



Community Based Health and
First Aid in Action (CBHFA)

Evaluation Summary

AUGUST 2020

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Community Based Health and First Aid in Action (CBHFA) takes a community development approach, supporting prisoners to first become Red Cross volunteers and to then, working together with prison staff and Australian Red Cross, analyse the health and wellbeing needs of their prison community and develop and implement projects which address those needs.

As well as improving prisoner health and wellbeing this exercise in leadership builds volunteers' confidence and their accountability, bringing them and their prison community immediate benefits as well as setting them up for life beyond the prison gates.

Red Cross commissioned an independent evaluation to examine the impact of CBHFA on health, safety and desistance outcomes and the extent to which CBHFA is embedded within the prison environment and the impact it has on pathways away from offending. The evaluation led by Flinders University, was conducted over a period of approximately 12 months commencing in February 2019, focussing on the implementation of CBHFA in the Townsville Women's Correctional Centre.

History of CBHFA

CBHFA was originally designed by the International Federation of the Red Cross and Red Crescent Societies, to support community development and create healthy and resilient communities worldwide.

The Irish Red Cross introduced CBHFA to a prison setting. First piloted at Wheatfield Prison in 2009, the program improved prison health, hygiene and contributed to decreasing conflict amongst the general population including between prisoners and guards. Given this success, the program was extended to all 14 correctional facilities in Ireland by 2014.

Results from the Irish Prisons Program showed improved health and safety outcomes, savings in the operational costs of correctional facilities and life-changing experiences for volunteers, the wider prisoner population and for staff. CBHFA in Action has been internationally recognised, winning the 2011 World Health Organisation Award for best practice in prison health.

Drawing from the success of Ireland's CBHFA program, Red Cross began trialling the program in the Australian prison context in 2018 and as of July 2020 the program is being delivered in four prisons including in New South Wales (St Heliers Correctional Centre), Queensland (Townsville Women's Correctional Centre), Western Australia (Acacia Prison) and South Australia (Adelaide Women's Prison).

CBHFA in Townsville Women's Correctional Centre

Townsville Women's Correctional Centre (TWCC) was the second site to implement CBHFA in Australia.

TWCC is one of six women's prisons in Queensland and has capacity for 170 women. It is located in the Townsville Correctional Complex which also includes a high-security men's prison and a farm area for low security inmates. The prison accommodates a wide variety of women sentenced across a range of low, medium and high security offences. It also holds a mix of people on remand and detention orders and people in protective custody who cannot circulate in the general population for their own safety. The average length of stay is 100 days; although, there is significant variance in the population with some women held for only a few weeks and others held on life sentences. The age spectrum is also broad, with the youngest inmates being from 17 years through to the elderly.

As is consistent across Queensland and Australia, Aboriginal and Torres Strait Islander women are over-represented within the prison population, making up 70% of the population at TWCC.

The TWCC General Manager, the Chief Superintendent and the Minister for Corrective Services all strongly supported the TWCC pilot of CBHFA.

This support from senior stakeholders has been essential to the successful implementation and to improve the sustainability of the program.

A team of skilled Red Cross staff provide program coordination, workshop facilitation, management support and cultural understanding to Aboriginal and Torres Strait Islander inmates and connect local Aboriginal Elders, Traditional Owners and TWCC.

Within the prison, the CBHFA program and its volunteers are known as 'Sisters for Change' – a name that the volunteers themselves suggested.

Over its 12 months of operations, CBHFA in Townsville has:

- **Delivered 53 sessions** focused on the CBHFA curriculum
- **24 women were recruited as volunteers** and 'graduated from the CBHFA program' (completed the programs core modules)
- **Delivered 12 volunteer-led community projects** amounting to 362 volunteer hours



The evaluation found that CBHFA, and the projects implemented by volunteers in TWCC, led to the general prisoner population feeling that:



Survey responses indicate;

- The prison was perceived as safer by the general prison population after 12 months of CBHFA
- Volunteers reported they felt safer in the prison at the point of the mid- and final survey compared with the entry survey
- There was a perceived improvement in the relationships between prisoners and officers and in how prisoners were treated



Has led to notable changes in the general cleanliness of TWCC and hygiene practices and awareness among prisoners



Has achieved good traction on several projects that have been noticed and acclaimed by a proportion of the TWCC population.

