit another person, group or cause and is not motivated for financial gain or wages. It can have considerable benefits for societies It can provide help to those in need as recognised by the United Nations "helps to bring in out of the cold groups of people who are excluded from mainstream society: for example, by volunteering unemployed people can acquire skills that will help them to find paid work" (Dingle et al, 2001, p.7).

Prisoners are recognised as a vulnerable and socially excluded population and imprisonment itself lends itself exclusionary (Condon, 2008, p.156). Barriers to making healthy choices are associated with the lack of autonomy prisoners experience (Condon, 2008, p.163). If prisoners were empowered to be able to make choices in respect of their own health in a setting which is one of disempowerment. It could allow them to take back control over their own health

needs and be responsible for their own actions. By volunteering in prison it could encourage prisoners to act considerately to each other and provides a valuable way of prisoners supporting each other.

One method of volunteering in prisons can be accomplished through peer intervention programmes. Peer led interventions are becoming an integral part of prison life (Edgar et al, 2011), and are an effective method at addressing prisoner health needs (Deville et al, 2005).

## **2.5. Peer Interventions**

The term 'peer intervention' is used as an umbrella term to cover several approaches. Ranging from peer education, mentoring, peer support, active citizenship and peer training. While each of these approaches have subtle differences the theory behind them is the same that there 'programmes delivered by prisoners for prisoners (Deville et al, 2005), in providing education, support or advice to other prisoners, that can contribute to achieving health and social goals within the prison environment and beyond' (Patel, 2010, p.44). Although peer interventions are becoming an integral aspect of prison life in addressing prisoner health needs. A survey of the extent of the availability of some form of active citizenship work in England and Wales prisons was widely available for all prisoners, such as 'Listeners Scheme' was available in 89 % of prisons and another scheme 'Insiders' available in 71% of prisons (Edgar et al, 2011). Although an accurate account of the number of prisoners accessing and delivering peer support services is unclear as it is not monitored consistently (Foster, 2011). Estimates from published information in 2002 in the UK, suggest that around seven percent of

prisoners in England and Wales were engaged in some form of activity that involved them helping other prisoners (Farrant, 2002).

In the prison system , peer interventions provide an ideal opportunity for informal interactions amongst prisoners' to be able to educate and support prisoners in relation to their health needs and to be responsive as needs arise amongst their peers within the prison compared to health professionals (Foster, 2011).

Peers are often viewed by their peers as credible sources of information (Woodall, 2007) which is identified as being a unique factor that has the ability to influence health behaviours and practices amongst peers (Turner, 1999). The health gains from peer- interventions are not only advantageous within prisons as suggested by Strinkel et al (2012) but also post release as a promising although not proven approach , in reducing recidivism.

Within prisons positive outcomes have been demonstrated from peer led interventions (Wright et al, 2011) responding to needs of the recipient the peer educators themselves and the prison setting, examples include volunteers educating peers on infectious diseases, improving their knowledge of HIV and practising safer sex practices (Collica et al, 2014), uptake of screening of HIV (Ross et al, 2011) and increasing their knowledge of sexually transmitted infections (Sifunda et al, 2008). It has also been suggested by some that peer led interventions have been instrumental in reducing suicide and self-harm in prisons (Snow and Biggar, 2006), but further research is required to fully justify these suggestions.

Adversely, acting as a peer educators could have adverse effects on the prison setting in the provision of opportune times when peer educators could or had abused their position of trust, such as the distributing of contraband as a result of the increased freedom given to peer deliverers within the institution (Edgar et al,

2011). As a peer educator in a prison setting Pollack (1999), demonstrated that engagement as a peer educator within a prison can enhance their ability to acquire and implement new emotional skills, improve their self-esteem and self-efficacy, and empowered them from a psychologically and emotional perspective to help them find a purpose to life .However ,they also face the possibility of mental exhaustion and “burn out” secondary to demands being placed on them by other prisoners, and also teaching distressing topics could be arduous for the peer deliverers (Dhawliwai & Harrower, 2009).

## **2.6. Red Cross Community Based Health and First Aid in Action (CBHFA)**

One programme that has been introduced in an attempt to address the gap in the provision of adequate health education and promotion for prisoners in a prison setting is the Community Based Health and First Aid in Action (CBHFA). The (CBHFA) is an approach by the Red Cross to empower communities and their volunteers to take charge of their health. CBHFA is an integrated community-based approach in which Red Cross Red Crescent volunteers work with their communities on disease prevention, health promotion, first aid and disaster preparedness and response. Over one hundred countries have introduced the CBHFA approach to health and first aid in communities (CBHFA, 2012). Ireland is the first country in the world to have implemented CBHFA within a prison setting. The CBHFA in Action trained prisoners to become special status Red Cross volunteers to become peer educators. To be able to deliver interventions to fellow prisoners through social interaction within the prison community. The main purpose of the CBHFA in a prison setting was to fill the gap between health care departments and the landings and cells where the prisoners live while in custody. Volunteers throughout their

training gained the skills required to be able to carry out needs assessments of their community namely their prison. Community interventions seek to change the behaviours and to create small but persuasive changes for most of the prison population. It is a unique approach that raises community health and hygiene awareness and first aid in prison communities through peer-peer education (IRC; CBHFA, 2011).

The introduction of peer led interventions within prisons can have a positive effect upon prison life and also potentially reduce the demands placed on already available under resourced services (Snow and Biggar, 2006). The CBHFA since its inception has been shown to have been instrumental in raising awareness of health and well-being amongst prisoners (Betts, 2011), through projects and campaigns by the Irish Red Cross (IRC) volunteers. Peer education has been shown to be effective at accessing hard to reach populations such as prisoners (Clements & Buczkiewicz (1993).

## **2.7. Health Promotion Settings**

The World Health Organisation (WHO, 2007) suggests that a 'settings approach' provides a unique opportunity to work with individuals within prisons. The settings approach is complex and is characterised by several unique factors:

- An ecological model of health that conceptualizes health as determined by a range of socio-economic, organisational, environmental and personal factors
- A focus on health and well-being rather than illness
- A focus on populations rather than individuals
- A holistic view of health rather than a mechanic reductionist view

- A systems perspective that sees settings as complex systems interacting dynamically with the environment (Dooris, 2007)

The premise of the settings approach is one that acknowledges that investments in health should be in systems where health is not their primary remit (Dooris, 2007). Prisons were recognised as a 'setting', as prisons are not primarily concerned with the health of prisoners (Smith, 2000), but more in the provision of a secure environment. By applying the settings approach to the prison it offers a 'prime setting to contribute to tackling the health inequalities this group of individuals face' (Baybutt, 2016). It also has gained momentum as being a useful approach in prison settings (Woodall et al, 2014) as prisoners have overwhelming and disproportionally levels of chronic ill health, disease and disability (WHO, 2014).

- 2.7.1. The WHO's Health in Prisons Project (HIPP) has been influential in identifying means as to improving of health of prisoners that can be achieved through changes in prison health policies, that in turn also have a positive impact for the general public 'in reducing public health risks' (Moller et al, 2007).

## 2.8. **Health Promoting Prisons**

Prisons have been identified as a key setting for health promotion for several reasons. They are a temporary home for varied periods of time to some of the most disadvantaged people in our society. As mentioned earlier the prevalence of ill health amongst prisoners is much greater than that of the wider community (Senior et al, 2007). Poorer health and untreated chronic conditions are common issues among prisoners (SE, 2002). Health promotion has been recognised as being an influential factor that has the ability to address the health needs of this 'hard to reach' cohort .A group of individuals that present a challenge to the provision of a

flexible and responsive healthcare system (Wright et al, 2010) in a coherent and practical way that tackles inequalities, promotes inclusion and addresses issues faced by the prison population (Dooris, 2012).

The Ottawa Charter for Health Promotion also recognised that health is more than just addressing populations and individual's health needs. 'It embraced the perspective that health and wellbeing is influenced by a number of determinants, not just individual choice whether to take drugs, smoke etc. (Dooris, 2007).

The application of the 'settings approach' in a prison environment can be an effective concept at improving health for all within the prison setting, as the 'settings approach' is identified as being an effective method to improve health in the myriad of places where people live, work and play out their lives (WHO, 1986; Woodall, 2012). The settings approach is underpinned by the premise that health is created and lived by people within places of their everyday life.

By many, a prison is not viewed as one that is compatible as a health promoting setting as by design imprisonment removes elements of control and choice from individuals (Pryor, 2001 as cited by Woodall 2013). Prison regimes that are notoriously hierarchical, disempowering and security-focused (Whitehead, 2006), as the prison environment ultimately undermines the values associated with health promotion. As the core values of health promotion refer to the 'process of enabling people to increase control over their health and its determinants, and thereby improve their health' (WHO, 1984). It is felt by many the ability of a prison being a health promotion setting is therefore contradictory in terms and simply incompatible, as prisons curtail individual freedom, control and choice (Smith, 2000; Whitehead, 2006). Furthermore, Whitehead (2006) suggested prison regimes

usually make for unlikely therapeutic environments and that the health-promoting prison exists as the most 'unpopular' of the settings- based environments.

