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Embedding Change in Prison Settings: The Implementation and Impact of the CBHFA Programme in Ireland

Thesis presented by

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Thesis submitted as part of the requirements for the Doctor of Clinical Psychology

**University College Cork
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2025

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Abstract

This thesis explores the Community-Based Health and First-Aid (CBHFA) programme as it operates within the Irish Prison Service (IPS). It includes two complementary studies. The first examines how CBHFA was implemented and sustained across different prison settings. The second explores the psychological impact of volunteering on those who took part.

CBHFA was developed by the International Federation of the Red Cross and Red Crescent Societies (IFRC). It follows a peer-to-peer model that supports people in identifying health needs and leading their own local initiatives. Ireland was the first country to bring CBHFA into the prison system in 2009. It is now active in all Irish prisons, delivered through a partnership between the Irish Red Cross, the IPS, and Education and Training Boards. Prisoner Volunteers (PVs) work with staff to promote health and wellbeing, build safer prison communities, and support their peers.

The first study examines how CBHFA was implemented and sustained across different prison settings. It used qualitative data from 17 semi-structured interviews with key stakeholders and applied a hybrid inductive–deductive thematic analysis. Deductive analysis, guided by implementation science frameworks, identified enablers and barriers across four key areas: Programme Design, Funding and Resources, People and Attitudes, and Evidence and Evaluation. Inductive analysis identified three overarching themes: Altruism as a Vehicle for Change, The Power of Insiders, and Commitment to Adaptation. CBHFA was sustained through shared values, insider legitimacy, and flexible delivery that could adapt to local contexts.

The second study investigates the psychological and social impact of participating in CBHFA. This was a secondary data analysis. It used a mixed-methods pre–post design.

Quantitatively, 43 Prisoner Volunteers (PVs) were assessed on standardised measures of self-esteem, locus of control, and wellbeing. While no changes were seen in self-esteem or locus of control, wellbeing scores showed a statistically significant improvement ($\eta^2 = .09$). Qualitative data from 17 interviews were analysed using Reflexive Thematic Analysis. Two themes were identified: “Realities of Prison”, which described the experience of isolation, stigma, and boredom, and “Journey of Enhancing Own Social Role”. This captured how volunteering helped PVs reframe their identity and take on more valued roles in prison, with family, and in the wider community.

Together, the studies show how CBHFA worked both as a structured programme and as a space for personal change. The findings highlight the importance of creating and supporting valued social roles for marginalised individuals. This research is in line with clinical psychology’s commitment to empowerment, trauma-informed care, and working with excluded groups. Finally, the findings point to a wider role for psychologists in shaping systems that support desistance, connection, and identity growth. CBHFA offers one example of how peer-led, values-driven work can support meaningful change, within and beyond the prison walls.

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Intended Journal

I intend to submit the two empirical studies included in this thesis as separate manuscripts to *Psychology, Crime & Law*. I have formatted the references in line with the requirements of the intended journal. This journal has a format-free submission style and does not impose a word limit. Study one has a word count of 12,095. Study two has a word count of 8,395. The total word count for all chapters is 31,558.

Declaration

I declare that the content of this assignment is all my own work. It has not been submitted in respect of any other course/module. Where I have used the work of others it is acknowledged and referenced accordingly.

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I would like to express my deepest gratitude to my research supervisor, Dr Maria Dempsey. Her guidance and support have been greatly appreciated, and without her, this thesis would not have come to fruition. I would also like to thank Emma Regan and Orla Gallagher for their expertise and insight, as well as their practical assistance. I am also grateful to Sheena McHugh for her guidance in relation to implementation science and Rob King for his quantitative expertise.

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Finally, I want to thank my friends and family for their support and never-ending belief in me, even when I doubted myself. I am so grateful for all the invitations to events and parties. Because of you all, I have been able to have an enjoyable well-balanced life, even during this hectic academic time. I would like to thank my partner for all the emotional and practical support, helping keep our little family going when I have been under pressure. Lastly, I would like to thank my daughter for all the laughs, smiles, and tears we have gotten to share during this journey.

Glossary of Frequently Used Acronyms

Acronym	Meaning
APA	American Psychological Association
AP/APs	Assistant Psychologist/s
AVP	Alternatives to Violence Project
CBHFA	Community-Based Health and First-aid
CFIR	Consolidated Framework for Implementation Research
CHAC	Community Health Action Committee]
DAF	Dormant Accounts Fund
ETB	Education and Training Boards
FRAME	Framework for Reporting Adaptations and Modifications to Evidence-Based Interventions
IFRC	International Federation of the Red Cross and Red Crescent Societies
IPS	Irish Prison Service
IRC	Irish Red Cross
IS	Implementation Science
PSAT	Program Sustainability Assessment Tool
PVs	Prisoner Volunteers
RTA	Reflective Thematic Analysis
UCC	University College Cork
WHO	World Health Organization

Chapter 1: Introduction to the Research

This research explores the Community-Based Health and First-aid (CBHFA) programme as it operates within the Irish Prison Service (IPS). It includes two studies. The first examines how the programme is implemented and sustained within Irish prisons. The second study explores what impact volunteering with the CBHFA programme has on people in prison.

This research reflects key values of clinical psychology, especially its focus on empowerment, identity development, and evidence-based work with underrepresented populations. CBHFA research also ties in with wider global trends in justice systems, where there is a growing emphasis on supporting desistance through rehabilitation. It draws on desistance theory, Implementation Science (IS), and Social Role Valorisation (SRV).

The CBHFA programme is a global initiative developed by the International Federation of the Red Cross and Red Crescent Societies (IFRC). It follows a peer-to-peer model, where people in the community are supported to identify health needs and lead their own health-focused projects. The goal is to improve both individual and community wellbeing. Ireland was the first country to bring CBHFA into prisons. It was piloted in 2009 and has since been expanded to all prisons in Ireland. It is supported through a partnership with the Irish Red Cross (IRC), the IPS, and the Education and Training Boards (ETB). Prisoner Volunteers (PVs) work alongside staff to identify and address health-related concerns within their prison environment. The programme and prison context are further discussed in the Extended Literature Review chapter.

The first of the two studies in this research uses an IS-informed approach. It draws on qualitative interviews to explore the factors that influenced how the CBHFA programme was first introduced and how it has been maintained over time and across environments.

Participants include PVs, operational staff, teachers, healthcare workers, and those employed

by the IRC. Data is analysed using both inductive and deductive thematic analysis methods. The deductive analysis draws heavily on IS frameworks and is further detailed within the “Implementation Science Methodology” chapter.

The second study is a secondary data analysis, utilising a mixed-methods pre-post approach. It seeks to further understand the psychological impact of CBHFA on its volunteer participants. Quantitative measures were used to explore possible changes in self-esteem, locus of control, and wellbeing. Qualitative Reflexive Thematic Analysis (RTA) was implemented on accounts from before and following volunteering. This was done to capture PVs’ lived experiences.

Across both studies, key themes were identified relating to experiences of prison life, insider status, altruism, adaptability, and changes in social roles. The final chapter, “Integrative Discussion,” concludes the thesis by considering implications from the studies’ findings for practice, particularly within clinical psychology.

Chapter 2: Extended Literature Review

The Irish Prison System

The IPS operates under the Department of Justice. This means IPS plans must align with wider government goals around crime, safety, and justice. As a result, the IPS is vulnerable to changes in political leadership and shifting priorities. These changes can affect the day-to-day running of prisons, especially when it comes to funding and resources. This is particularly important in relation to balancing the need for security and justice within society versus care and rehabilitation for people in prison.

The IPS is responsible for managing 13 prison institutions. These include ten medium-security prisons, two open centres, and one high-security facility (IPS, 2023). Prisons are gender-segregated, with 11 for men and two for women. Policies for transgender prisoners are still being developed (IPRT, 2021). Women make up just over 5% of the prison population. The average daily number of female prisoners increased by 23.7% in 2023, from 173 in 2022 to 214 (Irish Prison Service, 2023). While many men in prison experience trauma, poor mental health, and social disadvantage, these issues can present differently for women. Female prisoners are more likely to have histories of gender-based violence, caregiving responsibilities, and certain mental health conditions (Moloney et al., 2009). Homelessness is also a major issue for both genders. In 2023, 16.4% of prisoners reported no fixed address at the time of imprisonment. Among women, this figure was 28.6%, compared to 15.7% for men (IPS, 2023).

Within these prisons, overcrowding is an ongoing concern. This is despite Ireland having a relatively low incarceration rate (about 89 per 100,000 people) compared to other European countries (Aebi et al., 2023). In April 2025, the prison population reached 5,372, exceeding IPS' capacity of 4,534 (IPS, 2025). Alongside overcrowding, prisons can face staff

shortages, outdated facilities, and patchy access to health, education, and addiction services (CPT, 2021). Many people enter prison after experiencing years of instability, such as time in foster care, addiction difficulties, and homelessness. They may also be impacted by intergenerational trauma and family cycles of imprisonment (Halsey & de Vel-Palumbo, 2020).

Recidivism remains high within Ireland. Central Statistical Office data show that 62% of people released from prison in 2018 reoffended within three years. For those released in 2021, one-year reoffending rates were 42%. Among people previously convicted of burglary, the figure rose to 61% (CSO, 2024). These rates highlight a continued need for more psychologically informed, relationship-based, and community-integrated approaches. In recent years, there has been a growing focus on supporting individuals' desistance journeys. This involves helping people move away from offending and rebuild new identities (McNeill, 2015).

It is important to note that prison itself can be harmful to mental health. Long-term institutionalisation, hypervigilance, and exposure to violence can negatively affect an individual's self-worth, wellbeing, and agency (Haney, 2006). For many, imprisonment can reinforce existing trauma or even lead to additional experiences of trauma. In response to this, some prisons are becoming more trauma-aware. This involves recognising the widespread impact of trauma and beginning to adapt environments and interactions accordingly. For example, in the UK, the Trauma Informed Prisons Project has developed training for prison staff. The focus is on understanding Adverse Childhood Experiences (ACEs) and how these affect behaviour. Staff are trained to recognise signs of trauma and respond in a supportive way. The aim is to build a prison culture that supports rehabilitation and avoids re-traumatisation (Royal Society for Public Health, 2019).

While effort in this area is being made, it is argued that prisons can never be fully trauma-informed. This is because a trauma-informed approach requires safety, trust, empowerment, and choice. All of these things are limited by the very nature of imprisonment (Covington, 2003). Increasing trauma awareness among staff and within prison culture is a step toward more humane, responsive care. Trauma-informed principles are particularly important within peer-led interventions, where relationships and safety are central. This shift is particularly important given the high levels of trauma and adversity in the prison population (McAnallen & McGinnis, 2021).

