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Irish Prison Service



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**Irish Red Cross (IRC): Community Based Health and First Aid (CBHFA) Prison Program:
IRC Inmate Volunteers Response to COVID-19 in Irish Prisons**

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Irish Red Cross (IRC): Community Based Health and First Aid (CBHFA) Prison Program: IRC Inmate Volunteers Response to COVID-19 in Irish Prisons

Initially created by the International Federation of the Red Cross and Red Crescent Societies, the Community Based Health and First Aid (CBHFA) approach has been adapted to the Irish prison context, with inmate volunteers playing essential roles in supporting their prison communities.

The presence of the CBHFA Prison Program and associated volunteer work and support has positively impacted Irish inmate experiences whilst preparing for and responding to the incoming existence and transmission of the coronavirus (COVID-19).

The following report will provide an overview of the CBHFA Prison Program in order to depict the effectiveness of inmate volunteer activities during the prisons' response to COVID-19. Specifically, two prisons will be analyzed in terms of their contributions to the pandemic response.

CBHFA History & Overview

The CBHFA Prison Program

CBHFA was initially created by the International Federation of the Red Cross and Red Crescent Societies as an approach to enable communities to take control of their health (International Federation of Red Cross and Red Crescent Societies [IFRC], n.d.; Irish Red Cross [IRC], 2019). As a volunteer-led approach, communities are able to identify and address their own health needs using simple tools and projects adapted to their context (IFRC, n.d.).

Ireland was the first country in the world to adapt the CBHFA approach to a prison context, beginning implementation of the CBHFA Prison Program in 2009 (IRC, 2019). By 2014, the program was introduced in all 13 prisons across Ireland with the intent of improving health awareness and education within the prison communities. It is facilitated in collaboration by the Irish Prison Service (IPS), the Irish Red Cross (IRC), and the National Education and Training Board (ETB) (Red Cross EU Office, n.d.).

The Volunteers

The foundation of the program within the prison context depends on peer-to-peer education and support. In their Red Cross classes, inmate volunteers learn about different health topics affecting their communities. They are trained to implement projects and activities with the goal of creating a healthier and safer environment within the prisons and disseminate what is learned during Red Cross classes to their communities.

The volunteers are foundational to the program because of this dissemination of information to their peers. Notably, the program moves away from a "staff vs. prisoners" dynamic, instead focusing on unifying all members to enhance health at the community level (IFRC, 2019). Within the prison communities, volunteers have come to be recognized as trusted and reliable sources for their peers as a result of their participation in the CBHFA Prison Program.

CBHFA Impact

With over 1000 inmate volunteers recruited since the commencement of the CBHFA Prison Program (IRC, 2019), there have been several positive outcomes in the Irish Prison communities. Classroom learning along with implementation of activities and projects have not only improved the prisons' physical environments but have also enhanced relationships amongst prisoners and prison staff.

Generally, peer-based prison interventions have previously been associated with reductions in staff turnover, improved management of staff workload through being provided with prisoner support, and improved communication between inmates and staff (Fletcher & Batty, 2012; South et al., 2016). Since the introduction of the CBHFA Prison Program, there have been noticeable improvements amongst Irish prisons in terms of enhanced trust and communication between inmates and prison staff (IRC, 2019).

Ultimately, the CBHFA Prison Program works toward empowering volunteers and helping them develop a sense of community within the prisons (IFRC, 2019). In relation to general peer-based interventions, inmate volunteers have reported enhanced sense of community as a result of working with other prisoners (Walby & Cole, 2019).

As a direct impact of the CBHFA Prison Program, inmates have reported that they have come to think of the "prison" as a "community" (Hart et al., n.d.). As their perception changes to view the environment as a place of living rather than a place of incarceration, volunteer motivations toward improving their living conditions change correspondingly (IRC, 2019).

The program provides volunteers with the opportunity to be involved and productive within their communities, as well as with skills that enable them to develop a sense of purpose and identity. External literature suggests that participating as a peer educator within prisons is strongly associated with positive mental health impacts (Bagnall et al., 2015).

Additionally, participating in prison interventions as a peer supporter has been associated with enhanced confidence and social capital, as well as improved self-esteem, independence, and communication skills (Fletcher & Batty, 2012; Her Majesty's Inspectorate of Prisons, 2016).

As a result of participating in the CBHFA Prison Program, IRC volunteers have reported increased confidence, self-efficacy, and sense of potential within their communities, as well as that they have felt more dependable and credible in the eyes of their peers and prison staff (Hart et al., n.d.; IRC, 2019). Without the opportunity to participate in the CBHFA Prison Program, inmates who have become volunteers may have struggled to develop these traits.

Program Structure***The Community Health Action Committee & Sensitization Workshops***

Management structure and motivation has been identified as a key indicator of success of the CBHFA Prison Program (Hart et al., n.d.). The Community Health Action Committee consists of staff that are involved with the management and facilitation of the Prison Program, along with two volunteer representatives from each prison.

Additionally, the CBHFA Prison Program has been demonstrated to have greater influence on prison communities when proper *Sensitisation Workshops* are integrated into the preparation process (IRC, 2019). The aim of these workshops is to enhance the abilities of prison healthcare, management, education, psychology, and IRC personnel to provide support to the volunteers (IRC, 2019). The abundance of well-trained individuals involved, who are able to support the volunteers, contribute to the success of the CBHFA Prison Program.

Program Modules, Projects, & Activities

Based on an *Action Learning* framework, the majority of the CBHFA Prison Program consists of community-based activity and peer-to-peer education, awareness, and support, with Red Cross classes occurring each week (IRC, 2019).

In the classroom, volunteers learn several core modules from which projects are created. In Irish Prisons, five core modules are taught to volunteers through the CBHFA Prison Program. The program is flexible; the target subjects that are addressed and the order of activities implemented may change depending on the prison. However, each prison will conduct these five core modules through CBHFA.

Module 1: Red Cross Red Crescent in Action Volunteer.

During this module, volunteers learn about the history and values of The International Red Cross Red Crescent and National Red Cross Societies, and the CBHFA approach (IRC, 2019).