From another perspective many suggest that prisons provide an ideal setting for health promotion not only for the prisoners but also for the whole prison setting and the wider community (Woodall, 2016). As those in prison often serve multiple and relatively short term sentence meaning that prisoners' health and the public health are inextricably 'inter-twined' (Williams, 2007). Prison provides an ideal health promoting setting, as it guarantees access to this marginalised hard to reach cohort groups of individuals addressing health inequalities amongst prisoners (Dooris, 2012). In comparison to other 'settings' such as schools , universities the prison setting is unique as it has particular challenges when it comes to promoting health as it is a ' home to one group of people and a workplace to another' (Baybutt, 2016). In order for the settings approach to be adaptable to the prison, a whole prison approach is imperative to ensure the health needs of the most disadvantaged members of our society are met such an approach encompasses an ecological model of health promotion. (Dooris, 2012).

## **2.9. Whole of Prison Approach**

To ensure the success of peer education approaches in addressing the health of all in the prison community, a 'whole of prison approach' is crucial. The World Health Organisation (WHO) believes that there are many elements for ensuring good health within the prison setting. For the optimal health of all within the prison setting each element plays a vital part the whole of prison plays a part. Health is more than just reacting to and treating a medical need. The WHO (2007) advocate that if prisons strive to become more involved in health promoting it can achieve a



greater chance of accomplishing good prison health for all prisoners, staff and the whole prison setting.

The General Health care study of the Irish Prison Population (2000) highlighted the outstanding health issues associated with the prison setting for both prisoners and staff. It endorsed the increase use of health promotion initiatives within the prison and advocated that promoting health in prisons needs to take account of the whole prison setting, the demographics of the prison population, the physical environment, prison regimes, and health service available to prisoners and the associated health behaviours prisoners have. It recognised that for positive health outcomes for prisoners to be achieved a multi-disciplinary approach is required. This would result in the development of structures, procedures, systems and daily working practises which ultimately if working in unison with each other would actively promote the physical and mental health and wellbeing of prisoners and staff.

## **2.10. Health Disparities of Men**

As this study is concerned with male prisoners, discussion on their health inequities will be outlined .Men's health has emerged as an important public health concern, as awareness in the health disparities of men became evident. As mentioned prisoners are usually drawn from areas associated with lower socio economic class .Social status is a factor that influences the health of men as those in the lower socio economic groups have higher burdens of ill health and mortality rates (CSO, 2003; CSO, 2005). Men in lower socio-economic classes are 'six times more likely to die from the leading causes of mortality than men in the higher socio-economic

groups '(O'Shea, 1997) .Age is also a contributory factor for mortality as 'younger men are 4 times more likely to die earlier than females' (Eurostat, 2006).

In Ireland the first National Men's Health Policy 2008-2013 was developed to address the growing awareness and concern about the disproportionate burden of ill health that is experienced by men living in Ireland .This policy was underpinned by a research project that was conducted over a 3 year period (2002-2004) with in excess of 300 men included in the research. The policy advocates a more holistic and positive perspective towards men's health in tackling the health inequalities men are subjected to. It is designed to support men in enabling them to become advocates for their own health, 'To develop supportive environments for men's health and strengthening community action to support men's health '(DOHC, 2009).

#### **2.11. Mental Health of Prisoners**

The World Health organisation define mental health as a state of well-being in which the individual realises his or her own abilities, copes with the normal stresses of life, works productively and fruitfully, and makes a contribution to his or her community (WHO, 2001 p1) . Understanding the true possibility of positive mental health amongst prisoners may be difficult considering the nature of the prison environment such as deprivation of liberty and confinement. Once in prison, individuals are socially excluded from families which can lead to psychological distress as a result of separation. In a study by Nurse et al (2003), aimed to examine how the prison environment can affect the mental health of prisoners. A total number of 31 prisoners took part in 7 focus groups in one prison that housed 430 male prisoners. The results indicated that the prison setting is a determinant for poor mental health. Participants referred to long periods of being isolated locked in

their cells increased feelings of anger, frustration and anxiety, feelings they would not have been familiar with prior to being committed.

Isolation and being away from families is understood to be a contributory factor for the high prevalence of mental illness, substance abuse disorders, high rates of unnatural deaths and suicides (Fazel et al, 2005). The integral components of prisons such as punishment, control and security may have harmful impacts not only on those who have pre-existing mental health problems but also those who are considered mentally well. Also the rates of suicides in prisons are considerably higher than that of the general population suicide rates. 'Suicide rates in prisons are five times higher in men than age-standardised general population rates (Fazel et al, 2011). In 2010 there were 58 apparent suicides in custody in England and Wales (Minister of Justice, 2016).

Peer support within prisons has been shown to be an effective way of addressing mental health needs of prisoners. By training offenders in prisons to function as volunteer peer counsellors it can alleviate the pressure on health staff especially during low staffing times, night shift and weekends (WHO, 2000).

In Canada one such peer led initiative was implemented within Kingston women's prison that targeted the mental health needs of prisoners. This programme trained 11 prisoners to become peer counsellors to enable other prisoners to access them on a 24 hour basis. This programme has shown to have positive benefits for both the peer counsellors and recipients. Peer counsellors reported that the training they received increased 'their own sense of self-worth and self-confidence. Those who received peer counselling reported an ease of feeling of isolation and depression and more positive feelings about themselves and the future '(Devilly et al cites Pollack, 1999). In addition 81% of the prison population at the time of the

evaluation of the programme valued the existence of the programme even if they had never engaged with voluntary peer counsellors.

In England and Wales another peer led intervention is the 'Listeners scheme'. This scheme enables prisoners to be able to talk to a 'prisoner listener' at any time of the day or night and it aims to reduce suicide and self-harm in prisons. Prisoners are trained as listeners by an outside agency such as the Samaritans, to listen in confidence to fellow prisoners experiencing psychological and emotional distress which may lead to self-harm or suicide. Foster (2011), suggested that the Listener Scheme has assisted in reducing the incidences of self-harm in prisons. Another study of the Swansea Listener's Scheme identified that incidences of self-harm were halved post the initiation of the programme (Davies, 1994).

As suggested by Turner & Shepherd (1999), peer education is perceived as an effective way in the promotion of mental wellbeing as it empowers and benefits those involved. Volunteer peers are acknowledged as being an effective and successful method of relaying information as recipients respond and identify more readily with them as they are more at ease compared to other disciplines. It also has been shown to improve relationships between staff members and prisoners (Barker, 2000).

Further studies report mixed results (Snow, 2006), for the full effectiveness of peer led intervention in prisons. Evidence does suggest that schemes concerned with 'listening' can reduce distress among prisoners and listeners once supported. But difficulties were identified by listeners and other prisoners in the ability of maintenance of total confidentiality in a prison community. Furthermore 'relationships between listener's and prison health care staff could be problematic (Foster et al, 2008), where concerned with patient confidentiality.

The emphasis that the Listeners and other similar schemes that are concerned with the mental wellbeing of prisoners has on the prison setting is generally acknowledged to be advantageous, but further studies in relation to the effect of being a Listener could be considered as few studies have been carried out from the perspective of the Listeners (Farrant, 2004 and Dhaliwal and Harrower, 2009).

## **3.0 Chapter Three: Methodology**

### **3.1. Introduction**

In this chapter the methodology used by the author will be explained. It will describe the design, time frame and the procedures undertaken to complete the research. A brief synopsis will be discussed in regard to carrying out research in a prison setting and some of the challenges encountered. It will provide a rationale of why a specific sample size was chosen and also how the participants involved in the study were chosen. Discussions around data collection methods and the data analysing process will be clearly explained. It will further discuss an explanation of why the particular methodology design was chosen. And lastly the ethical considerations will be fully explained and discussed. All Red Cross Volunteers in both the pilot study and the actual study were assigned alias names to ensure privacy, confidentiality and confidence in the study.

### **3.2. Design**

The aim of this study is to identify the impacts of peer to peer education within a prison setting on the volunteers, their families and the prison environment and to gain a better understanding of what it means to be a Red Cross Volunteer in a prison. On completion the results obtained from this study will demonstrate that peer led interventions have a have positive impact for all key stakeholders.

The author has chosen a qualitative approach as it involves an interpretive, naturalistic approach, as means to enabling researchers to “study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them”(Denzin et al, 2005, p.3). Qualitative research methods is the systematic collection, organisation and interpretation of

textual material derived from talk or observation. It is used in the exploration of meanings of social phenomena as experienced by individuals themselves, in their natural context.

As was identified in the literature review there is little research carried out in the area of the viewpoints of peer educators within prison settings and much less on Red Cross Volunteers, hence qualitative methods of data collection provide a greater in-depth insight into the chosen topic. It also provides an opportunity to get a more complete understanding of the research topic by utilising methods such as 'participant observation which results in a narrative, descriptive account of a setting or practice (Howitt and Cramer , 2011,p.309).

The objective of this research is to learn more about what being a volunteer means to the Red Cross graduates and the impact it has on them. The use of qualitative research methods in this context is most beneficial as it is primarily based on people's feelings and how people make sense of their world and the experiences they have' (Howitt and Cramer ,2011, p.303 cites Denzin)

### **3.3. Sample Size and Description**

Sampling is described as the process of selecting how many and what participants will be involved in the research. In qualitative research no systematic method exists for determining an appropriate sample size. To establish that a relevant number of participants are involved in the study the sample size should be large enough to ensure that sufficient and relevant data can be obtained. Furthermore as cited by Palinkas "qualitative sample size may best be determined by the time allotted, resources available, and study objectives "(Patton 1990). For this study purposive

sampling is utilised as this will allow the researcher to select a sample group that are best suited in relation to the research question.