People in prison face much worse health outcomes than the general population. They experience higher rates of chronic illness, infectious disease, poor dental health, and mental health difficulties (Fazel & Baillargeon, 2011). For many, prison may be the first time these individuals are able to access health care (Phipps et al., 2024). However, prison healthcare is often limited by a lack of staff, poor infrastructure and, at times, a need to prioritise security. Peer-led health programmes are promising as they can reduce mistrust of authority and feel more relevant to the prison culture. They can help build trust and connection among prisoners (Woodall et al., 2015). However, these approaches can be difficult to implement and sustain.

Desistance and Peer-to-Peer Initiatives

Previously, research in this area has focused specifically on the concept of recidivism. This can be a binary outcome and looks only at whether someone repeats a crime or not. There is also inconsistency in how this is measured, either through re-arrest, re-conviction, re-imprisonment or through self-reporting. These different ways of understanding recidivism at times overlap and at times conflict. Recidivism as a measure does not consider the complexity involved in living a crime free life. It does not take into account the nuanced

psychological, social, and relational factors which impact a person's choice to commit a crime. Now, research focuses more on desistance. Desistance is not seen as a single event. Instead, it is accepted that change is a gradual and often non-linear process (Weaver & McNeill, 2015). Many theories relate to desistance research. These include social learning theory, narrative identity theory, transformation theory, social capital, social role valorisation, and the concept of the wounded healer. These theories help account for the impact that identity change, social connection, and meaningful roles have on criminal behaviour.

Narrative identity theory (Maruna, 2001) suggests that people make sense of their lives through creating stories about themselves and who they are. For people who previously committed crimes, this can involve creating "redemption scripts." These narratives allow someone to make sense of and explain their pasts, while also expressing pro-social desires. Often, it involves the person recognising themselves as someone who has learned from their past experiences and who is now capable of, and willing to, engage in positive growth. These redemption scripts also benefit their relationships, as they can become more accepted by peers, families, and professionals. It should be noted however, that not all individuals experience this positive re-narration. Some people may struggle to construct a socially acceptable narrative of change.

Research has explored "redemption scripts" in the context of mothers with experience of both imprisonment and substance use. Stone's (2015) utilised qualitative interviews with 30 former prisoners (15 of whom self-identified as desisting) to assess if and how constructed redemption narratives formed part of their desistance journey. The research found that many participants framed their past offending and drug use as a necessary turning point. They emphasised moral growth and reclaimed a 'good' self. This

was often linked to motherhood. These narratives allowed participants to resist the stigma attached to being labelled a “bad mother” or “addict”. Instead, they could re-present themselves as responsible, caring, and changed. However, the research noted that not all women were able to construct clear or coherent redemptive stories. It found that the ability to reframe one’s identity was often shaped by access to support and opportunities. This is true even when a person is motivated to change. As such, while redemption scripts are a powerful tool in desistance, they are not universally available or accessible. As this research seeks to understand the experience of a specifically stigmatised group, the findings are not fully generalisable to other prisoner populations. Other limitations of this study include its small sample size, reliance on cross-sectional, self-reported data and risk of retrospective bias. Despite these limitations, the study highlights how narrative identity can support desistance and highlights the importance of structural supports for sustaining prosocial change.

While narrative identity theory focuses on the meaning-making process, cognitive transformation theory (Giordano, 2022) focuses on the personal readiness and social opportunities that can support identity change. This includes three key elements: openness to change, exposure to “hooks for change,” and a shift in identity. These “hooks” are opportunities to engage in experiences such as getting a job, entering a positive relationship, volunteering, attending education, or becoming a parent. Prison can typically limit opportunities for “hooks”. However, peer-to-peer programmes can act as meaningful “hooks”. These programmes do this by offering roles that allow prisoners to experience success, connection, and personal growth.

One example of a volunteer programme within IPS which may act as a “hook” is the Samaritans Listener Scheme. This trains selected prisoners to offer emotional support to

their peers. Perrin and Blagden (2014) explored the experiences of six male prisoners (n = 6) who served as Samaritans Listeners in a UK prison. Using Interpretative Phenomenological Analysis, they found that participants described the role as transformative. Supporting others gave them a sense of meaning, reduced feelings of isolation, and offered a way to cope with the emotional demands of prison life. Importantly, the role helped prisoners see themselves as capable of change and as someone of value to others. This identity shift aligns with theories of desistance that highlight the importance of developing a non-offending sense of self. While the study was limited by its small sample and lack of long-term follow-up, it provides valuable insight into how peer-support roles can contribute to psychological growth and rehabilitation

This aligns with King's research (2013), which brings attention to the inner process of imagining a new self, called "transformative agency". This refers to a person's ability to imagine and act on a new identity that no longer includes offending. It illustrates the importance of self-efficacy. People with strong self-efficacy are more likely to keep trying, especially when they experience small successes, receive support, and see others modelling positive change (Healy, 2014). While cognitive transformation theory focuses specifically on readiness and opportunities, transformative agency emphasises inner resolve and personal belief in an ability to change. Together, these theories suggest that both internal belief and external support are vital for sustained identity change.

In contrast to theories focused on internal motivation and opportunity, Paternoster and Bushway's (2014) "identity repair" theory places greater emphasis on social re-integration and morality. People, for example prisoners, can experience a damaged sense of self. To repair this, people often acknowledge any past harm they could have caused and make amends, and take part in pro-social activities. Prison can make these steps difficult to

achieve as there often is a significant focus on control, routine, and discipline. This can then restrict autonomy, trust, and people's willingness to be emotionally expressive. As such, psychological growth can become limited (Ward & Brown, 2004).

Peer-to-peer interventions align closely with these theories. A peer-to-peer approach is often built on the concept of social learning, which highlights the power of learning through observation and modelling (Bandura & Walters, 1977). These interventions involve individuals with lived experience providing support, education, or mentoring to people in similar situations. Within this research, that means a prisoner providing support to another prisoner. Peer-to-peer models in prisons are built on the idea that shared experience can improve trust, relevance, and credibility (South et al., 2016). These factors can be particularly important when working with marginalised or disenfranchised groups. Peer-peer programmes often offer opportunities for connection, role change, and positive recognition. Through this, identity change can occur. As such, peer-to-peer interventions can be linked to how and why some people go on to live lives free from criminality.

Theoretical frameworks are supported by a growing body of empirical research exploring how peer-led roles support desistance in prison contexts. For example, a systematic review by Lenkens et al., (2024) reviewed 25 studies and included a mix of qualitative, quantitative and mixed method studies. The research identified seven mechanisms through which peer support can support desistance. This included empathy and acceptance, social learning, social bonding, social control, narrative and identity formation, hope and perspective, and translation and connection. While it is difficult to determine the extent to which these mechanisms overlap, they reflect many of the core principles found in desistance theory, particularly those relating to relationships and role change. However, this research has several limitations. The included studies were varied, and some involved peer

supporters who did not have a criminal background. It was also difficult to isolate the specific impact of peer support from the wider context of prison life, and several studies did not clearly state whether peer supporters themselves were also accessing other forms of intervention or assistance.

Peer-led programmes can support psychological growth within prisons. It does this by supporting emotional connections, mutual support, and social role change. People's identity can shift from being "offenders" to "educator," "volunteer," or "mentor." These roles offer new responsibilities. This in turn reinforces the new, prosocial identity (Perrin, 2024). Strength and value-based programmes can also support pro-social identity change (Bennett & Shuker, 2017; Ward, 2012) . Therapeutic communities and the Good Lives Model are two examples of this.

Therapeutic communities (TC), such as that in HM Prison Grendon in the UK, are prisons with a significant emphasis on shared decision-making, open and mutual respect, communication. This can support reflection and prisoners practicing new ways of relating to others and themselves within a safe space (Fox, 2015). Bridges (2019) conducted interviews with 6 prisoners at HMP Grendon to explore how therapeutic community (TC) settings affect the "pains of imprisonment." The findings indicated that, although challenges remained, the TC model reduced feelings of isolation and powerlessness by fostering autonomy, emotional connection, and a stronger sense of community. However, as with a lot of research in this area, participants were already engaged in a therapeutic setting. As such, it is possible that their views may reflect a particularly motivated subgroup of prisoners. Despite this, the study offers valuable empirical insight into how therapeutic environments can mitigate some of the psychological harms of imprisonment.

The Good Lives Model (GLM)(Ward & Gannon, 2006) promotes relatedness, autonomy, and inner peace as key to social rehabilitation. There is less focus on risk management of offending, and more on meeting the individuals' needs through building skills and supports. A study by Gannon et al. (2011) evaluated the application of the GLM in treatment programs for sexual offenders considered "mentally disordered". The study used a case study design following 5 individuals. It found that focusing on individuals' strengths and aspirations enhanced engagement and motivation in therapy sessions. Through this, participants reported a greater sense of purpose and improved self-regulation skills. However, the study also highlighted challenges in operationalizing the GLM consistently across different sites. Variations in staff training and program implementation led to inconsistencies in delivery. A lack of long-term follow-up data limited the ability to assess the sustained impact of the GLM on long-term desistance. These findings suggest that while the GLM offers a promising framework for offender rehabilitation, its effectiveness depends on consistent application and further empirical validation. Both these prison initiatives promote and support identity change.

Social capital plays a role in desistance. This describes the relationships and networks that help people feel connected and supported (Putnam, 2002). These social ties can increase someone motivation to change. Recognition from others can reinforce an individual's commitment to identity change, and in turn help them sustain desistance. When people feel valued by those around them, they are more likely to internalise prosocial roles and behaviours. However, social capital is not always positive. Bonding capital (strong social-ties and close relationships) among criminal peers can reinforce harmful behaviours. Bridging capital (access to social networks like community support) can be unequally distributed (Weaver, 2015).

This focus on relationships and roles links closely with Social Role Valorisation (SRV) theory (Thomas & Wolfensberger, 1999). SRV suggests that people in devalued roles can face stigma and exclusion. Change becomes more likely when they can move into roles that are visible, valued, and respected. These roles help shift how others see them, and how they see themselves. This reinforces identity change. SRV originates from disability advocacy and social care and has not been widely applied to desistance research previously. However, it does align with the aims of peer-led prison programmes and complements more established desistance research. People living in prison are often reduced to the single, simplified identity of “prisoner”. Their identities aligns with what SRV labels “devalued”. They are associated with criminal behaviour, often institutionalised, and frequently perceived as dangerous, untrustworthy, or morally inferior. They also may carry markers of this status by way of their criminal record. This reinforces their exclusion from roles that society considers valuable. SRV can help explain why role change can disrupt reoffending patterns. It should be noted that factors such as gender can shape how roles are interpreted. For example, women in prison may face different expectations and barriers when taking on leadership or mentoring roles. This could have implications for how programmes are implemented or adapted.