Module 2: Community Mobilization.

Community Mobilization ensures that volunteers are able to communicate and build relationships with those involved with the CBHFA Prison Program (IRC, 2019). Volunteers learn effective communication skills and how to successfully engage with their communities.

Module 3: Behaviour Change.

The purpose of this module is to analyze behaviour change over time, including prisoner tendency or failure to engage in unhealthy and healthy behaviours, respectively. Although the process can be complex, the IRC volunteers are well-suited to understand the motivations of their peers as members of their communities.

Module 4: First Aid & CPR Training.

During First Aid and CPR Training, volunteers are taught to assess, plan, implement, and evaluate first aid for different injuries and illnesses and to communicate injury prevention messages to their peers (IRC, 2019).

Module 5: Community Assessment.

Community assessment is fundamental to the success of the CBHFA Prison Program (Hart et al., n.d.). During this module, IRC volunteers determine the health and safety priorities of their communities (Hart et al., n.d.; IRC, 2019). The volunteers are then able to develop an action plan and determine what skills and knowledge are required to implement projects that will address the specific needs of the community.

Within the Community Assessment module, there are five target subjects which volunteer activities must address: health subjects, infection control, mental health, non-communicable diseases, and social inclusion.

Volunteers in different prisons may choose activities and projects unique to their communities based on issues that arise through the Community Assessment, but they are required to address each of the five target subjects. For the purpose of this report, the two most relevant target subjects that will be discussed in relation to the COVID-19 response are *mental health* and *infection control*.

Mental Health.

Although not originally identified in the CBHFA Prison Program curriculum, mental health was recognized as an area that required attention amongst the Irish Prison communities (Hart et al., n.d.). The role of the volunteers within mental health projects is to raise awareness for mental health issues and provide information as to where their peers can access psychology services within the prisons. Volunteers create awareness projects based on the most common mental health challenges identified in their communities.

Infection Control.

As a core element of CBHFA, volunteers have established a strong foundation in infection control knowledge and procedures. Volunteers work with the Infection Control Team to learn messages related to health and hygiene to reduce risk of infection and transmission of infectious disease within the prison communities (Hart et al., n.d.).

These activities include raising awareness about handwashing, coughing, and sneezing etiquette through poster campaigns, as well as mentoring other prisoners concerning hygiene-related tools (see Figure 1). Although infection control became increasingly relevant in light of COVID-19, it is important to note that this target subject has been core to the CBHFA curriculum since the commencement of the Prison Program.

In preparation for the potential entrance of COVID-19 into Ireland, the IPS implemented several measures to protect the health of the prison communities. In response, the volunteers of the CBHFA Prison Program played an important role in supporting inmate adjustment to implemented measures. The importance of the volunteers' foundational learning through the CBHFA curriculum in establishing their response to COVID-19 will be discussed.

CBHFA Response to COVID-19

In order to contextualize the volunteers' response to the threat and emergence of COVID-19, it is important to distinguish the timeline in which events occurred. The IRC began preparing volunteers to respond to COVID-19 in January of 2020, prior to the entry of the virus into Ireland. In February, the first case of COVID-19 entered Ireland. Beginning mid-March, the first lockdown was introduced in the prisons, lasting until the end of June. The first cases of COVID-19 entered the Irish Prison System in August, but there was no transmission of the virus within the prisons until October.

Prevention & Infection Control

Prevention was essential in the CBHFA response to COVID-19. As it is particularly difficult for correctional facilities to control the spread of infectious diseases, such as COVID-19, due to shared and crowded spaces and daily entrance and exit of prison staff and visitors (Wallace et al., 2020), this work was especially important.

According to the World Health Organization (2020), the most effective way to prevent or slow the transmission of COVID-19 is to be well-informed about the nature of the disease and how it spreads. Before the virus had even entered Ireland, volunteers were learning about how it could affect their communities, including the symptoms, infection control mechanisms, and potential dangers associated with COVID-19 (IRC, 2020a).

Volunteers disseminated this knowledge to their communities, allowing for all prisons to implement effective infection control measures in preparation for potential entry of the virus.

As previously outlined, volunteers are trained in infection control activities as part of the CBHFA Prison Program curriculum. It is important to note that while infection control activities were deemed essential in the prison response to COVID-19, this was not an area in which the volunteers were unfamiliar.

In terms of infection control, volunteers had a strong foundation to prepare for and respond to the emergence of COVID-19. In addition to their normal activities, such as proper hand-washing protocol, coughing and sneezing etiquette, and safer cleaning systems, volunteers also learned and implemented specific infection control procedures related to COVID-19 (IRC, 2020a).

The activities of the IRC volunteers contributed to zero positive COVID-19 cases amongst Irish prisoners from February to August of 2020. To date, there have only been 11 cases spread via community transmission.

Activities.

All 13 Irish prisons implemented various activities to promote infection control and hygiene in response to COVID-19. Handwashing, coughing, sneezing, and spitting etiquette were main target areas of hygiene awareness and regulation within the prisons (IRC, 2020c).

Volunteers contributed to several activities and projects promoting these objectives to their peers, including poster campaigns, handwashing programs, and spreading verbal awareness (see Figure 2). Volunteers also aided in maintaining prison hygiene in preparation and response to COVID-19 by assisting with industrial cleaning and aiding prison officers with small cleaning tasks throughout the prisons.

As confined conditions within incarceration facilities may encourage person-to-person transmission (Clarke et al., 2020; Wang et al., 2020), social distancing was an important implementation throughout all Irish prisons to reduce the spread of COVID-19.

Since infection control has been actively present within the prisons since the commencement of the CBHFA Prison Program, enhancing infection control measures in response to the pandemic was generally well-received by the prison communities.

COVID-19 Response: Impacts on the Prison Community

As a result of the pandemic, Irish prisons executed an initial lockdown beginning in March. Prisoners experienced changes to their lifestyles, with their normal daily activities and routines entirely altered.