As this research is based on peer to peer education Red Cross volunteers were solely invited to participate, the viewpoints of other stake holders in the prison such as staff, other prisoners and management were not heard.

The Red Cross programme has been in operation in Prison A and Prison B for the past 3 and 4 years respectively. In Prison A there have been 19 graduates and in the Prison B there have been 30 graduates to date. A sample size of 12 participants was identified as being an acceptable and justifiable number to ensure that the research question would be adequately answered while also taking onto account the time constraints associated with the thesis research. Twelve was also been identified as the number whereby any additional participants wouldn't necessarily provide any additional insights. This is referred to as 'data saturation'. Guest et al (2006), propose that saturation often occurs around 12 participants in homogenous groups. Additionally to strike a balance, the element of time was be carefully calculated and captured in a realistic schedule. Accordingly the researcher was satisfied that the optimum level of information could be ascertained from the 12 participants.

### **3.4. Data Collection**

On receipt of ethical approval data collection, namely one to one interviews with the volunteers commenced in February 2018. All potential participants were given leaflets (see appendix 1) by a member of the healthcare staff not involved in the study to ensure that participants' did not feel under pressure to be included in the study. Participants were invited to attend the prison medical ward for interview.



Prior to the commencement of recorded interviews participants were given an opportunity to ask any questions prior to signing the consent form (See appendix 2). Semi structured interviewing was established as being the most valuable means of data collection for this study. As Patton (2002) describes an interview guideline as a list of issues to be addressed during an interview, which yields enough information to analyse. The standardized open-ended interview is extremely structured in terms of the wording of the questions.

All participants were asked the same questions in the interview process but the wording used allows for open ended responses. This approach allowed the participants to contribute as much detailed information as they desired. This form of questioning also gave the researcher an opportunity to ask probing questions as a means of follow-up ensuring that rich and detailed information can be obtained. The researcher felt this choice of interview technique to be the most appropriate as it respected any potential low literacy levels of the volunteers.

### Pilot Study

As this type of methodology is new to the researcher a pilot study was carried out prior to data collection on one volunteer. This was to ensure that the researcher had covered all the relevant issues and that the questions being asked were clear and concise for the participants while encouraging dialogue. This approach was intended to highlight any potential problems prior to the actual interviewing stage of the research. Turner (2010), identified the integral reasoning for commencing a pilot test as it would assist the researcher in determining if there are flaws, limitations or other weaknesses within the interview design and will allow him or her to make necessary revisions prior to the commencement of the study. The data collected in the pilot interview was not included in the analysis. However it was

evident that some of the technical language used such as “psychological wellbeing” required explanation. In turn I modified the approach to asking the questions by providing a meaning to some phrases and an example where appropriate for others.

### **3.5. Data Analysis**

The analysis process began with the management and organisation of the data. This was an integral aspect of the analysis process as it involved familiarising the researcher with the data. In doing so the researcher was able to organise the data in a way that could be clearly understood including dates, names of participants’, length of interviews and locations of interviews.

To ensure the protection of all participants was adhered to, a password protected folder was created. In this folder that was only accessible by the researcher contained all word files and voice recordings of all the participants’. It ensures that the data is protected even when not in use as the researcher holds the responsibility of ensuring the confidentiality of the participants’ is maintained.

Thematic analysis (TA) was the method chosen by the researcher to analyse the data. This method allows for the identification and analysis patterns in qualitative data. TA is a method for identifying, analysing and reporting patterns (themes) within data.

This method of TA as described by Braun & Clarke (2006) is an approach that involves six phases of data analysing. Phase one involved transcribing all data verbatim thus enabling the researcher to become familiar with data. Although time consuming it was worthwhile as the researcher was able to gain an in-depth understanding of what was actually being said by the participants noting nonverbal

cues. With this data the researcher generated initial codes in a systematic manner identifying interesting features of the data and the relevance of the data to the research question (phase two). Phase three involved the coding of the codes in the data to identify any similarity and also develop potential themes. By reviewing and re- reviewing the data the researcher removed, merged and split the data as needed ensuring the themes worked in telling a convincing and compelling story about the data (Phase four). The fifth phase involved the grouping and sorting of all the themes identified and writing detailed analysis of all theme. The last phase was producing the report of the researcher's findings so the reader has a clear understanding of the data collected (Braun and Clarke, 2006).

### **3.6. Confidentiality**

Participation in this study was at the participants' own choosing in accordance with Nuremburg Code of Ethics (1949) 'all participants in any study must be voluntary'. It was pertinent to ensure that ethical issues of confidentiality and informed consent was maintained. All potential participants were provided with information leaflets explaining the study and were given the opportunity to ask any questions prior to being interviewed. The importance of confidentiality was emphasized in the information leaflet, consent forms and also face to face prior to commencing the recording of interviews. The researcher ensured that all participants fully understood the study and had the power of free choice enabling them to consent voluntarily to participate or decline participation.

### **3.7. Ethical Consideration**

Ethical approval was sought and sanctioned from the Ethics Committee, National University of Galway (NUIG) with the provision that the researcher also obtain

ethical approval from the Irish Prison Service (IPS) (see appendix 4) as the research involved interviewing individuals that were incarcerated at the time of the study. Ethical approval for all parts of the study was granted by the Ethics Committee of the IPS.

In conducting research in the prison setting certain challenges are faced. As prisons by their very nature operate as secure settings where by everyone within the setting follow regimes to ensure security is upheld at all times. As the author is carrying out qualitative research ethical considerations is paramount to ensure no harm is ensued upon participants as participants are sharing their personal views.

The underlying aim of research in any area strives to obtain knowledge and ultimately seeking the truth. But in doing so ethical considerations are paramount to ensure that no undue harm is posed upon participants involved in the study thus safeguarding all associates with the research process. This is accomplished through ethical approval as it establishes and implements measurements that protect all individuals involved in the research process. Research ethics guides how the research process is implemented furthermore it has an considerable impact on how research is designed, conducted and facilitated , this is particularly an important aspect when you are conducting research on vulnerable or risky populations such as prisoners. The research process involves participants being treated as autonomous individuals. Prisoners as a group have restricted autonomy, therefore carrying out research on this audience requires special attention to ensure that they are not exposed to any undue risk. Ensuring confidentiality to all participants involved in this study was vital so as to ensure that any information obtained would not be shared with others as 'prisons are by definition a low-trust environment' (Liebling, 1999). The researcher assured all participants of 'absolute'

confidentiality. To safeguard all participants' anonymity measures were implemented. Throughout the interview all participants were advised not to disclose anything personal about themselves, and re assured that if they did accidentally that it would be removed during the transcribing process. All participants were also informed that at any stage they can opt out with no implications for them.

### **3.8. Limitations**

Throughout the study limitations were encountered by the researcher. The sample size of the study was felt by the researcher as a limitation as with any research it is more beneficial carrying out research on larger numbers in order to allow a more thorough analysis of the study. Although the participants' numbers were small the researcher felt that by the use of semi structured interviews it proved invaluable in allowing the participants to speak freely if they so wished but also provided structure to the interviewing process. This provided the researcher with a more in-depth understanding of the views of the participants which the researcher considers, that the results are symbolic of the views of Red Cross volunteers elsewhere.

## **4.0 Chapter Four: Findings**

### **4.1. Introduction**

This chapter will draw upon the main themes and present the findings which arose out of the interview process and subsequent data analysis. I interviewed 11 male prisoners from Prison A and Prison B between 21<sup>st</sup> February and 23<sup>rd</sup> March 2018, in the medical department of both prisons. The interviews were standardised semi-structured and all participants were asked the same questions (see appendix 3), thus ensuring structure to the interview process. The key themes that emerged are set out under the following headings; Enabling Change, Time Well Spent, Respect, Personal Growth and Challenges.

### **4.2. Theme One: Enabling Change**

There was a general consensus amongst all the participants, of how their training afforded them with the ability to make valuable contributions, towards achieving a healthier and safer environment for all whom they are associated with. The training also provided the participants with a greater understanding of how being healthy is more than just the notion of not being sick. The data was suggestive of participants' feeling empowered, to be able to make changes in the prison setting that benefits all within it.

### **4.3. Self-Change**

Although the programme focuses on peer to peer education, it appears to have made a positive impact on the participants' own health. The training provided the volunteers with the information to be able to make informed decisions towards positive health behaviours changes in their own lives.

*...‘I just wanted to learn and make changes in myself really .... like since I joined the Red Cross I have got fitter got healthier ....Like I cut down on my sugar ‘cos we learnt all about diabetes ... I didn’t want to go down that road ...I wanted to try and make sure I don’t get it ..’ P2*

*‘...I look after myself more now I understand now.... Why washing hands is so important why cleaning your teeth... why just general cleanliness is keeping your health better ... like I’m more aware of what I should be eating and the problems it can cause and the goodness it can cause’ P4*

An understanding of how the things they learned in becoming a peer to peer educator is beneficial for their whole life not just for while they are in prison.

*...knowing the hygiene and standards and stuff, so like these little things that will stick with you forever , so you’re bringing these little things that you are learning here you can bring it on the outside ..’ P8*

4.3.1. In their duties as a peer to peer educators, participants spoke of how they were encouraged them to be able to make changes in their own life.