Peer work also draws on the concept of the “wounded healer”. This term was first introduced by Jung (1969). It is used to describe someone who experiences personal adversity and goes on to help others. It has since been expanded on and related to criminal justice settings (LeBel et al., 2015). This “wounded healer” identity is generally more socially accepted than that of “prisoners”. It is based in lived experience. This can have a positive impact on the both the “healer” and the one being helped. It is particularly helpful, as

people who have experienced similar difficulties are often trusted more easily than “outsiders”. As such, it overlaps in part with Social Identity Theory (Tajfel & Turner, 1979).

Globally, peer-led programmes within prisons have been used in varied ways. They support new arrivals, deliver harm reduction messages, offer mentoring to those at risk of self-harm, and promote general health awareness. A systematic review examined 57 studies on peer education and support interventions in prison settings (Bagnall et al., 2015). The findings showed that these interventions could reduce risky behaviours, improve health knowledge, and increase psychological wellbeing. Peer supporters themselves also experienced benefits, including improved self-esteem and mental health. The review found that such programmes helped to improve prison environments by fostering connection, trust, and a sense of purpose among both peer workers and recipients. However, much of the evidence included in the review came from small-scale or methodologically limited studies. The review also highlighted a lack of high-quality longitudinal research and limited evidence on cost-effectiveness. This indicates the need for more rigorous evaluations of long-term outcomes. These benefits extend to individual prisoners and also contribute to safer and healthier prison environments.

Implementing and sustaining peer-to-peer initiatives within prisons can be difficult. Often, these programmes can lack formal structure and have inconsistent training and supervision. Role boundaries can also become unclear and there can be concern relating to peer educators being at risk of exploitation (Devilly et al., 2005). Staff attitudes also vary, with some staff being doubtful and/or uncomfortable with prisoners in positions of responsibility. Managing issues such as staff resistance can be key to making peer-led models work in the long-term (South et al., 2016). Often, the implementation and sustainment of these programmes are not well studied.

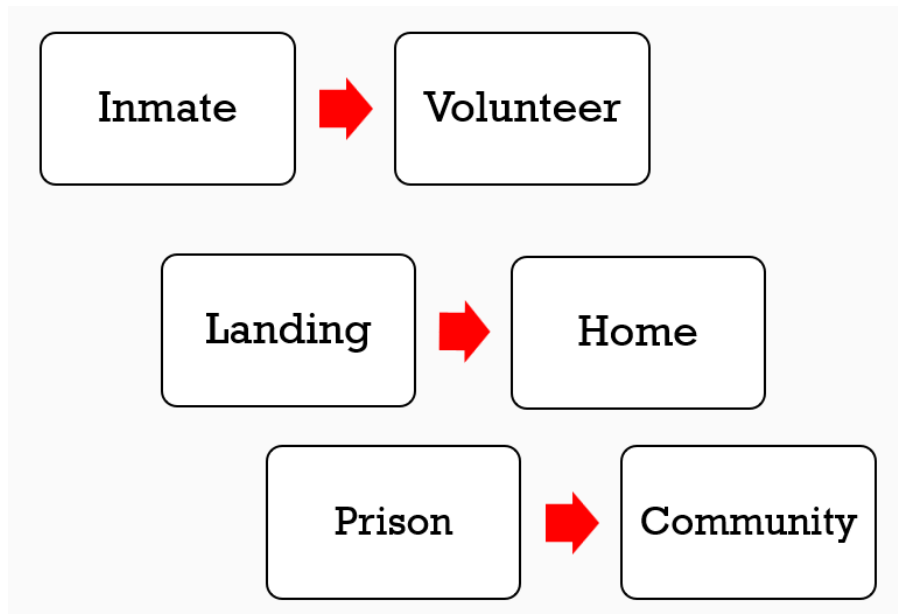
The CBHFA Programme

The Community-Based Health and First-aid (CBHFA) programme was developed by the International Federation of Red Cross and Red Crescent Societies (IFRC). It was designed to support flexible, community-led approaches to improving health. It has been implemented in diverse global contexts, including Sierra Leone during the Ebola outbreak (Ilkka, 2020), Somaliland to improve maternal and child health (Dhooma et al., 2020), and Jordan to support the health of refugee communities (Miller, 2021). The core aim of CBHFA is to empower local people to identify and respond to the health needs of their own communities. In doing so, the programme draws on shared experience to reach groups who are often marginalised or overlooked (Irish Red Cross, 2019). This shared experience is part of what makes the model credible in difficult settings.

Ireland was the first country in the world to adapt and fully implement CBHFA within a prison system. The pilot began in Wheatfield Prison in 2009 and, by 2014, had expanded to all prisons in the IPS (IRC, 2019). This involved a partnership between the IRC, the IPS, and Education and Training Boards (ETBs). In 2016, the IPS Psychology Service became more involved to help with mental health initiatives. CBHFA positions the prison as a community and the prisoner as a peer-to-peer volunteer. This can be seen in Figure 1.1.

Figure 2.1

CBHFA Mapped to Prison Environment



Within CBHFA, people can apply to become ‘Special Status’ IRC volunteers, referred to in this research as PVs. Once accepted onto the programme, PVs undergo four to six months of training. This is usually delivered through weekly sessions in the prison school. These are often facilitated by teachers, though at times may be led by other PVs or other staff such as Nurses, Operational Staff, or Assistant Psychologist. The training includes first-aid, health promotion, the Seven Fundamental Principles of the Red Cross, and basic research skills. PVs learn how to map their prison environments, conduct interviews with fellow prisoners and staff with expert knowledge (e.g. nurses, psychologists), and assess community health needs.

Following training, PVs design peer-led interventions and collaborate with staff and external agencies to implement them. These interventions can range from health campaigns, educational sessions, charitable events, or emergency responses (Braich et al., 2024). One of the central structures of CBHFA is the monthly Community Health Action Committee (CHAC) meeting, which brings together all parties: two PV representatives, teachers, healthcare professionals, prison officers, IRC staff, and local prison management such as chiefs and

governors. These meetings help to monitor progress, problem-solve, and plan. They also act as a way of sharing ownership between PVs and Staff. This is a core part of CBHFA's design.

CBHFA is a programme that adapts to suit each prison environment. However, several core components remain consistent across locations and over time (IRC, 2019). These include structured peer-to-peer health education and the guiding Seven Fundamental Principles of the Red Cross Movement. Other consistent elements are the use of community health mapping and monthly CHAC meetings. Peer Volunteers (PVs) all undergo a standardised training programme, which typically lasts four to six months and is often delivered within the prison school. This training covers health promotion, communication skills, and basic research methods. After training, PVs assess local health needs and co-design projects alongside staff and external partners.

Within IPS, CBHFA has evolved over time. For example, the inclusion of psychology staff from 2016 allowed for a stronger focus on mental health. Core structures such as CHAC and peer education have remained intact, while the model's flexibility has allowed prisons to adapt to changes in population needs, resources, or staff availability. A good example of this adaptability was the rapid health promotion, peer support, and suicide prevention efforts during COVID-19, when outside professionals had limited access (Orcutt, 2021). Although projects vary by site, the ethos of peer-to-peer education, collaboration with staff, and health equity remains central throughout CBHFA's implementation in IPS.

The CBHFA in Justice 3-Year Report (IRC, 2020) highlighted several projects completed through CBHFA in IPS. In Wheatfield, a weapons amnesty led to over 90 handmade weapons being surrendered, resulting in a sharp reduction in blade-related assaults. Similar amnesties took place in Portlaoise and the Midlands, with PVs initiating these through peer dialogue. In Mountjoy, PVs supported a large tuberculosis screening that tested over 400 prisoners. They

also ran campaigns to raise awareness of HIV and hepatitis C, increasing testing rates and reducing stigma. Smoking cessation groups operated in several prisons, achieving around 40% quit rates. PVs also created safe spaces, such as a bullying-free Safe Zone in Castlerea's education block, and introduced buddy systems in Portlaoise to support prisoners serving long sentences. Additional initiatives included overdose prevention, stroke awareness, and improved food hygiene.

The 3-Year Evaluation Report (Braich et al., 2024) summarised CBHFA activities between 2021 and 2023. Mental health campaigns included anxiety awareness posters and conversation cue cards in Mountjoy and Cloverhill. Mountjoy also produced relaxation videos to support wellbeing and Men's Health Week events were held across several prisons. Limerick hosted cancer awareness sessions and prisoner health checks. Overdose prevention training was delivered in Cloverhill and Portlaoise, with Staying Alive campaigns led by Mountjoy and Limerick. Social inclusion projects included clothing banks in Portlaoise and Cloverhill, along with a Meet & Greet initiative for new prisoners in Cloverhill. Family connections were supported through a Family Project in Cloverhill and enhanced video call facilities in Limerick. Environmental efforts involved a recycling programme in Cloverhill, with funds raised going to the Prisoners' fund, knitting projects in Portlaoise donating items to local communities, and Meet the Farmer visits in Limerick to promote healthy eating. This is just an example of the many projects ran through CBHFA in IPS. As of 2022, approximately 2,000 volunteers had participated in the programme. In 2023, 5% of the whole prison population were active PVs. In the same year, 139 volunteers graduated from the programme, and a further 122 graduates from previous years continued to volunteer (Braich et al., 2024).

CBHFA can be difficult to capture in research. This dynamic response to the community means that revision and change are central to each roll out of the programme. This flexible responsiveness is a core strength in terms of practice, however, can create difficulties when trying to analyse in a generalisable way. Most available data comes from internal evaluations, which focus more on service delivery than individual change. There is little peer-reviewed evidence on psychological outcomes, identity shifts, or longer-term desistance. CBHFA has since been piloted in other prison systems, including in Australia, Honduras, Norway, Wales and Northern Ireland (IRC, 2020). Research is very limited in relation to these pilots. Some research completed internally in relation to the pilot in Honduras found that prisoners showed strong motivation to participate, viewing the programme as a way to improve hygiene, prevent disease, and enhance prison conditions. The report highlights the importance of multi-agency collaboration and outlines plans for training, role definitions, and ongoing staff engagement to support programme delivery (ICRC, 2014). Research into CBHFA in Australia found that the CBHFA programme increased self-confidence, improved life skills, and fostered a stronger sense of purpose among PVs. These peer-led roles also contributed to a more positive prison environment and supported participants' reintegration goals. The Australian Red Cross has emphasised the programme's potential to reduce recidivism and plans to expand its use nationally (Australian Red Cross, 2021). Within Norway, internal examination of the pilot found that volunteers felt more empowered, built stronger relationships, and developed new skills (Norwegian Red Cross, 2022). However, these findings have not yet undergone peer review.