In some cases, due to the need to maintain social distancing, prisoners remained in their cells for the majority of each day, with outdoor time significantly reduced. Furthermore, when inmates did leave their cells, opportunities for socialization amongst prisoners were reduced due to social distancing measures. Given the circumstances, it was not possible for prisoners to safely continue participating in certain activities that they would normally partake in, such as going to the gym.

Therefore, these activities were cancelled during the initial lockdown. These changes led not only to an overwhelming sense of boredom amongst the prisoners, but also to further frustrations, low morale, and decreased mental wellness within the prison communities.

Another major change within the prison community was the cancellation of visits. As a result of lockdown, visitors from outside of the prison, such as inmates' family members, were no longer permitted to enter. Fortunately, prisoners remained able to conduct phone calls and, beginning in May, opportunities for video calls were also made available by the IPS.

All prisoners were able to access video calling services weekly, excluding those living in isolation. Although these provided inmates with opportunities to connect with those outside of the prisons, there were some technical challenges. Particularly, internet connectivity with certain communities around Ireland, such as those in rural areas, was often problematic.

The IPS introduced a support line that could be used by inmates experiencing technical challenges in attempt to reduce issues on behalf of the prison system. It was important for the IRC volunteers to make their peers aware that difficulties were not necessarily due to technical issues on behalf of the IPS.

Volunteers as a Support System

As COVID-19 became more serious and widespread, in-person supports that would normally be active within the prison communities, including teachers, psychologists, counsellors, and others, were no longer permitted to enter the prisons (IRC, 2020a). In response, the IRC volunteers assumed a strong leadership role to support their peers. As well as continuing to provide peer-education regarding infection control procedures, volunteers distributed information throughout their communities about COVID-19.

Volunteers also undertook non-professional mentally and emotionally supportive roles. These roles included listening to inmates express their challenges, advocating for the mitigation of mental health concerns, informing their peers how to access professional services considering changes to prison regimes, and attempting to maintain and promote positive morale throughout the prison

communities. The disruption of normalcy, additional time that inmates remained in-cell, and inability to see their families were particularly impactful to prisoner mental wellness (IRC, 2020d).

Generally, peer support has been found to be successful within prisons as there is empathy demonstrated by those providing support due to shared experiences (Bagnall et al., 2015). Additionally, peer supporters tend to be non-judgemental and are trusted by their community members.

As IRC volunteers had already formed strong relationships and established a sense of trust within their communities due to their participation in the CBHFA Prison Program, they felt that they were in a position to provide support to their peers. Additionally, as one of the target subjects within the CBHFA curriculum is mental health, volunteers were familiar with potential mental wellness challenges and need for support.

Pressures on Volunteers

In response to the changes to prison regime, many members of the Irish prison communities experienced frustrations and apprehensions. As the IRC volunteers have come to represent reliable and trusted sources of information amongst their peers, many inmates approached them with their questions, concerns, and points of frustrations relating to COVID-19 and the pandemic response.

As such, pressure was placed on volunteers to provide their peers with accurate and timely information and responses. As predicting the development of a pandemic is challenging and there was limited knowledge available about the virus at its outset, there was consequent difficulty in the development and implementation of pandemic guidelines (Mangiarotti et al., 2020; Saperstein et al., 2020). These types of issues did not only affect the prison system but the general population as well.

As a result of the novel nature of the pandemic, there were constant changes in incoming information relating to restrictions and protocols within the Irish prisons. Thus, it was difficult for the Red Cross volunteers to communicate information that would be perceived as accurate and consistent by their peers.

In addition to attempting to respond to community frustrations related to changing protocols and prison regime, the constant turnover of incoming pandemic-related information resulted in experiences of pressure and frustration on behalf of the volunteers as they attempted to continue to provide their peers with the most current information.

Information Dissemination & Remote Learning

With social distancing measures in place and in-person classes no longer possible, the IPS and Red Cross volunteers adapted to ensure that the prison community was still receiving relevant information and education that they required.

Newsletters were distributed by the volunteers which included information related to COVID-19 (see Figure 3). The distribution of informational materials by the volunteers has been essential in disseminating pandemic-related information amongst the prison communities.

This method was the most efficient and effective way of distributing crucial information about COVID-19 amongst the prison communities and would not have been as successful without the work of the volunteers. *Education Packs*, prepared by ETB teachers, were also compiled and distributed by the volunteers. Inmates were able to request general and course-related educational supplies and materials that allowed them to continue learning despite restrictions.

In preparation for a second lockdown, *CBHFA Remote Learning Packs* were created to ensure that volunteers could complete the Red Cross program despite the absence of in-person classes. *CBHFA Remote Learning Packs* included the core CBHFA modules and target subjects. Therefore, the volunteers would be able to continue learning about relevant issues that may be impacting their communities in the event that a second lockdown did occur (IRC, 2020b, IRC, 2020c).

Cross Comparison of Volunteer Activities in Selected Prisons

The following will detail the IRC volunteer response to COVID-19 in two selected Irish prisons. The experiences within each will be depicted in order to construct a reflection as to how Irish prisons would have typically experienced lockdown, protocols, and restrictions related to COVID-19.

For the purpose of privacy, the two selected prisons will be referred to as “the sentence prison” and “the remand prison”. It is important to note that although the circumstances described are specific to these two prisons, experiences would have likely been similar across Irish prisons. As it was not possible to speak with representatives from all prisons, two cases will be discussed in depth.

The Sentence Prison

As previously mentioned, prevention was a major component of the volunteer response to COVID-19. At the sentence prison, the IRC volunteers began learning about COVID-19 and conducting weekly handwashing demonstrations in January 2020, prior to the entry of the virus into Ireland (IRC, 2020e).

Beginning early February, the volunteers had designed and displayed their first posters relating to COVID-19 and ensured to continue spreading awareness about the importance of respiratory etiquette in controlling the spread of the virus. At the end of the month, the first case of COVID-19 was reported in Ireland, causing a great deal of stress within the prison.