Program aims

CBHFA has the following planned outcomes:

1. Prison communities are healthier and safer
2. Improved skills and knowledge for prison volunteers to assist their reintegration following release
3. The CBHFA model is embedded into the culture, policy and procedures of the prison and is financially sustainable

Key Findings

The evaluation found that the program had made good progress towards achieving the planned outcomes. It also made a range of recommendations related to program outcomes, and implementation of the model generally.

1. Prison communities are healthier and safer

Given the nature of the vulnerabilities experienced by people in the criminal justice system, the prison environment is complex and presents a range of health and safety concerns. The primary focus of a prison's operations is to maintain order and security of the facility whilst accommodating people who have been placed in custody. Often there are limited resources available within the prison to address health and wellbeing and these resources can be further inhibited by a lack of understanding or unwillingness from inmates to access the available services due to negative perception of their peers.

Achieving acceptable standards of prisoner health, wellbeing and hygiene can be a challenge for prisons when there are limited resources, a high turnover of staff and prisoners and high densities of people. Many prisoners have significant and complex health needs, putting them at risk of infection and further health complications.

Data obtained from Queensland Corrective Services comparing the six-month period prior to the commencement of CBHFA against the six-month period following the completion of the CBHFA core modules and commencement of CBHFA projects found:

- There has been a 15% decrease in the incidence of prisoner on prisoner assaults, a 23% decrease in incidences of self-harm, and a 66% decrease in the incidence of possessing an illicit substance (these decreases, particularly that relating to illicit substances, arise from a very low base);
- There has been a 9% increase in the incidence of threats against a prisoner, an 11% increase in incidences of offensive behaviour, a 22% increase in possession of a prohibited article, and a 35% increase in threats against a staff member (these increases arise from a low base);

The evaluator remarked that these statistics should to be interpreted in a highly cautious manner (Given they arose from a very low base rate), and that it was too early to say anything reliable about the relationship between the CBHFA and its impact on the number of incidences detailed in these statistics. Further to this, the evaluator indicated attribution to the Red Cross program could not be confirmed due to the multitude of factors influencing the prisons incidence statistics. The evaluator suggested further targeted analysis, over an extended period was required to draw any firm conclusion.



Feedback from Prison Health Service in Townsville

Prison Health Service in Townsville speak highly of the change in prisoner's engagement with health services at the prison since CBHFA commenced. The safety and security focus of the prison environment had contributed to the evolution of a reactive health care model. This reactive model had made engaging with the prison community about their health and wellbeing needs challenging. Prison Health reflected that the methodology of the CBHFA program paired with the willingness and desire for improvements from volunteers and Prison Health has led to a significant shift in the level of engagement with health services and respectful communications and solution-based approach to issues.

Prison Health commented "The prisoner cohort willingness to listen and be informed of process (whether in agreeance or not) is commendable. Humanising the health approach to care for the incarcerated is a focus and results evident in the open and respectful communications and healthcare that is occurring."

It was also acknowledged that the openness to innovation and changes to service delivery created by CBHFA has led to improvements in QCS and Health staff stakeholder relationships, outcomes for the prison community and improved health information and delivery.

Prison Health also attributed the further outcomes in some way to the CBHFA program and the health initiatives supported by volunteers;

- Reduced conflicts in medical unit and improved conversations between patients and health staff.
- Reduced noise and demands for attention by banging, yelling abusing staff
- Decreased use of pro re nata (as needed) medications as issues are addressed as they occur
- Improved request approach for pro re nata medications with respectful communication occurring
- Issuing volunteers 12 certificates from the Menzies School of Health upon completion of B Strong program (to assist Aboriginal and Torres Strait Islander health workers and other health and community workers to deliver brief interventions for smoking cessation, nutrition and physical activity)
- Prison Health enhancing outreach across the prison

*"The program helped me in so many ways
- with my behaviour and willingness to change"*

2. Improved skills and knowledge for prison volunteers to assist their reintegration post release

In circumstances where inmates are more likely to have poor education and/or literacy and a lack of work experience compared to the general population, it's particularly important that the prison environment supports them in developing their skills and knowledge. Women in prison are also more likely to have been victims of abuse or have drug dependencies, which can lead to a decrease in their self-worth, their self-belief and their confidence. Unless the women can turn this around it is less likely that they will be rehabilitated and more likely that, on release, they will re-offend.