Ireland acts as a "global hub" and centre of excellence for the CBHFA, and as such, countries look to Ireland for support with implementation and sustainment of the programme (Irish Red Cross, 2019). However, to date, there is limited available research in

this area. One external, peer-reviewed study conducted by O’Sullivan et al. (2020) looked at outcomes of PVs. This explored the qualitative experiences of CBHFA PVs from a desistance stance (N=11). Thematic Analysis was employed and found that volunteering promoted a sense of purpose, supported identity reconstruction, and increased personal agency. Their findings aligned with the concept of the wounded healer. It should be noted that only men were interviewed. No quantitative data was included, and the research design was cross-sectional. Further research is needed in relation to how CBHFA is implemented and sustained, as well as the impact of volunteering on PVs.

Conclusion

CBHFA is a unique and important programme. It brings together public health, peer support, and rehabilitation in a way that fits the prison context. Ireland was the first country in the world to introduce CBHFA in prisons. However, there is currently limited research available. Most research has been carried out internally, with limited focus on either the implementation process or the experiences of PVs.

This research aims to address this gap. It includes two separate yet connected studies. The first study focuses on how CBHFA was implemented and sustained over time. It uses an IS lens to understand how the programme has worked in the real-world context of the IPS. Prisons are complex places, especially for implementing health initiatives. Despite this, CBHFA has lasted. It has adapted. It continues to grow. The first study explores why this is the case. It considers how the programme was introduced, how it changed over time, and how it has been sustained. It identifies what factors have helped or hindered its success.

The second study focuses on PVs themselves. It uses a mixed-methods approach to examine the psychological impact of taking part in CBHFA. Desistance theory suggests that change is more likely when people take on meaningful, prosocial roles. Volunteering and

peer education may help support this process. Until now, little research has explored how this happens within CBHFA. SRV may be able to offer a deeper understanding of how peer-led models can support desistance.

Together, these two studies provide a more comprehensive picture of CBHFA in the IPS. These findings can help shape how programmes are designed, supported, and evaluated in the future.

Chapter 3: Implementation Science Methodology

This methodology chapter describes the rationale for the design and approach taken in Study 1, an Implementation Science (IS) informed study of the Community-Based Health and First-aid (CBHFA) programme in the Irish Prison Service (IPS). This chapter will explore my understanding of IS, explain why both inductive and deductive approaches were used, and detail my approach to deductive, IS-informed, thematic analysis. I chose this methodology as it connects to and supports the overall aims of this dissertation. Mainly, it allows us to understand how CBHFA can be effectively implemented and sustained in complex environments like prisons.

My approach has been shaped by an interest in the relationship between evidence-based health interventions and how they are used in real-world settings. I am also interested in working in areas that are often under-researched, such as prisons. IS offers tools to study this process of translation. It not only looks at whether an intervention is effective, but asks how, why, and in what context an intervention works. The key question in this study was not simply whether CBHFA was effective, but how it was implemented, what sustained it over time, and what influenced its adaptation across all Irish prisons. To investigate this, I used both inductive and deductive methods of analysis.

My understanding of IS developed through reading, talking to those more experienced in the area, and attending formal training. I took part in the Implementation Science Training Institute (ISTI) at University College Cork. This was a blended learning course and was delivered by both national and international experts. It involved practical and theoretical teaching on applying IS to research. It also allowed for peer exchange, critical reflection, and helped me develop my skills in research design and evaluation using IS.

Implementation Science

Implementation science or implementation research is a relatively new academic field. It has its roots in practice-based health evaluations in the United States in the 1960s (Lobb & Colditz, 2013). It is defined as "the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services" (Eccles & Mittman, 2006, p.1)

IS recognises that there is often a gap between research and practice. Research on its own does not usually lead to population-level change. Instead, change is dependent on systems, organisations, and professionals putting research into practice (Peters et al., 2013). This process can be slow and unpredictable. It is estimated that it can take around 17 years for research to be translated into practice (Green, 2008). Even then, this process is shaped by many factors, such as funding, professional judgement, local needs, and organisational priorities. Even if an intervention has been shown to work, it may never be implemented as originally planned. IS emerged from awareness of this gap.

Health inequalities are particularly pronounced within prison populations. People in custody are more likely to experience chronic illness, infectious diseases, mental health issues, and substance misuse than the general population (Fazel & Baillargeon, 2011). Because of this, prisons have been recognised as important settings for public health work (World Health Organization, 2014).

However, delivering healthcare in prisons is challenging. It is often limited by a lack of resources, security requirements, and a culture that may resist therapeutic work (Plugge et al., 2008).

Many health initiatives have been developed in response. These range from basic screening to more comprehensive work such as harm reduction, mental health support, and psychoeducation (Stöver & Michels, 2010). The IPS has introduced multiple health programmes including the National Drugs Strategy and the Prison In-Reach and Court Liaison Service. These programmes focus on mental health and addiction difficulties. Within the IPS, psychological services are also available (IPS, 2023).

These efforts reflect a move toward integrated, needs-based care for people in custody. Many of these efforts strive beyond short-term improvements. They hope to achieve longer-term changes in behaviour and systems. However, implementation of such often face barriers. IS can help address these problems. IS has three main parts (Curran, 2020). These are: the innovations (what is being implemented), the strategies (how implementation is supported), and the outcomes (how well the implementation worked). The aim of IS is to find out what helps or hinders implementation, and to test strategies to support implementation (Handley et al., 2016).

A number of theoretical frameworks have been developed to support this aim. Some are general, like the General Theory of Implementation (May, 2013). Others are more detailed, such as the Capability, Opportunity, Motivation - Behaviour (COM-B) model (Michie et al., 2011), or more structured like the Exploration, Preparation, Implementation, and Sustainment (EPIS) Framework (Aarons et al., 2011). These frameworks help researchers study the factors that influence whether an intervention is taken up, known as determinants.

Although there are many benefits to using established frameworks, researchers often create their own. These can be helpful in niche research areas. However, they can lead to missed factors, wasted effort, and results that are hard to compare (Strifler et al., 2018).

Instead, some researchers choose to combine frameworks. This can help to give a fuller picture (Birken et al., 2017).

Research on the sustainment of programmes overlaps with IS somewhat. It looks at why interventions continue or stop after they are first introduced. Many of the same factors apply, such as leadership, organisational context, and resources. Some IS frameworks include sustainment as part of their design, such as EPIS or the RE-AIM framework. Other frameworks were designed to focus only on sustainability, such as the Dynamic Sustainability Framework (Chambers et al., 2013) and the Program Sustainability Assessment Tool (PSAT)(Luke et al., 2014). These frameworks highlight factors like adaptability, stable funding, leadership, and external partnerships. Studies use qualitative, quantitative, or mixed-methods. Long-term studies are especially useful to understand what happens over time.

IS has been used most often in health settings. It has been applied to areas such as chronic health conditions (Damschroder et al., 2017), dentistry (Templeton et al., 2015), and pharmacy (Moullin et al., 2016). It is also beginning to be used for mental health interventions, such as cognitive behavioural therapy, integrated care models, and collaborative care for depression and anxiety. A review by Powell and colleagues (2014) found that IS strategies can lead to better outcomes, such as increased adoption of evidence-based practices, enhanced fidelity to interventions, and better clinical results. However, the authors have also underlined the need for continued research to understand which strategies are most effective, in which contexts, and for which populations.

In prison settings, the use of IS is still developing. A systematic review by Van Deirse et al., (2023) looked at 24 studies on health in prisons. The review included a mix of qualitative, quantitative, and mixed-method studies focusing on areas such as infectious

diseases, drug use, and mental health. Sixteen studies identified factors that helped or hindered success. Helpful factors included strong leadership, good communication, and training designed for prisons. Barriers included low staff numbers, high turnover, conflicting prison priorities, and poor coordination. Some staff also resisted new approaches. Only six studies tested specific strategies to improve implementation. A recommendation from this work highlighted the need for future research to focus on what works in prisons and how policy supports or blocks success. This would likely help make health interventions fairer and more effective in the criminal justice system.

This Study

The CBHFA programme, due to its peer-led structure and system-wide integration, represents a complex health intervention ideally suited to investigation through the lens of Implementation Science. When completing the initial literature review, attending IS training, and meeting with members involved in CBHFA, it became evident that specific factors would be important to consider. This programme is also somewhat niche given that it involves empowering and facilitating prisoners to act as volunteers, rather than typical health or psychological practices. As such, it was important that this research considered the experience of the volunteers (referred to as Prisoner Volunteers, [PVs]) the experiences of the facilitators of the volunteers (hereafter called “staff”), and the overarching context. The work completed through the CBHFA programme is specific to the community, which here would be each prison wing. As such, there is a significant amount of individuality to in the running of the programme, with considerable variability over time and across environments.

Due to this variability, I chose a hybrid approach combining both deductive and inductive thematic analysis. A deductive approach, drawing on IS frameworks, was used to complete a determinant analysis of barrier and facilitative factors. The inductive approach

was chosen because I wanted to stay open to new ideas that might not fit into existing IS frameworks. I used Reflective Thematic Analysis (RTA), as described by Braun and Clarke (2023), because it allowed me to acknowledge my own perspectives and biases, and ensured a more thoughtful and responsive approach to the data.

This approach links with the epistemological stance I took in this research. I see knowledge as something shaped by both personal experience and the wider social world we are in. As such, meaning comes from the interaction between researcher and participant. It is not only from just one side. I wanted to acknowledge the people I spoke with as the experts in their own experience. I was also aware of my position as an outsider to both the IPS and the CBHFA programme. Using this approach helped me stay close to what they shared, rather than putting my own ideas first.

Framework Development

The CBHFA programme is wide, far reaching, involves many different stakeholders and continuously changing. The time frame being studied was past (first implementation phase of pilot) up until present (continued sustainment phase). Trying to pre-emptively identify a framework which could potentially capture all these factors has been considerably difficult. As such, I chose to combine aspects from numerous frameworks.

The Consolidated Framework for Implementation Research (CFIR) is a widely recognised framework originally developed in 2009 (Damschroder et al., 2009) and later updated (Damschroder et al., 2022), becoming CFIR-2. It was designed to consolidate all the key factors that influence implementation within health services. As it draws from multiple existing theories it can be considered ‘meta-theoretical’. This flexibility makes it particularly useful in complex, real-world settings.

CFIR includes five core domains: intervention characteristics, outer setting, inner setting, characteristics of individuals, and process. In its 2022 update, the framework underwent changes to language use. For example, replacing *intervention* with *innovation*, *patients* with *recipients*, and removing the term *stakeholders*. Still, the overall primary focus of this framework remains on the initial stages of implementation. As such, it is limited in areas of long-term sustainment or adaptation. Both of these factors are central to this study. For this reason, additional frameworks were explored and incorporated.

To better understand factors related to sustainability, the Program Sustainability Assessment Tool (PSAT) was considered. PSAT is designed to assess the capacity of programmes to maintain their benefits over time and includes domains such as environmental support, funding stability, organisational capacity, and strategic planning (Luke et al., 2014). This tool was particularly relevant given that CBHFA has operated for over a decade within the IPS and continues to evolve.