In mid-March, the prison's regime became stricter and several restrictions were put in place. Prison visits were suspended in effort to control the risk of the incoming incidence and spread of COVID-19. Many factors were implemented to ensure that social distancing measures were followed, such as signs to control the direction of inmate and staff flow and social distancing markings on floors and in the yard.

As a result of lockdown, activities that the inmates would normally take part in were put on hold. This included the closure of gyms, schools, and the yard, as well as the suspension of visits and removal of staff supports from the prison.

As the pandemic progressed, the volunteers worked to disseminate information about COVID-19 to their peers. This included delivering weekly newsletters to update the community on changes to the prison regime and remind their peers to engage in other implemented measures, such as maintaining social distancing, refraining from sharing cigarettes and spitting, and maintaining proper handwashing etiquette.

Education packs, including writing pads, construction kits, crosswords, and other materials requested by the community, were packaged and delivered by the volunteers.

Although the volunteers handled the incoming information and changes well and provided support to their community members, the overall morale within the sentence prison was low. Among the inmates, there were underlying feelings of anger and frustration in terms of perceived changes in incoming information.

Boredom and despair were also reported as outcomes of lockdown and implemented safety measures. Similar emotional responses as a result of changes to prison regime would have likely been experienced across many Irish prisons.

The Remand Prison

Similar to the volunteer response within the sentence prison, volunteers in the remand prison acted preventatively in learning about COVID-19 during CBHFA classes, beginning in January of 2020.

The major changes within the remand prison in terms of the COVID-19 response began in mid-March. Protocols to enhance hygiene, cleanliness, and social distancing throughout the prison were implemented. Again, similar to that experienced in the sentence prison, normal activities within the remand prison were put on hold as a result of lockdown, such as use of the gym, school, and yard, which are all important to the prisoners' regimes.

In-person supports, teaching services, and visits were also removed from the remand prison in attempt to limit potential incoming spread of COVID-19. In the same sense as within the sentence prison, volunteers at the remand prison served as a source of information for the rest of their community.

Additionally, aligned with the situation in the sentence prison, volunteers aided the ETB teachers and prison officers in packaging and delivering educational materials throughout the prison.

Cross-Comparison of the Selected Prisons

The following will further detail and compare the experiences within the sentence and remand prison in terms of their responses to COVID-19 according to the following themes: information dissemination, the delivery of educational materials, shifts in prisoner morale, and volunteer support.

Information Dissemination

In both of the selected prisons, there were successes and challenges reported involving volunteer dissemination of information related to COVID-19. As trusted sources within the prison

communities, volunteers felt pressured to disseminate accurate and timely information in response to pandemic-related questions and concerns posed by their peers.

Due to constantly changing circumstances and novel nature of the pandemic, there was uncontrollable turnover of information being delivered to the volunteers by the IPS. Thus, volunteers reported difficulties as many of their peers perceived this turnover of information as miscommunication.

In terms of disseminating information, the delivery of newsletters was considered a positive component of the pandemic response as doing so allowed volunteers in the selected prisons to continue to be active and productive in their communities.

However, as pandemic-related protocols and information were varying frequently, there were frustrations due to the perceived inconsistency of incoming information regarding COVID-19, particularly in the sentence prison. Information that volunteers were receiving from IPS management was often changing, resulting in the transmission of information from the volunteers to their peers being perceived as mixed messages.

As volunteers are trusted members of their communities, much of their peers' frustrations regarding apparent miscommunication was directed toward them. In attempt to overcome the perceived inconsistencies in information, IPS staff continuously updated volunteers, ensuring that they could provide the most current information to their communities as quickly as possible.

Although volunteers valued the delivery of newsletters and relaying of information as opportunities for social interaction and to remain active in their communities, it became frustrating at times for them to deal with associated pressures.

Moreover, volunteers and other inmates felt limited in their abilities to discuss their experiences as in-person supports and psychological services in the prisons had been removed. The volunteers' work was extremely important as whilst disseminating information and connecting with their peers, volunteers were also able to collect and relay inmate concerns and frustrations to IPS staff to be addressed and resolved.

Additionally, over-the-phone psychology services became available to inmates in May, providing them with opportunities to discuss their experiences.

Volunteers in the remand prison experienced similar pressures in terms of perceived changing or miscommunication of information. Many prisoners in the remand prison approached volunteers for information regarding COVID-19.

As discussed, volunteers are trusted sources within the prison community, and this sense of trust upheld even through experiences of perceived miscommunication. In the case that volunteers did not have the information required to respond to peer inquiries, they would spare no effort in obtaining information necessary to update their community.

The Delivery of Educational Materials

In terms of the importance of volunteer response in aiding their communities during this time, both the sentence and the remand prison reported that the delivery of educational materials was essential. As previously mentioned, volunteers would collect requests as to what educational materials their community members needed.

Once materials were acquired, volunteers, under the supervision of ETB teachers, would assemble and deliver them as *Education Packs* to their peers. In the sentence prison, volunteers worked hard to deliver over 1000 packs during the course of the first lockdown. This work was extremely valuable for their community.

Due to the fact that the comparison of inmate experiences is in reference to two types of prisons, it is important to note that there was a corresponding difference in the educational materials that the inmates requested in each.

In the sentence prison, inmates were able to request general as well as course-specific materials. Inmates would use course-specific materials to continue their studies that would have been occurring if in-person classes had not been removed. Course-specific materials were important as they allowed inmates to continue learning during lockdown despite the extraction and cancellation of other educational supports such as teaching staff and in-person classes.

In the remand prison, however, as inmate turnover is high, it is difficult to determine the point at which prisoners are with regard to their studies. Thus, educational materials offered and delivered by the volunteers consisted of more general literacy or activity packs, such quizzes, crosswords, puzzles and other types of “brain-exercising” materials, that were not course-specific.

As a result of changes to their normal activities and daily routines, it was reported that inmates experienced severe boredom. Not only did packaging and delivering of educational materials allow the volunteers to stay active in their communities, but the volunteers' work made an extremely positive impact within the prisons, relieving boredom and supporting their peers to remain productive.