*‘.... Always said I would give up the weed... and I was only fooling myself ..... then when I joined the Red Cross I said there was no point me, preaching to*

*everyone else to give up the drugs and me being on them so it helped me in that way ...' P4*

*'... Because like we had days we had fitness tests .....Your weight...your BMI ... blood pressure and stuff ..... So obviously if you are going over to the lads looking for them to get involved ... so we had to take part so yeah. you'd be conscious of what you'd be eating and stuff like and staying in some sort of shape .. 'P5*

#### **4.4. Helping Others**

The participants openly acknowledged how they perceived their role as volunteers not only benefitted other prisoners but it also how it had benefitted staff as they felt that by what they do as volunteers in educating other prisoners about the importance of a cleaner and safer environment, reduced the risks associated with the prison and in turn for staff and their families.

Volunteer's spoke of the peer to peer educator's role is beneficial in helping other prisoners help themselves to become healthier:

*...' like you teach them about their hygiene ...like half of them don't wash themselves you know but if you steer them through things like that .... Like cleanliness .... Like what we have done with a few in here .... And a few of them are showering a bit more now...'P2.*

Volunteers were aware of others and how they can help.



*.. 'Like the Cloths bank... there's a lot of guys in here have nothing ...one guy was homeless he had nothing only the cloths on his back...so like we gave him cloths and now like he has fresh cloths ..He's actually the cleaner on the landing....' P8*

There were benefits for staff

*'Brilliant for the prison ... Excellent.... 'Cos one of the first things we did was clean up the jail.... And trying to get smoking stopped ... which is good for everyone 'P3.*

*..Like projects we done made a really big difference .... Colour coded mop system.... Like people were cleaning their cells out and then cleaning where we eat and then cleaning the toilet with all the same mops! Like its just basic hygiene ... obviously all of these changes were positive and for the good of the general prison population ... made things a lot cleaner for all of us..'P5.*

*'.. We covered hygiene and stuff so we knew certain things like people vomiting on the floor spitting and certain ways to clean... We learnt a lot about hygiene and the way germs get carried around like on phones... Like one of the nurses gave us a talk on hepatitis....' P8.*

Volunteers expressed how the knowledge learnt provided them with the awareness of the importance of living and working in a healthy environment for everyone:

*‘Like this isn’t just for us! ...it’s for everyone... Everybody working here for people that like visit here ... having the place clean.....why should a person have to come into work and feel they could pick up an infection !...’P10*

It was acknowledged by participants of the known risks associated with the prison environment. Participants referred to how the setting is a factor in the spread of disease and how they have the knowledge to be able to prevent this from happening.

*‘....always need lots of help in any community especially here being as we are very isolated we have a lot of issues ..... In confined spaces viruses and things can fly.... It’s always good to know how to prevent...’ P1*

*‘As we know there is a close environment ..... For example spreading flu is very easy... So simple talking to people how we can tell people how you are to cough or sneeze .... So we can seriously help people ... like we are all together here ...’ P9*

## Protect Life

The vast number of volunteers acknowledged the importance of learning CPR in their training. The importance of this skill in having the potential to save lives not just in prison, but also when they leave prison. There was sense of gratitude from the volunteers with this opportunity being bestowed upon them.

*‘.... I wanted to know in emergency cases or accidents ....just what to do... to learn how to use the defibrillator the first aid which we did and much more ...’ P1.*

*‘We did the first aid course and that gave us skills for life saving skills... recognising when there’s a problem with someone’ P4*

*‘.. Another very important part we did as a volunteer was CPR.... That’s a brilliant skill ... like I have nieces and nephews I have parents that are getting old so something like this is a big plus’ P8.*

### 4.5. Improved relationships

A few participants spoke of how they developed a better relationship with their family after completing the Red Cross training as it provided them with a greater insight into the potential needs of others and in doing so provided them with an opportunity to be able to help their families while in prison and when they leave.

*‘After I did the training ... it made me more aware of my emotions. And in turn I have now a better relationship with my family I’m a lot more honest with them about the things I’m doing in prison ‘P5.*

*‘...I learned a lot about a lot of health issues for example healthy eating stuff like that ...I even try and pass this to my mam she is overweight so I tell her the information as well...’ P9.*

*‘...My mother suffered from mental health all her life so when we did that part I really got into it ...so when I go home I can help her ...like the skills I learnt here I can bring home ...’ P11.*

#### **4.6. Theme Two: Time Well Spent**

Another theme that was identified was the concept of ‘time’ in prison. How the participants felt being in the Red Cross gave them something to do, something worthwhile. Many participants’ spoke of how the Red Cross improved their own mental well-being, suggestive of how being busy and interacting with others, can relieve the stress associated with being away from the ‘norm’ of families and the general community. The participants’ spoke of how they felt, that by prisoners having nothing to do was a contributory factor for prisoners engaging in violent behaviours in prison.

#### 4.7. Impact on Self

It became evident throughout the interviews that “getting off the landing” and doing something ‘useful’ was a huge incentive for prisoners participating in the programme and that the sense of feeling valued was an unexpected outcome for them.

*‘...like my mental health is really good now ... my head is in a good place ...you know because of the Red Cross it helped me a lot kept me going you know kept me busy with my time ‘ P3.*

*‘It was something to get me off the landing..... Not just hanging around a stupid landing’ P7.*

*‘Like I just think the Red Cross is a really good thing and it’s a really good time killer as well..... Like in never found the course boring at any point ...I enjoyed the whole thing and the Graduation day was great’ P9.*

Volunteers expressed how the Red Cross helped them do something useful with their time in jail.

*‘Just to try and fill the gap in prison fill in the time ..... I just like to do something rather than nothing ....’ P8*

*‘Like I enjoyed just getting off the landing for the day and going up and taking part in something ‘P11.*

One participant commented on how their free time is not only for Red Cross, and was frustrated when it was perceived by the facilitator that they had all the free time in the world.

*‘.... I think some of the lads were getting frustrated .... Like they were asking me “when does she want this done? Today! WHAT! “, Fuck sake do you know what I mean ... and I was trying to explain to her you know just because we are in prison doesn’t mean we have nothing to do ...’P10*

The volunteers felt this was because of poor planning, secondary to lack of support from management and that the facilitators were trying their best with whatever resources they had.

*‘Well I think if the planning was better ....if management got on board fully more involved and then everything could be done in advance ‘...P10*

#### **4.8. Impact on others**

Many spoke of the positivity of the effect of including other prisoners in projects and activities on the landing, how it eased the boredom for prisoners and this in turn eased pressure on security staff. A few participants spoke of how the involvement of prisoners in activities gave them something to do and in turn reduced violent behaviour and encouraged a safer environment for all.

*'... Like the prison was quiet for about two or three weeks and that was great for the prison like even the officers were delighted with it .... But it's good for everyone involved really ...' P6*

*'Like we did a pool tournament we got them all out of their cells we got them doing something ... it was for everyone like it gave them something to do ..half of them would be hanging around doing nothing... so like when you give the prisoner something to do they get going ....at the time of the tournament there was no trouble ...Everyone had the focus on the tournament watching the football lads wanting to play the pool tournament there was no trouble that time... no trouble at all on the landings.. Like everyone was busy! They had something to do ...' P11*

Volunteers commented how it made an impact on their (other prisoners) psychological wellbeing. It was viewed as a way of improving a prisoner's mental health as it encouraged everyone to get involved, get them out of their cells and get more involved with each other.

*'... We did activities on the landings ... and we had people out in the yard walking the yard every day..... It was encouraging them to be more active .... Getting them out of their cells.... P3*

*'... Like it gives them something to focus on ..... Like they could have been in here a couple of years.... But at least they can say I achieved something....*

*Now I see my time in jail I done something ...something good in my life ...'*

*P11*

#### **4.9. Theme Three: Respect**

Feelings of respect was discussed by many participants and the data was suggestive of the concept of 'being respected', something that the participants are not familiar with in their lives. They perceived that they gained greater respect from others in their role as peer to peer educator, and how this made them feel worthwhile about themselves knowing they were doing something good with their lives irrelevant of their past endeavours.

#### **4.10. Self-respect**

Many participants referred to how being a volunteer altered how they perceived themselves, how it restored their faith in themselves, in enhancing their respect of themselves.

*....like we were told we would never go nowhere when we came to jail  
...you'll never get nothing.... when I joined the Red Cross I realised I am  
better than what they were telling me... and I can integrate into normal  
society...P4*

*'... Knowing that you are helping other people .....Like if people come to you  
....you feel rewarded being able to help others...Like you're mental health  
would be better ... like any good deed that you feel you are doing makes you  
feel good about yourself..' P8*



*'... It's very hard at times. Having positive thoughts about yourself in prison, because things can seem so negative at times you know... it's not something I am used too but when I do it (referring to volunteering ) ...I feel it's worthwhile and contributed to something so that makes me feel good about myself ' P10*

#### **4.11. Respect from Security Staff**

Participants were of the view point that their relationship with staff improved, they felt that the staff were more respectful towards them, compared to when they were 'normal prisoners'. They alluded to the idea that they felt the staff thought they were doing something worthy with their time.

*'... I have never had any issues with any member of staff or prisoners ...they would come and approach me and like talk to me ...'cos they recognise the red cross when you're wearing the red cross tee shirt....there was no disrespect there was no judgement ..They were helpful in areas especially with the Red Cross... More than willing to help' P3*

*'.. We got respect all the respect we needed...From others... Even the attitudes from the officers changed towards us other prisoners changed... so we were respected and we never had any problems....' P4*

*‘the prison staff will look up to you ... like this fella is part of the Red Cross ...’cos you’re a part of something ... if you went up to him (refers to staff) they will look up to you like fair play you have done something that betters everyone here.. Like you are acknowledged for doing it ...’P6*

*‘.. It’s nice to be respected by staff ... they see that you have given up your time to better the jail .... Like better things in the jail and they see that... You have better respect for them and they show respect back...P11*

Participants also spoke of how they were respected by senior staff in their role as Red Cross Volunteers and that how prior to being a volunteer they were not quite as well received by senior staff.