Because CBHFA has been adapted over time and across environments, adaptation was also considered a key component. As such, the Framework for Reporting Adaptations and Modifications to Evidence-Based Interventions (FRAME) was incorporated (Wiltsey Stirman et al., 2019). FRAME allows for the systematic exploration of how, when, and why modifications occur, and whether they are planned, reactive, or driven by context. This was especially useful given the diversity of prison environments in Ireland.

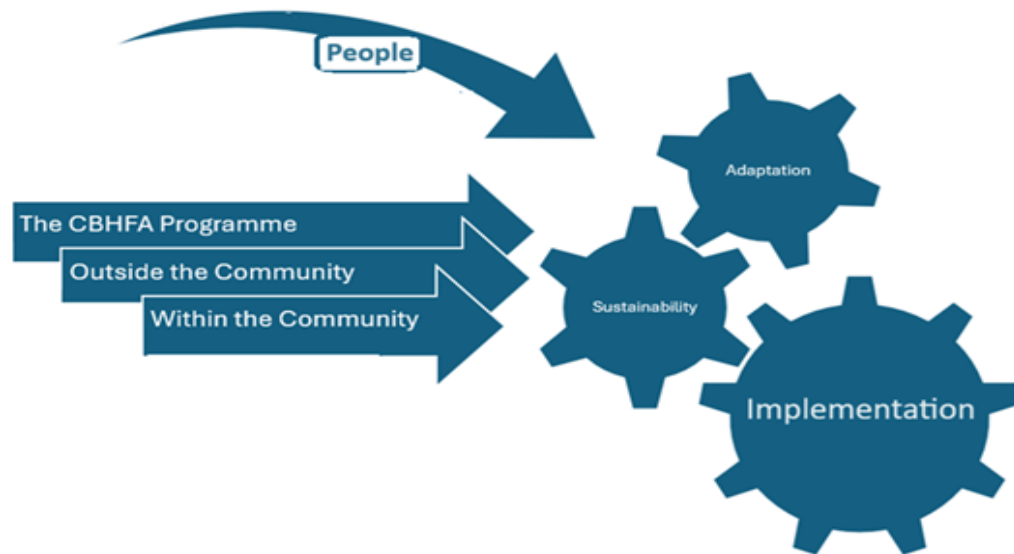
Combined Framework

This research involved reviewing several potential frameworks to assess how effectively they captured the implementation and sustainment of CBHFA. CFIR 2, PSAT, and FRAME were identified as particularly relevant. Each offered valuable elements, and relevant components were drawn together to create a personalised framework tailored to this study.

This can be seen in Figure 3.1. A larger, more detailed visual image can be seen in Appendix A.

Figure 3.1

Original Combination of Frameworks



This framework guided the development of the research questions, and shaped both the a priori codebook (Appendix B) and the interview schedule (Appendix C). The interview schedule was adapted to suit each participant (e.g., funding-related questions were prioritised for IRC staff). After data collection, findings were mapped onto the framework, which was then refined to reflect the CBHFA context.

What became apparent during data collection and initial data analysis was that aspects of CFIR-2 would not map easily onto the data. I had expected a clear divide between what would be considered “Outside the Community (Outer Setting)” and “Within the Community (Inner Setting)”. However, the relationships between internal and external participants within the prison appeared very strong. For example, PVs often spoke about senior IRC and IPS staff. They described being able to discuss difficulties with them and

problem-solve together. The clear divide I had expected, and that might be seen in other health initiatives, was not evident here. As such, I found that data often had to be coded within two or more sections of the original a priori codebook. The codebook was also excessive at this point.

A midway framework led to a revised a priori framework, provided in Appendix D. A simplified version can be understood through Figure 3.2

Figure 3.2

Midway Iteration of Implementation and Sustainment Framework.



This framework removed the separation of outer and inner contexts. It also streamlined how data were being organised. However, as further data were analysed, it became evident that this framework was also not ideal. It was still very large and difficult to summarise. At this stage of analysis, it also became clear that while adaptation was fundamental within CBHFA, it did not neatly fit alongside implementation and sustainment. It was different, and this

needed to be reflected. I decided to remove this section from the deductive analysis framework. Many of the inductive codes also described adaptation-like processes. By capturing this in the inductive analysis, I was better able to talk about how this process occurs in many different ways. This helped capture the detail that a deductive determinant analysis of adaptation wouldn't capture.

This version of the framework also had other difficulties. As it was a determinant analysis, it did not make sense for "Threats" to be its own category. This midway framework also included a focus on "Process", which did not align with my original research aims. The category of "Context" also felt too broad, overlapping with other categories. Some categories also had clear overlap, for example, "People" and "Attitudes". These difficulties informed the final framework. This can be understood through an a priori codebook in Appendix E and the visual image in Figure 3.3.

Figure 3.3

Final Framework of Factors Impacting Implementation and Sustainment of CBHFA in IPS.

	Implementation	Both	Sustainment
Facilitators	Programme Design		
Barriers	Funding and Resources		
	People and Attitudes		
	Evidence and Evaluation		

All interviews were re-analysed to identify facilitating and barrier factors under this framework. While the framework appears simple (and is), considerable effort was made to ensure that all factors were considered throughout the process before being condensed. Through this process I noticed that the way I developed the framework mirrored a core value

of CBHFA, a willingness to adapt. CBHFA changes to suit needs. The programme looks different across environments and over time. My approach had to mirror this, so I could capture all relevant aspects. I was not able to apply a fixed model, but had to reshape the framework based on what participants said. This felt like a kind of parallel process, with my method reflecting the programme. Through this, I understood that IS is not limited to only using a fixed framework, as I originally believed. Instead, it can stay open, responsive, and willing to change as the research needs are identified.

Conclusion

This study is the first external research to analyse how CBHFA was implemented and continues to be sustained in the IPS, and likely in any prison globally. The methodological approach taken in this IS-informed study was a hybrid inductive-deductive approach, combining both deductive and inductive thematic analysis. The inductive strand allowed space to explore unexpected aspects. This was especially important given the unique nature of the CBHFA programme, and because of the dearth of existing research in this specific area. To complete the determinant analysis, I utilised a deductive approach. This involved elements from CFIR-2, PSAT, and FRAME being combined into an original personalised framework. This was designed to reflect the complexity of the CBHFA programme, its long-term sustainability, and the ways it has been adapted across different prison settings. This was adapted iteratively. The final framework organised barrier and facilitating factors into four easy to interpret categories. The overall combined approach allowed me to fully explore how CBHFA works in practice within IPS. Consideration of limitations is addressed in Study 2.

Chapter 4: Study 1 - Implementation and Sustainment of the CBHFA Programme

Abstract

The Community-Based Health and First-aid (CBHFA) programme was developed by the International Federation of the Red Cross and Red Crescent Societies. Ireland was the first country to introduce CBHFA into prison settings in 2009. Since then, it has expanded to all prisons within the Irish Prison Service (IPS) and continues to operate. This study examines how CBHFA was implemented and sustained within the IPS using an approach informed by implementation Science IS.

A qualitative research design was used. Data was collected from 17 participants through semi-structured interviews. A hybrid inductive and deductive thematic analysis was applied. Deductive thematic analysis, guided by implementation science and framework analysis, identified key facilitators and barriers. These were categorised into four areas: Programme Design, Funding and Resources, People and Attitudes, and Evidence and Evaluation. Inductive reflective thematic analysis examined participant experience of CBHFA implementation and sustainment. Three overarching themes were identified: Altruism as a Vehicle for Change, The Power of Insiders, and Commitment to Adaptation.

Altruism was a key factor in maintaining long-term engagement and encouraging collaboration. The insider status of prisoner volunteers (PVs) and key prison personnel was crucial in gaining trust and legitimacy. CBHFA remained relevant through ongoing adaptation, which included project-based, cultural, and structural modifications.

This study illustrates the role for IS in understanding how community-led health interventions are integrated into prison environments. The findings have implications for those involved in developing and sustaining evidence-based interventions in prison settings.

Introduction

This study aimed to explore how the CBHFA programme was implemented and sustained across different Irish prison settings. Specifically, it sought to identify barriers and facilitators that influenced its success, using both inductive and deductive thematic analysis. Deductive analysis was guided by implementation science frameworks, while inductive analysis focused on participants' lived experiences of how the programme worked in practice.

A key focus of Implementation Science (IS) is understanding how initiatives are implemented and sustained in real-world contexts. It is especially relevant to complex environments, such as prisons. For an intervention to be successful, the design must be robust. It must also complement the culture and structure of where it is being implemented. If this does not happen, interventions can fail, even if these interventions showed promise in controlled trials. Relevant structural factors can include stakeholder engagement, funding, and the ability to adapt (Eccles & Mittman, 2006).

To understand, and then address difficulties, frameworks have been developed. These help to guide the study of how interventions are adopted, adapted, and sustained over time. One such framework is the Consolidated Framework for Implementation Research (CFIR-2). This outlines five key areas to consider including: intervention characteristics, the outer setting, the inner setting, individual characteristics, and the implementation process (Damschroder et al., 2022).

CFIR focuses on how interventions are initially implemented. However, other tools have been designed to examine longer-term sustainment (Shelton et al., 2018). This includes the Program Sustainability Assessment Tool (PSAT) utilised in research (Luke et al., 2014), and the Framework for Reporting Adaptations and Modifications to Evidence-Based

Interventions (FRAME), which helps track how and why changes are made to programmes (Wiltsey Stirman et al., 2019). Using frameworks such as these allows us to better understand how a programme works within specific real-world contexts. These insights are essential when trying to make a lasting impact, especially in complex or changing environments.

Prisons can be considered complex and challenging settings for the application of health interventions. They are high-pressure environments where traditional healthcare models often do not work well (Watson et al., 2004). Prisoners typically experience much higher rates of infectious disease, non-communicable disease, substance use, and mental health problems than those in the general population (Stürup-Toft et al., 2018). Globally, access to services is often inconsistent (WHO, 2014). Reduced privacy and autonomy within prisons can also impact the engagement in health initiatives. Prisons are typically close confined in nature, increasing risk of infectious disease. Specifically, within Ireland, overcrowding in prisons is an actively worsening issue (IPS, 2025).

Providing healthcare in prison can be difficult due to competing demands. There is often a need to balance prisoner health and rehabilitation with the need to maintain order and security. This can be difficult. This difficulty can be exacerbated when resources are limited, and staff shortages are common (Watson et al., 2004). Prisons are highly structured environments and often have rigid hierarchies and daily routines. They also often struggle with high turnover of both staff and prisoners. This in turn can lead to instability, which can make it difficult to maintain consistent health interventions over longer periods of time (Ismail & de Viggiani, 2018).

For programmes to succeed in prison settings, they must do more than improve health outcomes. They must also align with the cultural norms and power dynamics of prison life.