The volunteers' work amongst different Irish prisons would have likely produced a similar impact in their communities.

Shifts in Prisoner Wellness

Lockdown and restrictive measures implemented as a result of COVID-19 contributed to a shift in prisoner wellness. In addition to frustrations attributed to changes in incoming pandemic-related information, fear and diminished morale were also reported in both of the selected prisons in response to changing regime.

Much of this change was due to the loss of in-person family contact and removal of prison visits. Due to changing daily routines and the withdrawal of normal activities, there were also changes to inmate attitudes and impacts on the mental wellbeing of members of the prison communities. Inmates also experienced general fears in response to the pandemic.

Visitation Changes.

As a direct result of lockdown, visits were removed in all prisons in attempt to control the incoming spread of COVID-19 (Irish Prison Service, 2020). With the first lockdown enduring from mid-March until the end of June, prisoners were unable to see their family members in person for several months.

For many inmates, family visits may be a highlight of their lives in prison, often enhancing mood and providing prisoners with something to look forward to (Dixey & Woodall, 2012). It is therefore not surprising that in both the sentence prison and the remand prison, inmates reported frustrations in response to the removal of visits. This sentiment was likely experienced across many Irish prisons.

Contributing to frustrations, prisoners feared that in the event that their family members became infected with COVID-19, there would be a delay in receiving notification due to prison restrictions. Additionally, in the sentence prison particularly, inmates reported challenges as they could not receive personal items delivered from their family members, such as birthday or Father's Day cards, or clothes.

Many struggled mentally and emotionally with this change as these personal items were extremely important in representing their identities outside of the prison. Even in absence of pandemic-related protocol, personal control is limited for prisoners (Woodall et al., 2014). Therefore, the inability to obtain personal items was particularly troubling for inmates as it was another aspect that was out of their control.

With in-person visits suspended, inmates were provided with the opportunity to conduct phone and video calls with their families. At the remand prison, this resulted in feelings of relief on behalf of many prisoners as they were pleased to be able to see their families faces, even if virtually. There were no major technical challenges experienced in the remand prison.

In the sentence prison, however, frustrations arose as a result of technical challenges with the implementation of video calls. These technical challenges occurred both on behalf of the prisons and on behalf of the inmates' family members, often calling from across the country or having unstable internet connection.

One aspect that was especially frustrating for the prisoners, as reported in the sentence prison, was that the opportunity to speak to their family members often created false hope within the community. As inmates were eager to speak to family members, technical issues produced disappointment for those who, as a result, were unable to successfully conduct video calls. Therefore, many prisoners ceased to attempt conducting video calls to avoid potential disappointment associated with technical challenges.

The IPS aided the inmates in alleviating these technical challenges by establishing a support line that inmates could contact to solve technical issues. However, issues external to the prison were out of their control. Volunteers attempted to reduce frustrations amongst their peers by explaining the availability and purpose of the support line.

Additionally, volunteers recommended that their peers encourage family members to ensure strong internet connection at the time of scheduled calls. This suggestion, as well as information about the support line, were indicated through the newsletters delivered by the volunteers.

Disruption of Normalcy.

In addition to the suspension of visits, many other activities that prisoners would normally take part in were put on hold. As routine is an important aspect to maintaining mental wellness and wellbeing (Ginsberg, 2020), particularly for inmates (Ricciardelli & Memarpour, 2016), this disruption of normalcy produced many challenges.

It has been suggested that engaging in routine results in positive emotional and cognitive responses for prisoners, such as helping them develop a sense of agency and cope with living in the prison environment (Ricciardelli & Memarpour, 2016). As a result of the pandemic response, prisoners were unable to follow their normal routine on which they typically thrive.

In the sentence prison, throughout the first lockdown, prisoners remained in their cells for the majority of each day to maintain social distancing. In both the sentence prison and the remand prison, it was reported that closures of facilities such as the yards, schools, and gyms, had impact on the prisoners and their mental wellbeing.

The ability to utilize these spaces is important to the prisoners' wellbeing through maintaining their daily routines. Furthermore, following the initial lockdown, although prisoners were able to leave their cells more often, opportunities for social interaction were limited, presenting difficulties. The lack of in-person psychological, counselling, and other supporting services presented a challenge with dealing with resultant mental wellness impacts as well.

What was particularly difficult to cope with, on behalf of the prisoners, was the fact that not only was normalcy disrupted, but there was also no way of knowing when, or if, the prison regime would return to normal. Reflected by a volunteer from the remand prison, there are still "question marks" as to how the prisons will proceed without knowing the outcome of the pandemic.

Fear of Becoming Ill.

In response to the potential incoming presence of a deadly virus, it is no surprise that fear of becoming ill was a common sentiment expressed by prisoners in both the sentence prison and the remand prison. When COVID-19 first landed in Ireland, inmates were fearful that the virus may enter the prisons (IRC, 2020e). However, there were slightly different experiences relating to the fear response in the remand prison in comparison to the sentence prison.

In the sentence prison, there was fear expressed not only in terms of contracting the virus, but also, due to the suspension of visits, inmates feared that they would become infected and there would be delay in their families being notified. Conversely, in the remand prison, although there was fear expressed in terms of contracting the virus, the community reported feelings of reassurance and enhanced safety with the implementation of restrictive measures.

According to one officer at the remand prison, protocols reduced the fear of incoming or transmission of COVID-19. Particularly, measures in place to distance new inmates from the rest

of the community enhanced feelings of safety as inmates were confident that they were at reduced risk of being exposed to others potentially infected with COVID-19.

For incoming inmates, a 14-day quarantine was implemented for the purpose of controlling potential transmission of COVID-19. Quarantine resulted in limited socialization for these prisoners as they mainly interacted with those that they entered the prison with and often remained in-cell for the majority of the day.

The sense of security experienced in the remand prison created a more positive atmosphere amongst inmates than of that in the sentence prison. Although there are mixed opinions depicted through the analysis of the selected prisons, there was likely representation of both types of experiences throughout many Irish prisons.