*‘.... Like if I call a chief or something like he’ll listen to me .... Like if you’re an ordinary prison he mightn’t ..... ‘Cos he knows you have done your training and qualified .... So he knows you know what you are talking about...and he’ll treat you in a civilised respective manner ....’ P11*

#### **4.12. Building Positive Relationships**

Many participant’s felt that by them being volunteers with the Red Cross improved relationships with staff and had the ability of improving communication between staff and prisoners towards a more unified approach.

Relationship with Staff

*‘.. The sense of friendship in the group... and in between everyone the staff and everyone and the medical unit and the other inmates...’ P1*

*‘... you can approach staff and at least they would be respectful to you like if you give them respect you get respect back and like you gain their trust... I find I get on better with officers ... they are very helpful especially with the Red Cross... they are more than willing to help’ P3*

*‘... Like we got the respect .... Even the attitudes from the officers changed towards us other prisoners’ attitudes changed. So we were respected and we never get problems from other prisoners’ P4*

Stated that by working together it provided the opportunity to be able to strive towards ensuring the prison setting is a cleaner and safer one for all.

*‘..... like it gave them (referring to staff) the biggest insight into prisoners.....’cos for a long time prisoners wouldn’t talk to staff about certain things like drug use how clean the prison actually is .... But because we all work collectively in the programme with the same goals we had no problem sharing information.... ‘,*

Further suggestions of the participants being respected and feelings of empowerment, their voices being heard.

*‘.....like we were able to go up to the staff and talk to them and like say to them like the best way to do it , like we are the prisoners on the landings so we know what way it would work ....and they took our advice and they didn’t talk down to us .... They were like okay if that’s the way you want to run it go ahead...’ P11*

*‘...like I think it opened their eyes (referring to staff) to see our aspect and it opened our eyes to see that these did want to change ... ‘cos for a long time it was us against them.... So to see they did actually want to change... benefitted everyone....’ P5*

*‘.....to be honest the feedback from the officers.... Not even the ones involved but officers on the landings ... very often they were on our side. Not everyone....but most on our side’ P9*

When prompted, why the volunteers thought the officers were supportive?

*‘....we doing this (refers to programme) not only for prisoners but for the staff as well ‘cos they want to live in a safe environment as well as us....’ P9.*

### Working Together

This mutual respect for each other, enabled them to be able to work together for the further enhancement of the attainment of health and wellbeing for all specifically as follows:

1) Staff:

*'... Before the weapons amnesty started there was a lot of people getting cut up... and officers were like we need to do something 'cos it's only going to be a certain time until were going to get cut up... so Governors and Chiefs and we all came together and said right we'll do an amnesty..' P6.*

2) Other Prisoners:

*'... being a team player ... seeing other people's ideas and other people's views on things .....like when you hear other people's point of views whether its staff side .... So when you hear it you can say oohh yeah I seen and I understand it ....' P5*

3) Family Relationship

Volunteers expressed how their involvement in the Red Cross impacted on their own views of themselves towards their families.

*'.. Like its calmed me down... It's helped me understand other people as well... Like it makes me listen more to her now... I actually listen like before I was always like ...you know... P4.*

#### 4.13. Poor Staff Relationship

While the majority of volunteers perceived the relationship with staff positively. It was noted that two participants had conflicting views. They felt staff had little understanding of the role of Red Cross Volunteers in prison thus inhibiting them to be able to carry out their duties.

##### Lack of Understanding

For the two volunteers there was a sense of how they felt that staff were uncomfortable with the notion of 'prisoners' 'being in control of something.

*'...sometimes we are lacking help from members of staff ...literally trying to stop us doing anything on the landings...that was challenging...staff did not know how to react to us as prisoners...' P7*

Another participant also spoke of how he felt staff acted towards him, again suggestive of how the lack of understanding, amongst staff can obstruct the potential good work that can be achieved by the volunteers.

*'... I have heard things .... Regarding the Red Cross and the participation of prisoners ....some of the staff here are like why would we bother with them .... Why would we bother with something like that! ...like they don't know what's it's about ... I try and explain to them...like this isn't just for us ... I'm not putting myself out there just for prisoners ... I'm putting myself out there for everybody that works here for people that visit here ... having the place clean having the place tidy' P10*

The same participant added that it was not only down to poor communication, but that he felt that it was the unfamiliarity of situations where the 'prisoners' are taking charge of something.

*'... dealing with management and staff ... like the weapons amnesty, I was the one in control on the landing and everything was agreed and set up ... and I had officers coming down trying to it off me.. Even though they knew they knew. Like there was certain staff for some reason ... they thought we were taking control ... like they thought you're taking our job or something!..'*

*P10*

#### Lack of Support

Volunteers spoke of how without the support of everyone, from senior management down to the staff, the effects can be disheartening for the volunteers.

*'..when we were doing it ... I think we stopped for something like three months a long time ... and that unfortunately can undue a lot of good work .. People in here are always told there wrong and their uneducated and all these things and then when something is going really well and its stopped ... it really just proves the point that they (management) really don't care!'* P5.

Volunteers discussed the difficulties they encountered without the support of management.

*'... Getting things organised in an orderly fashion... Like doing the projects doing the stuff. It's kind of rushed at the last minute ... I know it's time constraints ...like if someone doesn't turn up. It's down to management! ... Like I was trying to get a room on the landings to get stuff done .... We couldn't! I think it was influenced by management for them to fully take part....because you can have all the smoking cessation course all the handwashing courses but if they're (management)not involved ...nothing'*  
P10.

The same participant felt management are a significant influential factor in the success of the programme.

*'...like they come up with attitudes ... but you know!..... Then when you go looking for something there all like...Oohh I'll see you next week ...'* P10.

#### **4.14. Theme Four: Personal Growth**

#### **4.15. Confidence**

Many volunteers spoke of how they felt that being involved in the Red Cross improved their belief in themselves how it gave them the confidence to do things that they never would have ever done before. It helped them have the confidence to be heard and develop friendships.



*'.. It built my confidence a lot like it really boosted me as a person... Before I would have been very shy I would have shied away from everything...but now it's really boosted me as a person ... I wasn't good at talking to people but when I joined the Red Cross it kind of broke that barrier for me, now I feel I can get more involved with people ... got me used to approaching people and working with people...' P3*

*'.. like meeting other people like never before would I have had the courage to do that thing in Wheatfield prison ever before... like the Red Cross made me feel comfortable about myself..' P4*

*'Makes me feel good about myself ...'cos I'm helping out and interacting with people I don't usually mix with and maybe get to know them and people I don't know I would always try and target them as well and you get to know what's going on all around you ' P6*

*'.. I feel more confident after doing it... At the start of the whole thing I wouldn't even talk ... just go... but I built myself up into it 'P7*

*'..it was a kind of challenge for me because I am the foreigner you know... connecting with the people here was kind of was challenging for me but I think the training prepare me very well because during the training we were encouraged to speak a lot to people we did not know' P9*

#### 4.16. Identity

One participant alluded to feelings of losing one's own identity while in prison and being thought of a 'someone' was something he felt empowered to continue on .

*'Feel really good about myself ... Because when you are a volunteer its collective thing... Everyone got involved...like pre red cross when you're the prisoner you're outside the community or you feel like you're outside 'cos you're the negative in it ...But when you become a volunteer they don't call you prisoners they call you by your name... So you are seen as another volunteer so everybody is seen as volunteers nobody is seen as a prisoner or a medic or a teacher.. Made me feel human again. It drives you on! To remember who you are and that you are good like you're not just a negative*  
*'P5*

Two participants acknowledged how they felt being part of the programme:

*'Being involved gave me a sense of self-worth ...Good sense of achievement ...' P11*

*'..Like a doctor came in to see how it worked (referring to programme) and was talking to all of us... They weren't asking the teachers about it they were asking us the prisoner's one-one!' P11*

#### 4.17. Proud

Many participants spoke of how they felt proud of being involved in the Red Cross. The data collected suggested that many of the participants, did not have the opportunity before to take part in 'something good'. They embraced the idea of being able to learn, and felt proud for having accomplished something.

*'... Like I feel I have become a real part of something ... like before I wouldn't have ... But now I feel I have really connected ... before on the outside I would never have been able to do that connect with people , but I can now ..' P3.*

*'life saving skills helping others... when you see the lads achieving something and you know you have helped them it makes me feel good , 'cos you know you have done something positive ... it makes me feel really good about myself.' P4.*

*'just that encouragement ...there's a lot of people in the prison from disadvantaged areas they don't have much they don't get praise and when they receive praise (referring to other volunteers) and how much that installs in them ....being told they have done a good job.... A small bit of praise can go a long way in someone's life...' P5.*

The Graduation day was mentioned by many participants. This was felt to be an important part of the whole training, being able to showcase what the volunteers

had accomplished to their families and the general community. This was felt to be a motivating factor for the volunteers throughout their training, as they felt their families would be proud of what they have accomplished in prison.