Interventions introduced from outside may struggle to gain trust or legitimacy (Pont et al., 2012), and prisoners may view such programmes as disconnected from their lived experience (WHO, 2014). As a result, there is growing interest in peer-led and prisoner-led models. These are seen as more credible because they are delivered by people with shared experiences. Peer-led programmes are also often better able to navigate the social structures within prisons. These interventions have been linked to improved engagement and better communication between staff and prisoners (South et al., 2014).

This shift towards peer-based models is reflective of a wider move towards rehabilitation and desistance. The IPS offers multiple services aimed at supporting wellbeing and desistance. These include counselling, education, addiction support, and volunteer programmes (IPS, 2023). One example of a volunteer programme is the Samaritans Listener Scheme. This programme trains selected prisoners to offer emotional support to their peers. This initiative has linked peer support to positive identity change (Perrin & Blagden, 2014). Research into the sustainability of the Samaritans Listener Scheme has found that strong collaboration between prison staff and Samaritans volunteers, consistent training, and institutional support are all important facilitative factors. Key challenges include staff turnover, restricted access, and frequent prisoner transfers, which can disrupt continuity. Studies also highlight the importance of prison culture, managerial buy-in, and recognition of the Listener role in maintaining the scheme's impact. Similar to CBHFA, much of this research is not published in peer-reviewed journals (Jaffe, 2012; Scowcroft et al., 2019).

The Liverpool Desistance Study concluded that people who desist from crime often reframe their identity, seeing themselves as redeemed individuals with something to offer, rather than accepting the identity of "criminal" (Maruna, 2004). However, some research suggest that those who take on peer roles may already have higher levels of mental

wellbeing or resilience before getting involved. For example, LeBel and colleagues (2015) found that peer supporters often had a strong sense of purpose and resilience beforehand. Maruna (2001) describes how people who move away from offending often already have a positive story about who they want to be. This can include wanting to give back or be seen differently by others. While peer work can be transformative, it's important to consider that some people may already have the strengths that help them benefit most from it. This raises the possibility that findings may not apply equally across all people in prison.

This move toward peer-based models is both practical and strategic. It offers a way to manage the difficulties of traditional service delivery and helps reduce mistrust, creating programmes that feel more meaningful to the prison population. Social Identity Theory (Tajfel & Turner, 1979) can help explain why peer-led approaches are effective in this setting. People are more likely to accept advice and change behaviour when messages come from others who share their social identity. Prisoners often respond more positively to support from fellow prisoners than from staff or external professionals (South et al., 2014).

One programme that reflects these principles is CBHFA. CBHFA was developed by the IFRC. It was designed as a flexible, community-led approach to improving health and has been used globally for different public health challenges (IFRC, 2021). CBHFA empowers local people to identify the main health issues in their community and act together to address them. This approach helps make the programme more relevant, more sustainable, and more trusted.

Ireland was the first country to introduce CBHFA in a prison setting. The pilot began in Wheatfield Prison in 2009 and was expanded to all Irish prisons by 2014. CBHFA in Ireland has a unique, collaborative structure involving the Irish Red Cross (IRC), the IPS, and Education and Training Boards (ETB). Since 2016, IPS Psychology Services have also

contributed, particularly in supporting the programme's mental health focus. Within this model, prisoners can apply to become 'Special Status' IRC volunteers (referred to in this research as Prisoner Volunteers (PVs)). Once selected, they are trained in first-aid, health promotion, communication skills, and the Seven Fundamental Principles of the Red Cross. They then assess health needs in their prison, design peer-led interventions, and work with staff and external groups to deliver health campaigns, educational sessions, and emergency responses (Braich et al., 2024).

A key structure within CBHFA is the Community Health Action Committee (CHAC), which meets monthly and brings together Prisoner Volunteers (PVs), staff, healthcare workers, teachers, and IRC representatives. These meetings are used to track progress, solve problems, and strengthen shared ownership of the programme. CBHFA PVs have led a range of initiatives, including hepatitis C screening, overdose prevention training, weapons amnesty campaigns, and COVID-19 health messaging (Orcutt, 2021).

Research on CBHFA in Irish prisons suggests improvements in mental wellbeing, health knowledge, and prisoner-staff relationships (IRC, 2019). One of the few independent studies available was conducted by O'Sullivan and colleagues (2020). This study used qualitative interviews and thematic analysis to explore PVs' experiences (N=11). This research found that volunteering with CBHFA gave people a sense of control and supported identity reconstruction. It also helped foster more positive relationships with other prisoners, staff, and family. The new identity formed through participation was often linked to the idea of the wounded healer.

Most existing research has been conducted by the IRC through internal evaluations (Braich et al., 2024; IRC, 2019; Orcutt, 2021). While useful, these reports are not peer-reviewed, and findings are not always externally validated. This makes it more difficult

to assess reliability or compare results across sites. There has also been limited focus on how CBHFA was implemented and sustained across all Irish prisons. No peer-reviewed study has yet explored this process in detail.

This research gap is increasingly time sensitive as some key individuals involved in the initial programme implementation are due to retire or have already left the IPS. These individuals hold informal knowledge that has never been formally documented. While structures like CHAC remain in place, the loss of this knowledge could reduce the continuity of understanding that supported CBHFA's development, specifically within the IPS.

Many interventions fail over time due to poor staff engagement, unstable funding, or weak integration into existing systems (Fixsen et al., 2005). Understanding how CBHFA has navigated these challenges may offer insights for future peer-led health interventions. It can also guide implementation and sustainment of CBHFA in other prisons globally. This study aims to address a key gap in IS and prison health research.

Method

This study follows a qualitative research design using both inductive and deductive forms of thematic analysis. While participants had varying degrees of past and present engagement with CBHFA, data collection occurred at a single time point, making this a cross-sectional study, with retrospective elements. While the research acknowledges that implementation and sustainment are different phases of CBHFA programme's life cycle within the IPS, these phases were analysed together to give a more generalised overview. In this research implementation phase was the initial piloting of the programme within each prison. "Early implementation" relates specifically to the first two pilots within (separate) prisons. Sustainment refers to all the time between implementation until present day.

Participants

Participants were recruited using a purposive sampling method, with elements of convenience sampling due to practical constraints. Participants were purposively selected based on their past or present experience working with the CBHFA programme, with preference given to those involved in its implementation, adaptation, or sustainment. Given the limited number of individuals involved in the CBHFA programme, particularly at the time of its implementation, and the need to rely on individuals identified by either the IRC or IPS, a fully random sampling strategy was not viable.

Due to the purposive sampling strategy, there was an inherent risk of selection bias. To mitigate this risk, eligibility criteria for participation were kept as broad as possible.

Given the small population working with the CBHFA programme and being sensitive to ethical concerns regarding anonymity, demographic data collection was minimal. Age was not recorded, though all participants confirmed that they were over 18. These were chosen from different prisons, with an effort to ensure as many different prisons were represented in the research as possible.

There were 17 participants in total. One invited individual declined to participate. This resulted in a 94% response rate. The participants sample included:

- Five PVs (2 women, 3 men) from a mix of open and closed prisons. Two had been involved in the programme's early implementation, and four were still active in the programme. Two had experience with CBHFA in multiple settings. The term "Prisoner Volunteer" was used to acknowledge their dual identity of both a person in custody, and a RC volunteer.
- 12 staff members (6 females, 6 males), broadly classified into the following roles: Education (n=2), Healthcare (n=2), Operational (n=4), Psychology (n=2), and Red

Cross (n=2). Six were significantly involved during early implementation, 11 had experience with CBHFA in multiple settings, and 11 were still involved in some capacity. The term "staff" refers to individuals not in custody whose participation in CBHFA was linked to employment. However, it should be noted that for some staff members, their choice to participate in CBHFA programme was voluntary and not something expected of them due to their employment role.

Procedure

Data was collected by the primary researcher using a semi-structured interview format, conducted either in person or online based on participant preference. Two participants requested to be interviewed together, and this was accommodated. In total, 14 individual online interviews, one individual in-person interview, and one two-person interview were completed. Online interviews were completed using Microsoft Teams, and in-person interviews were recorded using secure Dictaphone.

Participants received information sheets and consent forms prior to participation and a debrief sheet afterwards. Separate materials were prepared for PVs (Appendix F, G, H) and staff (Appendix I, J, K). Given potential literacy difficulties, PVs had forms read aloud by the primary researcher before giving signed consent. PVs were also reminded that their decision to participate would not affect their ability to engage in CBHFA.

The interview schedule (Appendix C) was developed prior to data collection, following informal consultations with CBHFA staff and training in implementation science. It was informed by the initial consolidated framework as seen in Appendix A. The interview schedule was used flexibly across participants and adjusted iteratively. Open-ended questions were included to allow participants to highlight aspects most relevant to their

experience. For example, IRC staff discussed financial aspects of CBHFA, while PVs focused more on lived experience. Interview duration ranged from 30 to 60 minutes.

All interviews were anonymised during transcription, with identifying details removed. Member checking was used to ensure accuracy, allowing participants to review and amend their transcripts (Lincoln & Guba, 1985). Minor changes were made, such as spelling corrections and elaborations, but these did not affect theme formation. Audio recordings were deleted after transcription. All data were stored according to GDPR and UCC policy,

Originally, 12 interviews were planned. However, as data collection progressed, it became clear that the participant pool did not fully capture the diversity of perspectives. Therefore, five additional interviews were conducted.

Data Analysis

Data was analysed using two distinct approaches: deductive and inductive thematic analysis. Both types of analysis were included as they supported a comprehensive and balanced approach to understanding the implementation and sustainment of the CBHFA programme.

Deductive analysis was employed in this research to enable barriers and facilitating factors to be identified based on pre-existing theoretical factors. This was informed by framework analysis. Before conducting interviews, the primary researcher met with CBHFA staff and attended IS training. Using this knowledge, a framework was designed by compiling factors from pre-existing frameworks.

Three frameworks were identified as relevant to deductive analysis.

1. The Consolidated Framework for Implementation Research (CFIR-2) was utilised due to its focus on implementation (Damschroder et al., 2022). This framework was relevant as implementation was a key area of research within this project.
2. The Program Sustainability Assessment Tool (PSAT) was included as it provided insight into how the CBHFA programme was maintained over time within the IPS (Luke et al., 2014). While the PSAT was originally designed as a practical tool for programme planning and self-assessment, it has also been widely used in research to evaluate sustainability factors across a range of public health and community-based interventions.
3. Lastly, the Framework for Reporting Adaptations and Modifications to Evidence-Based Interventions (FRAME) was included (Wiltsey Stirman et al., 2019). As CBHFA operated across multiple prison settings with different populations, there was prior awareness that adaptation might be an important component to consider.