Volunteer Support

Considering the challenges within the prisons during the pandemic and associated lockdown, protocols, and restrictions, the IRC volunteers played a major role in supporting their peers in their prison communities. In addition to disseminating information and delivering educational materials, volunteers acted as sources of non-professional social and emotional supports for their peers.

More specifically, in regard to shifts in 'prison wellness' and disruptions of normalcy, including challenges associated with visitation suspension and lack of social interaction, volunteers played an essential role in providing support.

With the extraction of in-person supports and services from agencies such as psychology services, counsellors, chaplains, and teachers, the volunteers' roles as a support system became crucial (IRC, 2020a). During the span of the first lockdown, prisoners struggled with the lack of social interaction and changes to prison regime, as previously discussed.

In attempt to lessen emotional impacts of the changes associated with a lack of social interaction, volunteers offered to visit cells and to provide their peers who were quarantining, cocooning, and isolating with face-to-face interaction, as they were particularly vulnerable during this time.

The support that the volunteers provided through this period of limited or absence of social interaction was reported as important and successful in the sentence prison. As the volunteers are trusted members of their communities, their peers felt comfortable expressing their concerns and struggles related to the pandemic, as well as general issues that they may have been experiencing due to the extraction of in-person prison services.

These acts of support were particularly important for those who were confined to their cells and those who were struggling with the "stricter regime" (IRC, 2020f). The volunteers in the sentence prison ensured that their community knew that they were available for support if needed.

Volunteers took the initiative to send out a letter to their community offering to provide support. The volunteers noted: "*if you are struggling behind the door, ask your class officer to call one of us. - we are happy to chat and help whatever way we can*" (IRC, 2020f).

Although they attempted to remain positive to help their communities cope, at times, volunteers at the sentence prison experienced their own frustrations and low morale in response to the pandemic and negative reactions of their community (IRC, 2020e).

Acknowledging this is important because although the volunteers may have also struggled, they continued to create a support network for their peers, spreading positive messages and disseminating information and educational materials to their community. Through this strange time, volunteers remained optimistic that the prison would eventually return to normal (IRC, 2020e).

The volunteers at the remand prison had similar experiences relating to the positive aspects of social and emotional support that the volunteers were able to provide to their community. In addition, in the remand prison, volunteers considered the delivery of resources particularly important as this provided them with an opportunity to “check in” on their peers.

Resonating with that experienced in the sentence prison, the volunteers in the remand prison are trusted members of their communities. Thus, inmates felt comfortable confiding in the volunteers, often communicating feelings they did not feel comfortable expressing to anyone else.

This sense of comfort that the inmates feel in relation to the volunteers further strengthens the notion that the IRC volunteers are well-respected and trusted members of their prison community, making them an essential presence during the struggles associated with the pandemic. Not only is this true in relation to these two selected prisons, but similar feelings of trust and respect for the IRC volunteers would likely be expressed across many Irish prisons.

Conclusion

The volunteers' activities within their communities both prior to and during the pandemic have been essential. The significance of the volunteers' support and response has undoubtedly been experienced across all 13 Irish prisons. Importantly, the volunteers' foundational knowledge through the CBHFA Prison Program has been crucial in forming their ability to prepare and respond to the entrance of COVID-19 into Ireland and the Irish Prison System.

Despite challenges associated with the implemented lockdown, restrictions, and measures throughout the prisons' pandemic response, volunteers continued to spread optimistic messages and attempted to maintain positive morale amongst their peers.

A volunteer from the remand prison expressed that actively participating in the CBHFA Prison Program has provided them and other volunteers with a sense of community, enhancing their desire to make their peers' lives more comfortable and aid their community members in developing a sense of self-worth. This sentiment upheld during the pandemic response and was likely similarly experienced by volunteers across many Irish prisons.

Not only is it clear that the volunteers are trusted and respected members of the prison communities, but also that their desire to meaningfully impact their peers is foundational to and conveyed through their activity within the prisons. Each of the factors discussed have

demonstrated the essential presence of the IRC volunteers during the prisons' pandemic response, providing support to their peers and positively impacting their communities.

References

- Bagnall, A.-M., South, J., Hulme, C., Woodall, J., Vinnall-Collier, K., Raine, G., Kinsella, K., Dixey, R., Harris, L., & Wright, N. M. (2015). A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC Public Health*, 15(IRC, 2019). <https://doi.org/10.1186/s12889-015-1584-x>
- Clarke, M., Devlin, J., Conroy, E., Kelly, E., & Sturup-Toft, S. (2020). Establishing prison-led contact tracing to prevent outbreaks of COVID-19 in prisons in Ireland. *Journal of Public Health*, 42(3), 519-524. <https://doi.org/10.1093/pubmed/fdaa092>
- Dixey, R., & Woodall, J. (2012). The significance of 'the visit' in an English category-B prison: Views from prisoners, prisoners' families and prison staff. *Community, Work & Family*, 15(IRC, 2019), 29-47. <https://doi.org/10.1080/13668803.2011.580125>
- Fletcher, D. R., & Batty, E. (2012). *Offender peer interventions: What do we know?* Sheffield Hallam University: Centre for Regional Economic and Social Research. <https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/offender-peer-interventions.pdf>
- Ginsberg, L. (2020, June 2). *Why routines are important for mental health*. Hackensack Meridian Health. <https://www.hackensackmeridianhealth.org/HealthU/2020/06/02/why-routines-are-important-for-mental-health/>
- Hart, W. O'Sullivan, R., Healy, D., Abiodun, N., Green, A., O'Keefe, R., Betts-Symonds, G., McGowan, C., & O'Halloran, L. (n.d.). *Community based health and first aid in prisons: 3 year report 2015-2017*. <https://www.redcross.ie/wp-content/themes/twentyfourteen/download1.php?filename=/2019/01/CBHFA-in-Irish-Prisons-Report-2015-2017.pdf>
- Her Majesty's Inspectors of Prisons. (2016). *Life in prison: Peer support*. <https://www.justiceinspectors.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2016/01/Peer-support-findings-paper-final-draft-1.pdf>
- International Federation of Red Cross and Red Crescent Societies. (n.d.). *About CBHFA*. <https://www.ifrc.org/what-we-do/health/cbhfa/about-cbhfa/>
- International Federation of Red Cross and Red Crescent Societies. (2019, January 1). *Eddie: empowering inmate volunteers and building a community* [Video]. YouTube. https://www.youtube.com/watch?v=FZR4NvE_8KE&feature=emb_title
- Irish Prison Service. (2020, October 6). *Suspension of physical visits to all prisons 06 October 2020*. <https://www.irishprisons.ie/suspension-physical-visits-prisons-06-october-2020/>
- Irish Red Cross. (2019). *Community based health & first aid prisons programme: Irish implementation guide*. <https://www.redcross.ie/wp->