*‘.. Like I see the people in ambulance and fire gear and I know these people have given up there time and to come in and give us that recognition! ...and someone from Geneva (Red Cross headquarters) came to see us ... and for her to like give us the praise!’ P10.*

*‘... The bridge it built between all the services... I think that is one of the proudest things for me, for my family to see me receive my certificates and everything and to see all the different parts of the prison working together. I told them what I was doing... The projects and stuff but when they actually came in and they seen what we have done and then heard the praise we were getting from chiefs and governors ...’P5.*

*‘... I spoke to my parents I’ve told them I am a red cross volunteer and what we are doing in prison... They were delighted... They were proud of me which is very good... I feel kind of better with myself ‘P9.*

*‘..It gave me a positive feeling like when we had our graduation my two sisters came... and you know I think my sisters you know .... I felt they were proud of me or something.... And for them to say that they were proud really good feeling ... gave me a sense of self-worth....’ P10.*

#### 4.18. Hope for the Future

Some spoke of how they felt that if they were given the opportunities to volunteer on release it could help them live in a life without crime.

*‘...I think it’s very important that they have a linking system between being a volunteer in prison and being a volunteer when you get out ...like if people had the opportunity to be involved in volunteering in the community , it’s a great way of keeping them on track and changing their lives...’ P5.*

It also emerged how volunteering could be of benefit to the youth of society helping them abstain from a life of crime.

*‘..Like it would be good for certain topics in the Red Cross like to do in schools.... Like to stop those going astray ... like if that was available to me when I get out I would talk to them about like prison and stuff ‘P6*

#### 4.19. Theme Five: Challenges

When the participants were asked if they found any aspect of volunteering difficult many of them spoke of some of the challenges they were faced, most referred to the lack of support by staff and management as a contributory factor in the challenges they were faced with as volunteers.

#### 4.20. Frustration

Many expressed feelings of frustration as they felt there was a lack of understanding that the work that they do helps everyone it's not just for prisoners. One participant spoke of how there were delays in getting projects up and running through no fault of the volunteers.

*'... like projects can be very difficult to get off the ground it depends really ... like finding a room or finding a venue to do them in ... like we had certain things set up to do then we can't get a room then we have to put it back .. ..Because of staffing issues or it could be problems with the staff ... P3*

#### 4.21. Poor Communication

Volunteers spoke of how the lack of communication between the facilitators to the volunteers led to feelings of uncertainties and feelings of being let down.

*'..it's frustrating when were told it is on and it's not on ... and were not told until the last second it's not on that's its cancelled ...' P4*

When the same participant was prompted as to why he thought the class gets cancelled he felt it was because of staff shortages, but his frustration was associated with not being informed of the cancellation.

*'.. Obviously there's a lack of staff or there's no time or not enough people in to run it...But that doesn't come across onto the landings... Like when we are just standing there on the wing waiting to be called ... and you're just there why are we not being called? You know that's what I find the most frustrating ...' P4*

One participant spoke of how cancellations at short notice have dramatically negative effects for the group. Suggestive of how it can knock participant's self-confidence.

*'... Like a little trip to us can lead to a mountain to climb for us ... because we want to prove to them (referring to prison staff) that it is a good thing and it is a positive thing... But when people shut it down for silly reasons that's hard ...it's hard to bring it back... Makes it really hard....it's heart-breaking when it's cancelled....' P5*

#### **4.22. Prisoner Resistance**

Participants acknowledged that it's not always well received by other prisoners, but were understanding of their views and reasons for not wanting to engage. Volunteers acknowledged how the training prepared them to be respectful to all.

*'... Like we have fellas here that don't want to listen .... It's hard but like you're going to get that ... but we all know when there on their own they will listen to ya.... That's just the way they are....' P6.*

*'... We are meeting with people who are totally sceptic about it... That they don't even want to sometimes talk to us ... But you know we are not giving up on them... We try and go back to them... Other way around... Sometimes later....' P9*

Overall the volunteers spoke of being a peer educator favourably. On the whole the programme in their opinions had a remarkable benefit for all stakeholders, although many spoke of how the resistance of some people and also the lack of support from management made their role and the positive opportunities of the programme as a whole extremely challenging. The programme they believed worked because of the contribution of many; teachers; prisoners; medical staff, all voices heard and respected.



## 5.0 Chapter Five: Discussion

### 5.1. Introduction

This study is an examination of trained Red Cross Volunteers in two Irish Prisons which will be referred to as Prison A and Prison B for the purpose of the research to further ensure anonymity of all involved.

- The main objectives of this study were:
- To examine the impact, if any, of becoming a special status volunteer in peer education
- To explore if the training of prisoners' as peer educators has any value for the prison environment.
- To explore if peer education in a prison setting impacts on the families of those imprisoned and on the wider communities.

This chapter will provide an interpretation of the findings from eleven semi-structured interviews from graduate male Red Cross Volunteers in both prisons. It will illustrate how the findings are symbolic of previous International research on peer interventions in a prison setting. It will also describe what some of the volunteers disclosed in the interviews that was quite interesting and not something the researcher had considered in their original hypothesis.

### 5.2. Objective One

***To examine the impact, if any, of becoming a special status volunteer in peer education***

***Volunteers***

The data collected in the interviews would suggest being a peer educator was a contributory factor in changing a prisoners own attitude and behavioural practices in relation to their own health. Which is representative of previous studies, one systematic review carried out by Wright (2011), concluded that peer education is a contributory agent in influencing positively on attitudes , knowledge and behaviours in relation to sexual health and HIV prevention, but it also recognised limited research available as to the full extent of its impact on other health issues. Which is supported by many researchers as the gap in evidence as to the full extent of peer interventions for other health issues.

The data was highly suggestive of how Prisoners perceived peer education as a beneficial way of empowering them to make healthy lifestyle choices for not only themselves but for the wider prison community, even in a setting that is not considered ideal for health promotion. All the volunteers interviewed spoke about how the opportunity to teach other prisoners about certain health topics motivated them to make health behavioural changes and that being a peer educator made them feel good about themselves because they were helping others. It was evident that increased levels of self-confidence gave way to feelings of being proud in their ability to help someone else. There was a strong sense of feeling valued in their capacity to help others.

It is suggestive in the findings that many of the volunteers' are unfamiliar with the feeling of being proud of themselves or proud of having done something good. This is reflected the work of Devilly (2005) where studies showed that prisoners volunteering in prison "feel proud about themselves and their legitimate contribution to the world, often for the first time in their lives, resulting in enhanced self-esteem and self-confidence "(Deville et al, 2005, p.231).

During the interviews many were reminiscent of how they felt fulfilled knowing that they had helped others and that there was a great sense of achievement bestowed upon them. This is symbolic of how people get a “feel good feeling” from helping others. This is also consistent with previous studies Toch (2014) also suggested that offenders engaging in altruistic behaviours can give them a sense of accomplishment, increased self-esteem and a sense of meaning and purpose as cited in Heideman (2016).

In discussing how the volunteers in being able to ‘give something back’, it was observed that they felt good because of what they accomplished in becoming a Red Cross Volunteer. There was a sense of gratitude of having the opportunity to be able to get involved in something they perceived as being worthwhile for not only themselves but to the wider community in being able to prove that they can do good things even though they are in prison. The volunteers also spoke wanting to prove to themselves and to others that they have the ability to do good. Some volunteer’s comments were suggestive of wanting to make amends in redeeming themselves for their wrongdoings prior to being imprisoned. Some were also optimistic about the future and how the skills they had learned as volunteers gave them a sense of ‘looking forward to the future’.

Previous studies have supported the positive effects that helping others has on formerly incarcerated and recovering persons, including reduced recidivism, sustained sobriety, and enhanced self-efficacy and self-esteem (Heidemann, 2016, p. 6). Maruna (2001), in their studies on desistance from crime revealed that a desire to be productive member of society and to give back to the next generation is a critical component of desisters’ reformed identity. The volunteers acknowledge an important part for them being a Red Cross volunteer was to be able to

accomplish something worthwhile and something that they felt was a valuable quality for not just them but for the wider community.

During the interviews there was a sense of empowerment expressed by the volunteer's from the opportunity to become involved in peer education. It was felt that the training to become peer educators empowered the volunteers as the knowledge they had gathered provided them with the skills required to be able to strive towards a healthier living environment irrespective of the perceived challenges they encountered. The education of prisoners is thought to be a contributory factor in higher levels of self-esteem, behaviour change while incarcerated the reduction of disciplinary incidents (Allred et al 2013). Wade (2007) wrote that "educational programmes for prisoners that involved higher learning gains is strongly correlated with lower recidivism (Wade, 2007, p.29). This sense of feeling empowered is something that is arguably one that is challenging to be achieved in the constraints of a prison setting. As the prison setting and its associated regimes could be thought of as one that is contradictory in the ability of prisoners being empowered. By its very nature, prison is restrictive on prisoners such as the ability of being able to make decisions or exert their autonomy. However by this method of teaching prisoners to gain control over factors that can impact on their health shows that it is possible to allow prisoners to take control of their own lives providing positive and beneficial outcomes for both the volunteer and those who access the service while, most importantly still remaining compliant with the 'prison rules'.