CBHFA volunteers have to complete five training modules at the start of their volunteering career. The training gives them skills that will be useful for their projects and for when they are released. The five modules are:

- Module 1 – Red Cross Red Crescent in Action Volunteer
- Module 2 – Community Mobilisation
- Module 3 – Assessment Based Action in My Community
- Module 4 – Behaviour and Social Change
- Module 5 – Psychological and Basic First Aid

Volunteers in TWCC received formal qualifications in Basic First Aid and Mental Health First Aid as part of completing the five core modules. Volunteers received additional certifications in Cultural Competency and the B Strong program (a program designed for Aboriginal and Torres Strait Islander health workers and other community workers to deliver brief interventions for smoking cessation, nutrition and physical activity).

Volunteers use their new skills to work with the rest of the prison community to identify their most important health and wellbeing issues and then receive further training on how to address those specific issues.

The evaluation found that as a result of the program, volunteers have built their confidence, self-esteem and self-worth, and are equipped as first responders for people experiencing a mental health crisis or who are in need of first aid. The skills and knowledge they have gained has yielded benefits for health literacy and self-efficacy, assisting women to engage in new opportunities post-release. A senior officer commented that the “change in the women has been extensive, such that the Palm Island girls are getting out and have not come back [and are] using their first aid certificate”.

Beyond the formal outcomes of these modules, volunteers have built skills in conflict resolution, public speaking, negotiation, presentation and communication. These soft skills are essential to them creating a new identity away from those linked to their status as “offender”. The women also feel listened to by prison management, respected by their peers, and experience an enhanced sense of self-worth.



The report highlighted some impacts the women expressed about the program:

- “The power to help others in the community and the fact that custodial officers are on board and encourage the change”
- “Gave me hope for change”
- “To be taken seriously”
- “Not to be judged by our crimes, but our actions”
- “Being heard by management and being able to make changes”

Indicators specific to this outcome identified through the evaluation include:



Becoming a certified volunteer offers participants an important boost to their social capital and is likely to enhance their prospects of finding a pro-social role beyond prison.



CBHFA has led to notable changes in levels of confidence, self-esteem and life-skills competency of volunteers as well as some prisoners beyond those directly volunteering as part of CBHFA.



CBHFA has enabled volunteers to empathise with the struggles of other prisoners, to take steps to ameliorate some of those struggles, and to see themselves as much more than the sum of their offending, likely contributing to secondary desistance.



75% of women in the final survey indicated they “have really changed from who I am when I first came into prison” indicating improved self-confidence, feelings of worthiness and hope for the future.



50% of volunteers responded that they felt hopeful and positive about the future at the time of the final survey (An increase of 20% from the entry survey).



Parents Packs - Working to help families stay connected

Female prisoners described how overwhelming it was when first entering prison, not just for themselves but also for their children. The women indicated that the inability to communicate compounded fears, frustrations and anxiety on both sides of the prison walls.

In response the volunteers set out to make a difference and decided to reach out to women when they first enter jail to support them emotionally, explain how things work inside and set about developing a resource kit they could give mums incarcerated for the first time. The volunteers wanted to develop something with all the information they wished they had when they first came in - information on applying for and organising visits, playgroup, and instructions on how to use the phone, explanations of the rules about mail and photos, and tips on what to tell the kids. These booklets are being distributed by volunteers and are available in the Visit Processing block for family members.

They put this booklet together with a small card and envelope for women to use to reestablish connection with their children.



Then, wanting to reduce the fear and worry that children experience when mums go to jail volunteers decided to write a children's book to explain where they are, that they are ok, and to reassure their children they are loved and not forgotten. The book has been written and illustrated by prisoners. The book explains the visits process to children to help prepare them and reduce fear.

Excerpt from children's story:

Mums in Jail

"Mum has broken the law and has gone to prison.

In Mum's room there is a bed for her to sleep in and a TV to watch and she also has a place to shower and wash her hair. There is a toilet for her to use just like you have at home.

In the morning some Mum's work their jobs. This may include cooking in the kitchen, so the other women have meals to eat ... or working at the tailor shop sewing and packing the trollies for the hospital in town ... and sometimes, Mums work in the hot sun and mow the lawns and do the gardening just like the council workers you see on the streets. Some Mum's go to school just like you do. They study and do courses to help improve their education.