[content/themes/twentyfourteen/download1.php?filename=/2019/01/CBHFA-Prisons-Programme-Irish-Implementation-Guide-January-2019-2.pdf](https://www.redcross.ie/wp-content/themes/twentyfourteen/download1.php?filename=/2019/01/CBHFA-Prisons-Programme-Irish-Implementation-Guide-January-2019-2.pdf)

Irish Red Cross. (2020a). *CBHFA response to COVID-19*. <https://www.redcross.ie/wp-content/themes/twentyfourteen/download1.php?filename=/2020/09/COVID-19-Description-Final.pdf>

Irish Red Cross. (2020b). *Community Health Action Committee notes* [Unpublished data].

Irish Red Cross. (2020c). *Logbook of volunteer activities – COVID-19* [Unpublished data].

Irish Red Cross. (2020d). *Summer 2020 Red-Cross activities* [Unpublished data].

Irish Red Cross. (2020e). *Volunteer's account of response to COVID-19* [Unpublished data].

Irish Red Cross. (2020f). *Volunteer's letter to their community (re COVID-19)* [Unpublished data].

Mangiarotti, S., Peyre, M., Zhang, Y., Huc, M., Roger, F., & Kerr, Y. (2020). Chaos theory applied to the outbreak of COVID-19: An ancillary approach to decision making in pandemic context. *Epidemiology and Infection*, 148(E95).
<https://doi.org/10.1017/S0950268820000990>

Red Cross EU Office. (n.d.). *Activities: Community based health and first aid*.
<https://redcross.eu/projects/community-based-health-and-first-aid-cbhfa>

Ricciardelli, R., & Memarpour, P. (2016). 'I was trying to make my stay there more positive': Rituals and routines in Canadian prisons. *Criminal Justice Studies*, 29(3), 179-198.
<https://doi.org/10.1080/1478601X.2016.1189423>

Saperstein, Y., Ong, S. Y., Al-Bermani, T., Park, J., Saperstein, Y., Olayinka, J., Jaiman, A., Winer, A., Salifu, M. O., & McFarlane, S. I. (2020). COVID-19 guidelines changing faster than the virus: Implications of a clinical decision support app. *International Journal of Clinical Research & Trials*, 5(2), 148. <https://doi.org/10.15344/2456-8007/2020/148>

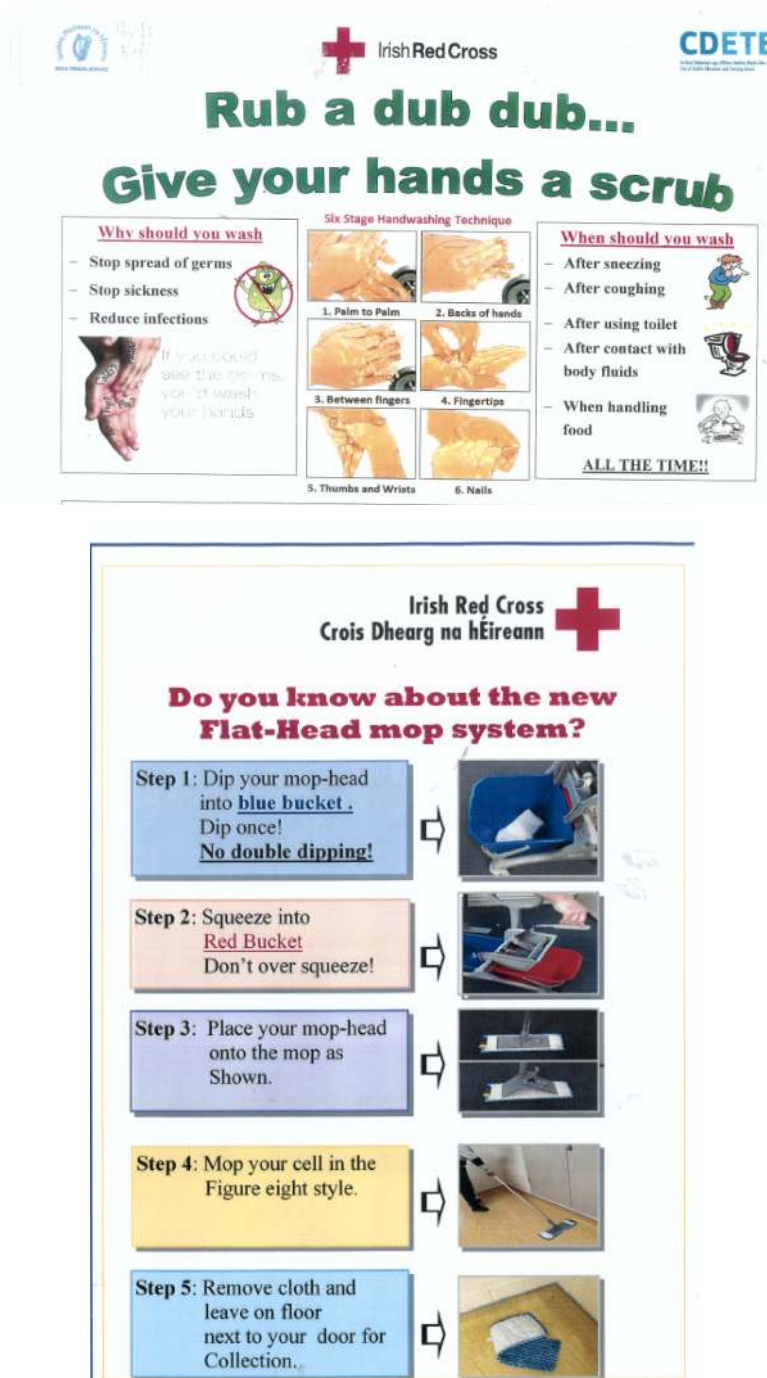
South, J., Woodall, J., Kinsella, K., & Bagnall, A.-M. (2016). A qualitative synthesis of the positive and negative impacts related to delivery of peer-based health interventions in prison setting. *BMC Health Services Research*, 16(525). <https://doi.org/10.1186/s12913-016-1753-3>