Interviewee's spoke of how the Red Cross Programme provided them with a way of 'killing time' while in prison. Previous literature has associated the boredom associated with prison life and being away from families as factors than can add to

the poor mental wellbeing of prisoners (Nurse et al, 2003). As is suggested from the findings the mental health of the volunteers improved as they were involved in something they felt was worthwhile, 'kept them busy' and made them feel valued. Some of the direct quotes from participants state as follows:

*'Like at least I'm doing something useful with my time here'*

*'Gets me off the stupid landing not hanging around doing nothing'*

*'Like I feels my head is in a better place a good place'*

Further suggested how being involved in something that helps others can contribute to good mental health as the volunteers have something to do with their time in jail. As literature suggests being 'busy' in prison is beneficial towards good mental health as it gives prisoners sense of purpose and how this was a positive way for them to combat boredom associated with prison (Edgar et al, 2011; Boothby, 2011).

The Red Cross programme as a whole was regarded by the volunteers as a positive one but it should be mentioned that there was no suggestion by the interviewees of have ever being placed in a compromising situation by other prisoners' as is suggested by some of the literature of previous peer led programmes in prisons. While previous research found that peers in prisons because of their position of trust within the prison community could be a targeted to breach prison rules, such as unauthorised movement around the prison, possession of phones and the movement of drugs around the prison (Boyce et al, 2009) this was not evident in this study. While the parameters of this study are limited I nonetheless share the views put forward by Edgar et al (2011), that the risks associated with the potential for peers to be involved in misdemeanours are minor compared to the benefits of having peer interventions in a prison setting.

### 5.3. Objective Two

***Does the training of prisoners' becoming peer educators has any consequences for the prison environment?***

#### ***The Prison Setting***

It was very evident from the data collected that the volunteers felt that the Red Cross programme was an asset to the prison setting not only for the prisoners but for the whole prison setting. They felt, that as volunteers they have the capabilities of improving the overall health and wellbeing of all the prison community; prisoners, staff and the visiting community. The volunteers perceived themselves as an intrinsic link in providing the staff with a better insight into the needs of the prisoners and how the prison community could be improved for the benefit of all. As one volunteer verbalised 'they (staff) don't know what it's like to be a prisoner no more than we don't know what it's like to be an officer....'. It was clearly felt that as the volunteers have the ability to communicate to staff on behalf of other prisoners 'peers are deemed more credible sources of information because they have experienced similar struggles and are able to speak the same language by offering practical support and positive role models' (Turner and Shephard as cited in Devilly et al, 2005).

The volunteers spoke of how they perceived the relationships between volunteers and staff as being one of respect. It was implied by a number of volunteers of how this relationship is not the norm within the prison environment and that this was something that impacted positively on the volunteers particularly the idea of being appreciated by something they were doing which was unfamiliar to them in prison. It was also perceived by the volunteers that this positive change in relations between volunteers and staff was a significant contributory factor in the success of

the programme. Conversely, the volunteers also strongly implied that if the relationship between volunteers and staff was poor it could have an adverse negative effect on the success of the programme and on the peer educators'. This was expressed by many volunteers' as one of the main influencing element of what they felt was the most difficult aspect of being a peer educator. In this respect I agree with Naidoo and Wills (2016) that a co-ordinated approach is necessary to address determinates that affect prisoners' health and that such an approach 'requires an infrastructure that includes senior management support and leadership in the coordination of efforts and the engagement of both staff and prisoners' (Naidoo and Wills, 2016. P. 249). Research has shown that the success or otherwise of peer programmes in a prison setting is determined on a collaborative approach with all interested parties (Woodall et al, 2015). Such an approach can enable the prison to be a supportive environment for health and also an ideal opportunity whereby the needs of the most vulnerable in society can be addressed and which in turn is beneficial to the wider community and society as a whole.

### ***Helping Security Staff***

As noted by Devilly et al (2005) peer interventions has the potential to improve the atmosphere of the prison setting. However throughout the interviews the volunteers spoke of how they felt they aided the role of security staff and the medical staff in the prison setting as peer educators. The use of credible prisoners as advantageous if dealing with difficult prisoners and that 'using credible offenders' to assist other offenders, particularly those posing management difficulties, can help in maintaining the security and good order of the correctional environment.

An aspect of the role of peer educator is educating other prisoners about health prevention and in turn potentially reducing health risks associated with the prison setting which is a home to some and a work place for others. Such peer education decreases the likelihood of staff and their families being exposed to any potential health risks. The data collected was suggestive that the volunteers viewed themselves as the link of communication between staff and other prisoners.

### ***Helping Medical Staff***

It was also suggested by volunteers that they felt that they eased the pressure on medical staff within the prison, as they have the ability to reach a wider population than health care staff could ever reach. They volunteers are able to disseminate any health education they have learned in their training to the wider prison population and as already discussed prisoners are more receptive to what peers are teaching than professional staff. It was also stated by Devilly (2005) that 'peer programs can ease the pressure on professional counselling staff who are often inundated with referrals, resulting in less time spent with each client and a reduction in the quality of professional care (page 231). In my view it is therefore possible that a peer-education program may decrease the demand of basic referrals, leaving professional staff more time to address complex cases'.

## **5.4. Objective Three**

***To explore if peer education in a prison setting impacts on families of those imprisoned and on the wider communities***

### ***Families and the Wider Communities***

As a result of their imprisonment, prisoners are physically isolated from the rest of society, away from their homes and families. There is a sense of a "lack of



independence” by the prisoners, as while incarcerated prisoners ability to have complete control over their choices are compromised, as they have to follow the regimes of the prison setting such as when they eat, when they can exercise and socialise. This can result in prisoners becoming institutionalised and experiencing difficulties upon returning to the communities. However, as discussed volunteering in prison can give back that sense of control which can be advantageous for the prisoners when they get released.

In addition, to the previously discussed positive effect volunteering has on those who volunteer in prison, it also encourages people to act considerately and compassionately to each other which can be beneficial for the communities when they are released. The volunteers alluded to how the Red Cross Programme could benefit their families and communities as the skills they have learned are not just for prison but for the rest of their lives. The opportunity to be able to volunteer on release was mentioned by many, this would also suggest that they have ‘changed their ways’, and that they no longer want to lead a life of crime. Also if the volunteers were given the possibility to be able to tell their story it could perhaps prevent the next generation within their community from entering a cyclical life of crime.

As for the actual potential effect of how being a peer educator can have a positive result on their communities and families is difficult to determine as research would be required to validate the claims suggested by the participants’ in this study.

## **5.5. Further Findings**

### ***Peer Education Achieving Health Promotion***

The literature research has outlined some of the challenges faced by prisons’ to become settings of “health promotion” in the achievement of better health and

wellbeing for all within the prison setting. The literature also identified the importance of addressing the needs of this captive group, as documented by the World Health Organisation (WHO) prisoners' have disproportionate rates of ill health and social disadvantages' compared to the general population (Woodall, 2012).

As Woodall et al (2014) identified WHO has been instrumental in the publication of recommendations to address many of the health issues faced by individuals are effected by being in prison such as 'Mental Health Promotion in Prisons' (WHO, 1998), 'HIV in Prisons' (WHO, 2001a), 'Prisons, Drugs and Society' (WHO, 2001b), 'Promoting the Health of Young People in Custody' (WHO, 2003) and a Practical Guide to the Essentials in Prison Health (WHO, 2007). Although there is a great awareness of the determinants that affect the health of prisoners, there are clear shortcomings from the perspective of legislative policies to implement such recommendations. .As identified by the Ottawa Charter in Health promotion (WHO, 1986) for the delivery of health promotion in any setting, "healthy public policies" need to be developed to ensure the success of any health promotion initiative.

In Ireland, the actual operation of Health Promotion in Prisons would appear inadequate as there are no specific policies for health promotion in prisons (Mc Namara 2014; Santora et al, 2014) as reported by Woodall (2015). Therefore it would appear questionable as to whether Ireland has embraced fully, policies necessary to enable prisons to be a 'health promoting setting'.

The Ottawa Charter defines Health Promotion as 'the process of enabling people to increase their control over, and to improve their health" (WHO, 1986). Although this can be challenging in a prison context , as prisons regimes by their nature are disempowering, isolating and security focused as opposed to one that 'empowers'

prisoners, allows 'free choice' and encourages self-control over their lives while incarcerated. However, the Ottawa Charter endorsed the setting approach as one that can be conducive to good health in all settings as it moved away from the 'blame' culture of an individual's health towards tackling the wider determinants' that can affect health. Thus by providing a greater understanding of what determines health it supported the ethos of personal and social development through the provision of information, education about health and enhancing life skills. The Charter presents five principle areas that provide a framework for the delivery of health promotion: (1) building healthy public policy, (2) creating supportive environments; (3) strengthening community action, (4) developing personal skills and (5) reorientating the health services (WHO, 1986).

Woodall et al (2014) provided an overview of how these five action areas of the Ottawa Charter could be applied to the prison setting, by presenting an understanding of the actual possibilities of achieving a health promotion setting with respect to the function of prisons'. It would appear from the interview data collected that the role of the Peer Educators are advocates of Health Promotion and the importance of their role within the Irish prison setting is fundamental to the implementation of health policies within prisons and also achieving the five principles of health promotion as set out in the Ottawa Charter. While a bottom up approach to health promotion is to be applauded it is my view that without the implementation and advocacy of relevant health policies at a national and even political level their ultimate success, would appear to be limited.