When Mum gets sick there is a nurse and doctor to help her get better there is also a dentist to fix her teeth if she gets a toothache. Everybody in the prison has a routine to follow. In the morning we get up and have breakfast - we eat toast or cereal just like you. We shower and get ready for the day We have lunch together in the dining area. We sit at the table like you.

Then at night time we eat our dinner together and go to bed. At night time Mum gets locked in her room. This is when Mum writes letters at her desk to send to you. When Mum gets mail from you that has your drawings in it, she puts them on her notice board for her to look at every day. There are pay phones that can be used to call you sometimes if she has money in her account. Mum wants you to know she is safe and loves you very much. "I am always thinking of you" While Mum is in here you need to be brave for her and always be on your best behaviour and use your manners. "I just want to reassure you that I am in a safe and please don't worry about me." So, until next time you talk to Mum, please don't worry little one. "I am safe and ok here. Thinking about you keeps me strong and makes me happy."

3. CBHFA is embedded and financially stable

Experience in delivering CBHFA both in international development contexts and within the Irish prison system tells us that the value of the model relies heavily on the extent to which it is embedded within a community and is a core way of working – as opposed to an optional and temporary add on. This is particularly relevant for the prison environment where programs and services can come and go with great frequency.

Partnerships are a pre-requisite and ongoing collaboration. Commitments from all stakeholders - custodial officers, volunteer prisoners, health authorities and correctional centre management together with Red Cross facilitators, guide and drive the program and projects and facilitates the emergence of a prison community mindset.

The program does not have a start and end date but rather requires establishment of relationships, communication and governance structures that can support implementation, module delivery, and the emergence, recognition and maintenance of a volunteering program within the prison.

One of the key outcomes for CBHFA was to see the program become embedded within the culture, policy and procedures of the prison. It is difficult to assess the extent to which this outcome has been achieved after only 12 months. Despite this, the evaluation revealed some promising evidence for this. The program:

- has very strong support among core participants
- has very strong support among TWCC management and a proportion of officers, and this has, in some instances, changed the way staff perceive of prisoners and their capabilities for change
- is reasonably well recognised among the wider population of prisoners at TWCC (72.22% of the prison population are aware of the program)
- shows signs of being appropriately embedded within TWCC.

Mental Health Education - Working to improve social emotional wellbeing

25 prisoners and 12 custodial officers and staff champions from Townsville Women's Correctional Centre have obtained certification in Aboriginal and Torres Strait Islander Mental Health First Aid. The intent was to boost the capacity of the whole prison community to respond early and proactively to people experiencing a decline in mental health and wellbeing and to promote Aboriginal and Torres Strait Islander perspectives and approaches to social emotional wellbeing.

The commitment from participants was notable, with all prisoners and most officers having to volunteer their own time to complete the 14 hours of training required for certification. Nine officers completed training on site, and three officers attended training in community, obtaining a 12-month certification from Mental Health First Aid Australia. This brings the current total to 37 trained mental health first aiders able to apply new skills and knowledge about mental health and wellbeing from Aboriginal and Torres Strait Islander perspectives.

Conclusion

Prisons are complex and dynamic and prove to be challenging environments in which to implement programs. There is often little opportunity or appetite for risk or for trialling new pilot programs. There is also near constant change in the population and challenges relating to the logistics of facilitating programs within the prison's day to day operations. Given all this, CBHFA has been successful in delivering outcomes in less than 12 months, strongly demonstrating the potential for this model.

On the basis of the findings, the evaluators concluded:

"The CBHFA program appears to have made a substantive positive impact on the custodial journeys of core participants. In addition to equipping them with practical knowledge of how to detect and address various hazards within TWCC—whether of the built/physical kind or of the psychological variety—it has given participants a real and enhanced sense of self-esteem. More than this, the CBHFA has, perhaps unintentionally, functioned as a mechanism for participants to give voice to a range of concerns regarding their own and other prisoners' wellbeing."

Red Cross intends to build on the program's early successes across all of the program's sites, nationally by:

- Addressing and implementing improvements based on the findings and recommendations of the program's evaluation along with internal learnings.
- Working with partners to build on opportunities to expand the program to provide formal pathways for volunteers to engage with Red Cross post release.
- Further refining the partnership approach taken to facilitate the model and build its sustainability into the future.