These three frameworks were integrated into a comprehensive overarching framework (Appendix A). There was considerable overlap between constructs. When appropriate, these were combined. The overarching framework informed a structured a priori coding system for deductive analysis (Appendix B). As data collection progressed and initial data analysis was in progress, this framework was adjusted iteratively. Aspects were added, removed, combined, or separated as needed. The focus on adaption reduced within deductive analysis, and so aspects of the FRAME originally incorporated became less relevant. After all data was collected and an initial analysis was completed, a final framework was designed. All interviews were re-analysed to identify facilitating and barrier factors under this framework. These were combined and condensed where appropriate.

Inductive analysis was conducted separately using Reflective Thematic Analysis (RTA) on the interview transcripts (Braun et al., 2022). Braun and Clarke's six-phase process was followed, as outlined in Appendix L. RTA was chosen as it allowed for identifying nuanced patterns related to the lived experience of those involved in implementation and sustainment of the CBHFA programme. This approach was selected to enable a flexible analysis that could attend to processes, motivations, relationships, and broader contextual experiences, beyond a solely determinate focus on barriers and facilitators. Additionally, RTA supports the constructivist and experiential epistemological stance taken in this research, which acknowledges that meaning is co-constructed between the researcher and participants. While the deductive analysis used structured frameworks to organise the data, this was applied within a contextualist stance. Frameworks were recognised as guiding tools rather than fixed truths, and allowing adaptation in response to the situated experiences of participants.

Reflexivity of the primary researcher was emphasised throughout this process. I kept a reflective journal and memos. I also acknowledged my position of power when working with individuals in custody, especially for those who may be keen to be seen as altruistic and helpful. Lastly, as I had previously analysed other CBHFA-related data from a separate study, I made an effort to ensure that conclusions drawn in this research were explicitly linked to newly collected data.

Ethical Considerations

Ethical approval was granted by the University College Cork Clinical Psychology Research Ethics Committee (CPREC) and the Irish Prison Service (IPS). Participants received written and verbal information. Consent was voluntary. Participation in the study had no impact on their involvement in the CBHFA programme. Debriefs were completed after data

collection. Extra care was taken due to the vulnerability of the population. Data was anonymised, and transcripts are stored securely in line with UCC and GDPR guidelines.

Results

Seventeen participants were interviewed and these accounts of CBHFA were analysed using a hybrid inductive-deductive thematic analysis approach. Deductive analysis was used to identify specific factors acting as facilitators and barriers during implementation and sustainment of CBHFA. Inductive analysis was utilised as it allowed for new, unanticipated and flexible themes to be identified. This ensured that the findings were grounded in the lived experiences of participants while remaining comprehensive. This dual approach provided a comprehensive understanding of CBHFA’s implementation and sustainment.

Deductive Analysis

This analysis was conducted using deductive thematic analysis, incorporating aspects of framework analysis. This allowed for key factors to be systematically identified and organised. In turn, this provided specific insights into how CBHFA is effectively integrated and maintained within the prison system. Factors were divided into four main categories, “Programme Design”, “Funding and Resources”, “People and Attitudes” and “Evidence and Evaluation”. Both staff (N=12) and PVs (N=5) were included in this analysis. Staff were varied in the different roles they represented within the context of the CBHFA and so were able to speak to differing aspects of programme implementation and sustainment. As such, staff are more represented in quote use here.

Programme Design

Table 4.1

Summary of Impactful Factors for CBHFA in IPS relating to Programme Design

Programme Design

	Implementation	Implementation and Sustainment	Sustainment
Facilitators	Niche need - preventive healthcare First-aid already being taught Choosing easily attainable goals Timing of H1N1 virus	Peer-to-peer design Suitable to Adaptation Quickly responsive Altruism as motivation Altruism as catalyst for equal collaboration Graduation	Sensitisation course IPS staff CHAC Meetings IPS dependency on CBHFA Interviews for potential PVs PVs acting as facilitators Reduced emphasis on perfection Workshops for both staff and prisoners
Barriers	Never trialled before Risk due to prisoner movement		Online meetings

When looking at the programme design, certain factors were critical for implementation (see Table 4.1). These included the genuine need for the programme within the prison. Prior to the CBHFA programme, *“the culture was only to go to the surgery when you're sick”* (12, Staff). As such, there were no health awareness campaigns targeting the whole prison population. This was a niche need that CBHFA could meet.

Within the IPS, *“The school was already doing first aid”* (3, Staff). This complemented the first-aid aspect of CBHFA. During the original pilot implementation and the early stages of rollout to a second site, those involved *“picked a simple thing like a food covering for their dinners... a simple win”* (5, Staff). These easily achievable goals were motivating and helped demonstrate the value of the programme from the outset.

Timing was also important for implementation. *“The biggest problem at the time was the H1N1... That was where we brought around the whole hand washing techniques”* (3, Staff). Having an active outbreak demonstrated how CBHFA could be useful and helped to secure ongoing support for its expansion.

Several key factors facilitated both the initial implementation and the long-term sustainment of the CBHFA programme. These included its peer-to-peer design: *“the*

prisoners running the programme... is the main reason for its success" (10, Staff). Another factor was the programme's adaptability over time: *"it stays because it's a complex system, it's constantly adapting"* (12, Staff). This adaptability is fundamental and is discussed further in the inductive section. Graduation as also referenced as an important aspect of CBHFA *"And you're putting your hard work into Red Cross all year, and then you're getting, like, the elation of letting your family members come in and see you"* (1, PV). Having work witnessed by external family members acted in part as a reward or incentive for work completed as part of CBHFA.

A sensitisation course for all IPS staff has also supported long-term sustainability: *"The officers go through an information day... so they know it's Red Cross"* (4, Staff). This ensures prior awareness and understanding of the programme's ethos. Similarly, CHAC meetings play a key role in keeping the programme active and responsive: *"CHAC meetings are really important for keeping things moving. Issues are documented, follow-ups are tracked, and a plan is made for the next month"* (16, Staff). The perceived importance of CBHFA was further reinforced during national health emergencies: *"CBHFA is so embedded now, we're dependent on it... They were our lifeline during COVID"* (6, Staff).

CBHFA has *"developed different protocols in how we would take on volunteers"* (3, Staff). This involves a formal interview process, and follow-up communication: *"we give them a letter afterwards... they really respect that"* (11, Staff). Through this selection process, security risks are reduced, and volunteers are treated with dignity. The decision to allow PVs to act as primary facilitators has further strengthened long-term sustainment, especially among harder-to-reach groups: *"it's led by the volunteers themselves, and [other prisoners] tend to buy into that a little bit more"* (16, Staff).

Other important factors related to programme sustainment include fostering a culture of being “good enough”: *“perfection is the enemy of good... it’s OK if it’s good... just do the best you can”* (4, Staff). This approach helps make projects more achievable and less intimidating for all involved. Additionally, when planning events it is important that *“you invite all staff and prisoners... officers, nurses, school staff... the whole community... and when they see it’s not just for prisoners, it gets more respect”* (5, Staff).

Threats to the programme at the time of implementation included the fact that *“anything new in a prison system is difficult... prisons tend to be very narrow-minded”* (4, Staff). Since the programme required physically mapping the community, concerns were raised regarding potential security risks. *“We told the prisoners... but we didn’t tell the staff... a big mistake from us”* (3, Staff), this lack of communication heightened security tensions. Threats to sustainment included *“CHAC meetings going online during COVID. It’s not the same... you don’t get the feel for what’s happening in the room”* (5, Staff).

Funding and Resources

Table 4.2

Summary of Impactful Factors for CBHFA in IPS relating to Funding and Resources

Funding and Resources	
Implementation	Sustainment

Facilitators	Use of in-house IPS resources and funding	Access to Dormant Accounts Funding (DAF) Research specific funding from DAF Limited IPS funding T-shirts as a status symbol AP's protected time
Barriers	No funding initially available	Time and resources needed to apply DAF biannually One primary stream of funding Graduation costs Cost of travel between prisons No protected time for healthcare staff

This programme was successfully implemented using IPS in-house funding and resources. For example, teachers already working within prison schools were recruited to become involved in the CBHFA programme. School resources, such as computers and printers, were also used. A significant threat to the programme's launch was the initial lack of funding: *"It was run on a shoestring"* (16, Staff). These points can be seen in Table 4.2.

Although the IPS has some limited funding available, *"the biggest issue is around funding... graduation costs €800"* (5, Staff). Another factor that supported implementation was that Assistant Psychologists (APs) had dedicated time allocated for CBHFA involvement, which helped sustain their participation. However, healthcare staff did not receive the same allowance, making it difficult to balance patient care with programme engagement: *"I feel I have to try and fit it in as part of my day... no protected time per se"* (13, Staff). This challenge was further intensified during COVID-19. Additionally, travel costs between prisons created difficulties for those working across multiple sites: *"it is a national programme and that requires a lot of travel... it can be really difficult to stay within budgets"* (16, Staff).

Dormant Account Funding (DAF) has been crucial for sustaining the CBHFA programme, including securing research-specific funding. While beneficial, DAF presents a sustainability risk due to its inherent uncertainty, and approval is not guaranteed: *"being funded by 1 dormant account fund stream... only being able to plan year on year... that's a*

threat” (8, Staff). It must be reapplied for every two years, which places a significant administrative burden on staff: *“We don’t usually find our feet until October, November... only two months before start”* (16, Staff). Providing T-shirts for PVs was also considered important for programme identity and motivation: *“it gave them a sense of pride... the T-shirt meant they were part of something”* (6, Staff).

People and Attitudes

Table 4.3

Summary of Impactful Factors for CBHFA in IPS relating to People and Attitudes

People and Attitudes			
	Implementation	Implementation and Sustainment	Sustainment
Facilitators	Prior RC knowledge Convenient pilot PV group	Passionate + flexible Staff ETB, IRC, IPS - willing partnership Risk-aware governor	Trauma informed approaches Woman in positions of power Governor support Incorporating ex-governors Apprenticeship-like structure for teachers
Barriers	Lack of communication with all stakeholders Perception of programme as “sharing of power” with prisoners Concern over impact on nursing role	Risk to emblem Negative publicity Excessive responsibility placed on teacher PVs “pushing own agenda” Unsupportive Head Teacher	Inconsistency of psychology/healthcare involvement Promotion/change of staff Officer shortages / Overcrowding Some PVs not wanting to mix, dependent on perceived crime Prison “using” volunteers to “promote specific agenda”

People play a significant role in the CBHFA programme and were most often reported as essential to both its implementation and sustainment. This can be seen in Table 4.3. A key individual employed by the IPS involved in implementation had significant prior knowledge of the Red Cross, as they *“had worked in a lot of different countries with the CBHFA programme”* (3, Staff). This expertise greatly aided implementation, as did the convenience

of the pilot group of PVs: *“they happened to be doing some of the similar modules... and had a lot of influence on the landing... that really helped the first run through”* (4, Staff).