### ***Create Supportive Environments***

In the creation of a supportive environment that is conducive to 'good health', the importance of 'place' and how it can determine the health of individuals /

populations' is fundamental. From the interview data collected it was clear that the volunteers gained a better understanding of how the health of individuals and the prison setting are inextricably linked. The Volunteers also recorded that because of their training in becoming peer educators they had a better insight into the potential risks associated with the prison. Woodall (2014) cites Ramaswamy & Frudenburg (2007) in stating that in creating supportive environments in prisons there is a notable reduction in violence and the development of better staff-prisoner relationships. One example of how the peer educators 'have a positive impact on creating supportive environments in the prison was the "weapons amnesty". This project was brought about because of the increase in cuttings' of prisoners with the use of blades. This developed through the prisoners' and staff working together to reduce the potential risk for staff and prisoners.

### ***Strengthening Community Action***

Strengthening Community Action is a strategy that aims to empower communities to gain control over the factors that influence their health. By the very ethos of 'empowerment', the feasibility of such an initiative being achieved in a prison setting could be thought of as being unachievable as prisons by nature are disempowering. But as the interview data highlighted the prisoners are empowered by the very act of participating in a programme that encompasses the idea that for any health improvements to be achieved in the prison the democratic participation of the prisoners' is imperative. One example of how the peer educators were an influencing factor in strengthening the prison community was when volunteers tried to address the issue of prison and mental health by having mental health awareness weeks throughout the year. The volunteers stated that they learnt how prisoners can be prone to poor mental health, being away from families, isolated in

cells for long periods of time. Throughout the interviews it emerged that by encouraging other prisoners to befriend each other or to leave their cells and go for walks there was notable reduction in violence in the jail as “prisoners had something to do”.

### ***Develop Personal Skills***

The Voluntary programme provided opportunities for prisoners to be able to improve their knowledge and awareness of health, enhance life skills and ultimately influence health beliefs and values (Dixey, Cross & Foster 2013 as cited in Woodall 2014). As the interview data was highly suggestive many of the volunteers spoke of how being a peer educator made them feel able to make some health behaviour changes in their own lives and improved self-efficacy. The training demonstrated that the development of personal skills is a contributory factor for health behaviour changes.

### ***Reorientation Health Services***

A greater understanding of the underlying factors that affect prisoner’s health for all interested stakeholders most notably health services. To provide them with resources that are supportive of health promotion / preventative measures of care, without compromising their own ethical duties of care. For the actual possibility of this means of health care to fully endorsed and implemented greater emphasis of the potential advantages to be recognised.

This chapter offered an interpretation of the findings from the interviews. It has demonstrated the benefits of peer-peer education as an influencing factor enhancing the overall health and wellbeing of the prison population and the wider community. It has also demonstrated the importance of the participation of all stakeholders to ensure the success of the programme. It has identified how the

volunteer's initiatives as peer educators generally appear to respect the fundamental principles of health promotion.

## 6.0 Chapter Six: Conclusions

### Conclusion

This thesis has explored the impact of being a Voluntary Red Cross Peer to Peer Educator in two male Irish Prisons: Prison A and Prison B. Through interview with volunteers it has been demonstrated the valuable contribution that prisoners trained as peer to peer educators have within the prison environment. The data collected also revealed how prisoners trained as peer to peer educators could potentially have a positive impact on the wider community outside of prison. Further research would be required to fully validate this as no studies, to the researcher's knowledge, have formally considered or tried to quantify the actual impacts in the Irish Prison system.

However my research did identify how volunteers were reflective of their own lives and how being a volunteer provided them with increased feelings of self-worth allowing reflection as to how they can contribute positively to humanity. The volunteers attributed these feelings to the Red Cross and how the programme empowered them as individuals to be able to make positive behavioural changes ultimately improving their own wellbeing. The study also identified how volunteering in prison provided the volunteers with a positive outlook for their future not only by improving their own health and well-being but also encouraging their own self-worth as contributing member of society. This Paper has presented an extensive overview of the valuable component of peer to peer led interventions have in responding to the contesting prison environment and this "at risk group" of people.

## **Recommendations:**

Having regard to the foregoing, my literary review and interviews with volunteers I conclude that to ensure the success and continued growth of the Red Cross programme certain recommendations should be considered as follows:

- The development of an appropriate health questionnaire in order to quantify the outcomes of peer led interventions for the volunteers and the prisoner population. Pre and Post.
- Development of a National Strategy for Health Promotion in Prisons
- All Irish Prisons to implement policies and standards that exercise health promotion
- The introduction of a programmes of support for volunteers when released to enable them to continue to utilise their skills in their communities.
- Further research into the concept of volunteering as a form of rehabilitation.
- Research into the cost effectiveness of peer led programmes
- To develop strategies to address the communication issues between all stake holders involved in the Red Cross Volunteer Programme
- Prisons to exercise approaches that enable prisoners to become empowered while abiding by the rules of the prison.
- The development of health promoting programmes that focus on staffing needs



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## 8.0 Chapter Eight: Appendices

## **Appendix 1 - Information Sheet for Prisoners**

***Title of research:***

***An examination of trained Red Cross Volunteers within an Irish Prison; peer-peer education***

***I am carrying out a study in relation to Red Cross volunteers acting as peer educators within an Irish prison setting.***

***Please read the following information and see if you agree to take part. I will come back to you in a week and if you agree then I will ask to sign a consent form to say that you are happy to take part and that you understand what taking part will involve.***

**What is the purpose of the project?**

The purpose of this study is to gain insight into what being a peer educator means to you and to identify if it is beneficial to peer educators from different aspects

**Why have I been chosen?**

You have been chosen because you have completed and graduated the CHHFA program and you are now a Red Cross volunteer

**Do I have to take part?**

No, you are not under any obligation to take part

**What will happen to me if I take part?**

If you agree to take part, you will be invited to meet with me for approximately 30 minutes to answer some questions by myself this will be recorded but I will be the only person to hear the recordings. The questions will be in relation to being a peer educator

**What are the possible disadvantages or risks to taking part?**

There are no identified risks or disadvantages in taking part

**What are the possible benefits of taking part?**

From the information I obtain from you it will highlight further the importance of peer education within a prison setting in addressing the needs of all within the prison environment and in the wider community.

**Will my taking part in this study be kept confidential?**

Yes, names of participants will not be used at any time throughout the study. During the interview process an alias name will be used. If by accident you mention your own name or any other information that you had not intended to disclose it will be edited out of recordings prior to being transcribed.

**What will happen to the results of the project?**

The information gathered from the interviews will be used as part of my studies in NUIG to enable me to complete my MA in Health Promotion.

**Contact for further information**

**Elaine Dunne, Midlands Surgery**

## 8.1. Appendix 2 – Declaration / Consent Form

### **DECLARATION:**

I have read, or had read to me, the information leaflet for this project and I understand the contents. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I have received a copy of this agreement.

**PARTICIPANT'S NAME:** \_\_\_\_\_

**CONTACT DETAILS:** \_\_\_\_\_

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Statement of investigator's responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

**INVESTIGATOR'S SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The original of this form will be kept by the researcher one copy will be given to the participant**

## 8.2. Appendix 3 - Questionnaire

### *Interview Questions*

- How long have you been a volunteer in this prison?
- Have you been a volunteer in any other prison?
- How did you find out about the Red Cross?
- Can you explain to me what do you do as a volunteer in this prison?
- Can you tell me in your words why you wanted to become a volunteer?
- How does being a volunteer make you feel about yourself?
- Can you explain to me what parts of being a volunteer do you most enjoy?
- And what parts do you find the most difficult?
- What ways do you think being a volunteer with the Red Cross is
  - a) Good for other prisoners?
  - b) Good the prison?
- Anyone else you think it is good for?
- What about you?
- In what ways do you feel you are treated as a peer volunteer in this prison?
- The training you received how did it prepare you for your role as a volunteer?
- Do you feel that being a volunteer impacted on your health and wellbeing?
- Did you feel it impacted on your physical health?
- Did you think being a Red Cross volunteer impacted on your psychological and emotional wellbeing?
- Last question. Of all the things you have learnt as being a Red Cross Volunteer, what stands out most in your mind?

### 8.3. Appendix 4 – Ethical Approval from Irish Prison Service College

#### The Research Office

**Irish Prison Service College**  
Brian Stack House  
Dublin Road  
Portlaoise  
County Laois



#### An Oifig Taighde

**Coláiste Seirbhís Phríosúin na hÉireann**  
Teach Bhrían De Staic  
Bóthar Baile Átha Cliath  
Port Laoise  
Co. an Laoise

Website/Láithreán gréasáin: [www.irishprisons.ie](http://www.irishprisons.ie)  
Email/Ríomhphoist: [researchoffice@irishprisons.ie](mailto:researchoffice@irishprisons.ie)

Telephone/Teileafón: (057) 863 4822  
Fax/Facs: (057) 862 0946

#### **An examination of trained Red Cross Volunteers within an Irish Prison; peer-peer education**

Dear Elaine

I am writing to confirm that the Irish Prison Service Research Office grants approval for your research project “**An examination of trained Red Cross Volunteers within an Irish Prison; peer-peer education**”. The Irish Prison Service will endeavour to support the project.

- A copy of the completed research paper could be lodged in the Research Repository, Irish Prison Service College.
  - The IPS will be granted prepublication access to the research paper for right of reply.
1. • The research methodology cannot interfere with the operations of the prison.
  2. • The Research Officer will contact you during the research and can meet with you and your supervisor should the need arise.
  3. • The grant of approval does not convey the right of access across the prison estate. Access is contingent on available prison resources.

If you have any queries regarding the grant of approval, please don't hesitate to contact the Research Officer, Irish Prison Service College.

Finally, I wish you the best of luck in your research endeavours.



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24 January 2018