We welcome opportunities to discuss future directions with partners and other stakeholders.

*"We have
achieved things
not just talking"*



Acknowledgments

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The evaluation was undertaken by the Flinders University of South Australia and led by Professor Mark Halsey and Associate Professor David Bright. For further information about the evaluation, please contact Red Cross' Research Unit at research@redcross.org.au

*"Power to make an impact
and positive change"*

Projects implemented at TWCC include:

Safe Women Workshops - working to promote safety and prevent violence

Volunteers delivered an education project aimed to address the high rates of prisoner on prisoner violence and sexual assaults in TWCC. These assaults are (predominantly) drug related searches and/or group stand over tactics used to intimidate other women.

The volunteers worked with Corrections to adapt sexual assault prevention information sessions which were run across the prison. These information sessions aimed to help women understand why these assaults were classified as rape and/or sexual assault and explain the consequences in terms of additional police charges, longer custodial sentences, longer separation from family and children, and being labelled as a sexual offender.

These Safe Women Workshops are now embedded within the centre, run entirely by prisoners, delivered weekly to every incoming woman to the prison – meaning each and every single woman in the centre is now informed about what constitutes sexual touching, rape and sexual assault and the consequences for them of being involved.

Feedback from prisoners has been that the messaging has been very effective at deterring them from staying silent as a bystander and/or being part of group stand over. Prisoners report less assaults, and less talk of assaulting others since the workshops commenced.



The Clean-Up Crew - working to help improve hygiene, safety and wellbeing

The two priority areas identified for clean up during the prisoner-led health and safety assessment of Townsville Women's Correctional Centre were the Safety Unit and the Detention Unit. The Clean-up Crew was formed as a solution to improve the hygiene of these Units.

These parts of the prison were identified as being a high priority for cleaning to improve hygiene and cleanliness.

The volunteers conduct working bees to clean up these areas to lift the wellbeing of the women staying there. Four half-day prisoner-led working bees were held, all of which were supported by custodial officers, correctional supervisors and management who assisted in logistics on the day, and prison health who supplied the cleaning cart and approved cleaning products and personal protective equipment.

These parts of the centre will remain a focus area for future working bees. The volunteers are proud of their efforts transforming these spaces, improving sanitation and hygiene and lifting the spirits of women who are isolated there.

Since cleaning up these areas and reflecting on their own experiences staying in the Safety Units, the women have developed a rostered visiting program to support women in the Safety Units. Two prisoners, trained in mental health first aid as part of CBHFA are conducting outreach visits to the Safety Unit as part of a 7 day roster being trialled — to play cards, talk, or do art together to help pass time, to ease the mind and promote wellbeing. The visiting roster is run by prisoners and provides the one thing that professional staff often do not have, time to lend a supportive ear and an understanding shoulder.

Elders for Change - working to enhance Cultural Wellbeing and Safety

Volunteers spoke with women from across TWCC and asked what would improve cultural wellbeing and cultural safety at TWCC. Women from diverse Aboriginal and Torres Strait Islander communities, from the Cape and Gulf and across NWQ, reported feeling far from home, disconnected, not receiving visitors, difficulty contacting family and children, and sadness at being unable to participate in sorry business. The women identified the following as initiatives that would enhance cultural safety and social emotional wellbeing:

- video conferencing with family and community
- visiting Elders from across NWQ
- opportunities to participate in cultural activities
- grief and loss yarning circles

In January 2020 an information session was held to gather interest and support from local Elders. 15 Elders from across North Western Queensland attended and signed up to become a volunteer visiting Elder and develop a program in response to the needs identified by the Sister for Change.

METHODOLOGY

The evaluation data was collected through:

- Three surveys (entry, mid-point and final) distributed to CBHFA participants (23 responses for the entry survey, 8 responses to the midpoint survey and 8 responses to the final survey)
- A survey distributed to all prisoners at TWCC (excluding CBHFA participants) of which 71 people returned
- Focus groups with volunteers, staff from QCS and Red Cross staff
- Observations made by the evaluators in field visits.
- Data from the Queensland Corrective Services on the frequency of assaults, discovery of contraband, attempted suicide/self-harm incidents, as well as uptake of programs at TWCC for the period 1 July 2018 to 31 December 2019.