Walby, K., & Cole, D. (2019). Beyond emotional labour: Emotions and peer support in a Canadian prison. *Emotion, Space and Society*, 33.
<https://doi.org/10.1016/j.emospa.2019.100631>

- Wallace, M., Hagan, L., Curran, K. G., Williams, S. P., Handanagic, S., & Bjork, A. (2020). COVID-19 in correctional and detention facilities--United States, February-April 2020. *Morbidity and Mortality Weekly Report*, 69(19).
https://link.gale.com/apps/doc/A626673691/AONE?u=lond95336&sid=AONE&xid=cca_e1a42
- Wang, J., Yang, W., Pan, L., Ji, J. S., Shen, J., Zhao, K., Ying, B., Wang, X., Zhang, L., Wang, L., & Shi, X. (2020). Prevention and control of COVID-19 in nursing homes, orphanages, and prisons. *Environmental Pollution*, 266.
- Woodall, J., Dixey, R., & South, J. (2014). Control and choice in English prisons: developing health-promoting prisons. *Health Promotion International*, 29(3), 474-482.
<https://doi.org/10.1093/heapro/dat019>
- World Health Organization. (2020). *Coronavirus*. https://www.who.int/health-topics/coronavirus#tab=tab_1

Figure 1

Examples of Pre-COVID-19 Infection Control Mechanisms Implemented by IRC Volunteers



Note. Top panel: A sample poster distributed by the volunteers to promote handwashing. Bottom panel: A sample flyer distributed by the volunteers regarding use of hygiene-related tools (new mophead system).

Figure 2

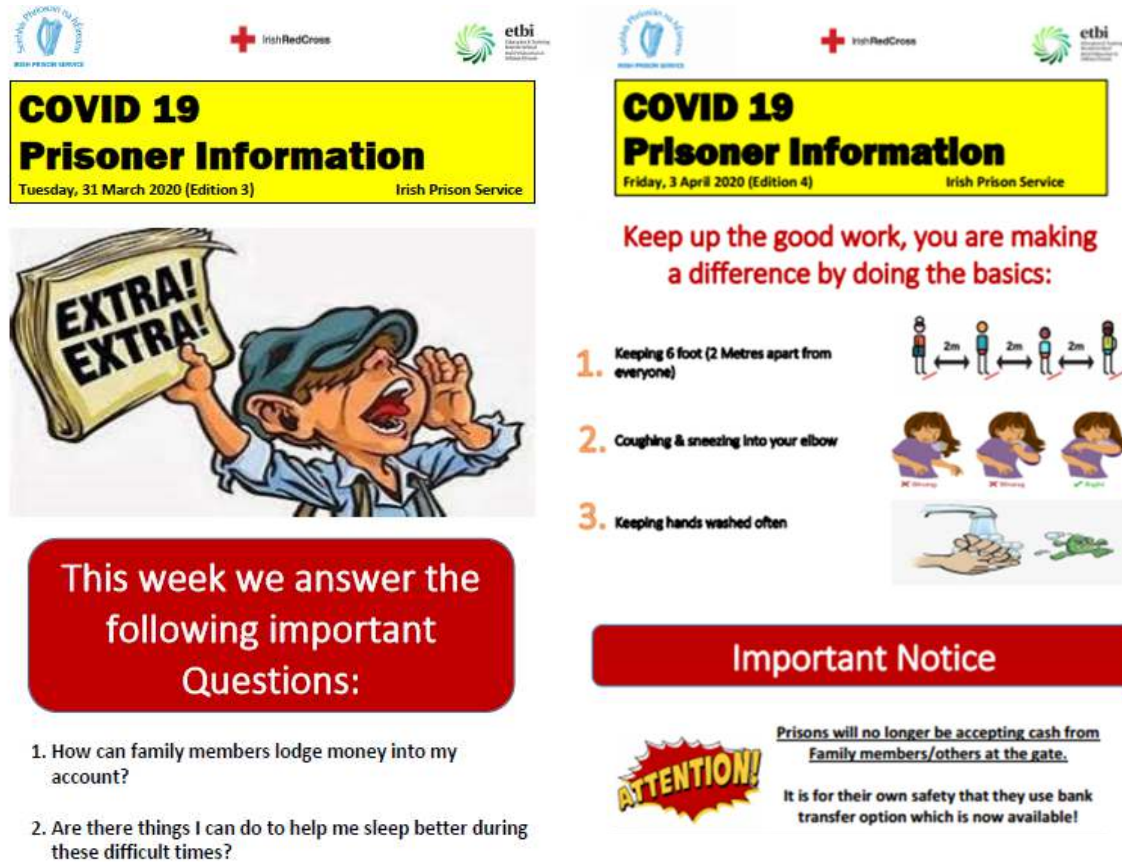
Examples of Posters Designed and Displayed by IRC Volunteers in Response to COVID-19.



Note. Top panel: sample poster promoting social distancing within the prisons. Bottom panel: sample poster promoting respiratory etiquette in response to COVID-19. Both posters were designed and displayed by IRC volunteers.

Figure 3

The Third and Fourth Editions of the COVID-19 Newsletters Distributed Within Prisons



Note. Newsletters containing information about COVID-19 were distributed within prisons by the IRC volunteers.