Staff commitment and flexibility were repeatedly cited as key to both implementation and sustainment. Passionate individuals were seen as vital, particularly those who demonstrated *“a love for the programme”* (16, Staff) and were *“more willing to roll their sleeves up”* (8, Staff) and get involved. Another key aspect was *“the partnership... the prison, the Red Cross, and the ETB all working together”* (3, Staff). This was felt by staff and PVs alike: *“We have a team between us, and we help each other out”* (14, PV).

Leadership also played a critical role in supporting implementation and having *“a governor that was much more risk-aware than risk-averse”* (3, Staff). This aligns with the importance of insider status, discussed later. Likewise, sustainable delivery was supported through informal mentorship. Before leaving a prison, some teachers adopted an apprenticeship model to pass on their knowledge: *“you’re doing it together and you’re handing it over”* (11, Staff).

Another key facilitator was the development of a trauma-sensitive ethos among staff and PVs who understood that *“kindness is a strength, it is probably one of the best values that anybody can have”* (3, Staff). A related factor that was *“one of the catalysts for change... has been the fact that women have now taken up senior positions in all prisons”* (10, Staff). This was linked to a perceived increase in trauma-informed and risk-aware decision-making.

Despite these facilitators, several barriers were identified. A major challenge during initial implementation was poor communication with staff. This impacted PVs’ experience of the programme: *“No one told the officers what we were doing. So we’d go down with a survey and they’d be like, what’s this? You can’t be here. It was frustrating”* (7, PV). A similar issue arose during the introduction of IPS psychology. While principals and assistant

psychologists were informed, supervising psychologists were often excluded. This affected their ability to support APs: *“Rather than just handing it to the assistant psychologists expecting their supervisors to just supervise something they didn’t know about...”* (8, Staff).

Power dynamics also presented challenges. Some staff perceived CBHFA as *“sharing power”* with PVs inappropriately: *“some people would see it as you’re empowering prisoners... giving them power within the prison setting”* (3, Staff). Healthcare staff also expressed concern *“about what happens in an emergency, like if a prisoner collapses and a Red Cross volunteer is there before staff or healthcare. They were worried about boundaries and who’s responsible for what”* (9, Staff).

Unique challenges arose from the CBHFA’s association with the Red Cross. One major concern related to emblem protection and the Geneva Convention: *“If the fundamental principles in the Red Cross is not respected in prisons, it gets out, it can spread. And then the next thing you know is two armies won’t respect each other”* (12, Staff). For CBHFA to be successful it had to be done *“in a way that protects the emblem and the fundamental principles”* (12, Staff). Negative publicity was also seen as a risk, with one person noting: *“There is always the press... we try not to promote a lot of what we do in the prisons... but some media outlets will spin anything in a negative light”* (16, Staff).

Practical and logistical challenges further strained the programme. In particular, head teacher’s support was seen as critical as *“an absence of that support or a lack of interest... it just becomes difficult to run”* (4, Staff). Teachers also described high workloads that increased their risk of burnout: *“Some teachers have stepped away from Red Cross now because they’re like, I can’t do three jobs. I can’t be the PE teacher, the assistant teacher and the Red Cross teacher”* (11, Staff). In some cases, PVs were seen to misuse the programme

for personal gain: *“There has been the odd person who used the Red Cross for their own benefit... we’ve had to be cautious that the motivation was genuine”* (2, Staff).

Sustainment was further challenged by inconsistencies across prisons. Staff described variation in healthcare and psychology involvement: *“I went from having a nurse in the classroom every single week to no nurses at all involved”* (11, Staff). This placed added pressure on teaching staff. High staff turnover also disrupted continuity: *“Once somebody leaves and you lose a good one, the fear is that it doesn’t get replaced in the same way... you’re trying to keep the ball in the air”* (6, Staff).

Operational issues such as prison officer shortages were also reported: *“You can’t do anything without school being open... and the school doesn’t open unless there’s an officer to bring them”* (11, Staff). Security-related communication constraints could strain PV–staff relationships: *“We’re not allowed to tell them there’s a staff shortage... they think we’re just stopping it for no reason”* (4, Staff). These issues were exacerbated by overcrowding: *“There’s more people now in prison, so more escorts, more demands, fewer staff left to run things”* (5, Staff).

Cultural tensions within the prison population also created barriers. Some PVs were reluctant to engage with prisoners from protection units, particularly those convicted of sexual offences: *“The protection unit might be setting up their own one, but I won’t be involved in that”* (7, PV).

Lastly, concerns were raised about preserving the Red Cross’s neutrality and independence. During the COVID-19 pandemic, some PVs felt their role was co-opted by prison authorities: *“They were told to go promote the vaccine... some of them were uncomfortable, because they felt it was more for the prison’s agenda than Red Cross”* (12, Staff). One PV expressed frustration: *“I’m not giving this stuff out anymore because it’s not*

got to do with Red Cross” (7, PV), and added they were being “used” to deliver prison messaging: “give out the information because the officers don’t wanna have to do it” (7, PV).

Evidence and Evaluation

Table 4.4

Summary of Impactful Factors for CBHFA in IPS relating to Evidence and Evaluation

Evidence and Evaluation			
	Implementation	Implementation and Sustainment	Sustainment
Facilitators	Evaluation inbuilt into programme design	Graduation as evidence Staff and PVS reporting positive changes Some changes measurable e.g. testing/ weapons amnesty Need for funding pushing need for evaluation	Involvement of external researchers Emergencies as source of evidence
Barriers	Not independent Specific to project, rather than impact on PV		Apparent disconnect between anecdotal evidence/qualitative research and quantitative research Long-term changes post release not tracked

Evidence and evaluation have always been considered important in the operation of the CBHFA programme within the IPS: *“Right from the very beginning I’ll make sure there’s baseline information... It’s never ended because it should always be continually evolving”* (12, Staff). However, *“initially... a lot of the research was done internally, so I don’t know how objective it was”* (12, Staff). A summary of factors can be seen in Table 4.4.

Positive attitudinal evidence also supports CBHFA. Prisoners and staff frequently report visible personal growth among PVs: *“You see it most in the graduations... their families see them in a different light... they’re up talking about their experiences”* (4, Staff). These

moments were seen as clear indicators of behavioural change, communication skills, and peer leadership.

Some changes were measurable through projects such as health promotion and weapons amnesties. However, the anecdotal changes have proved harder to quantify: *“we would look at people's self-esteem, their locus of control... but we've continued to use a lot of those measures without much evidence that they're capturing what we want to capture”* (8, Staff).

The continued focus on evaluation is also driven by funding needs. Annual applications to the DAF were described as *“a big task... trying to determine what we need to do to keep the foundations of the programme above water”* (16, Staff). Data demonstrating programme effectiveness was key to sustaining support: *“We were constantly writing it up... that's how we got government funding”* (12, Staff).

The involvement of Master's and Doctoral researchers has helped bring independence and depth to evaluation efforts: *“We now have... a research person within CBHFA to help drive all of what we're talking about—qualitative and quantitative data”* (8, Staff). Public emergencies like the COVID-19 pandemic further showcased CBHFA's value and responsiveness in crisis conditions: *“If that [CBHFA] programme wasn't there at that time, we'd have had a far different outcome...”* (9, Staff).

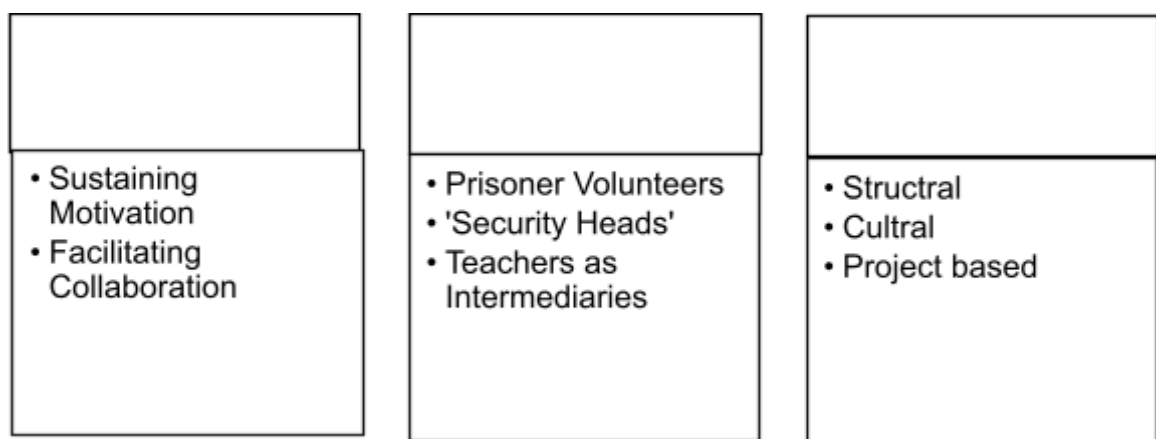
Despite these advances, challenges persist in capturing long-term outcomes. One key issue is the lack of follow-up after release: *“We can do pre and post measures... but I still don't know if we've changed that person's opportunities long-term”* (8, Staff). This gap limits understanding of CBHFA's impact beyond prison, especially in terms of sustained wellbeing or recidivism.

Inductive Analysis

Following the transcription of 17 accounts of the CBHFA programme, Reflective Thematic Analysis was completed. The aim of this analysis was to identify common themes in the processes of implementation and sustainment of the CBHFA programme. Three primary themes, comprising eight subthemes, were identified through inductive reflexive thematic analysis. These are “Altruism as a Vehicle for Change”, “The Power of Insiders” and “Commitment to Adaptation”. These can be found in Figure 4.1.

Figure 4.1

Inductive themes impacting Implementation and Sustainment of CBHFA in IPS



Altruism as a Vehicle for Change. The seven fundamental principles, Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity, and Universality, of the ICRC movement were referenced directly in interviews, with Humanity and Voluntary Service most frequently referred to as central to the programme’s implementation and sustainment. The concept of "Altruism as a Vehicle for Change" emphasises humanitarian-based values are guiding principles, and is detailed in two subthemes. Without altruism as the foundation, the programme would struggle with disengagement and increased power differentials.

Sustaining Motivation. Altruism was the key driver behind the initial implementation of the programme: “What I wanted to do was to change that so that it's more preventive,

proactive” (12, Staff). However, the reason for initial participation in the programme was not always purely altruistic. Some staff noted that career advancement opportunities played a role, while some PVs identified wanting to learn CPR as their primary motivation. Others, however, were directly inspired by witnessing acts of altruism in action: “And we done Hepatitis C testing for everyone. We done hand wash... that's what made me join seeing all that stuff” (7, PV).

While participants’ initial reasons for joining varied, it was altruism as a shared goal that sustained long-term engagement. Staff noted this shift, stating that some PVs initially joined for personal benefits but later embraced the programme’s deeper purpose: “*Some PVs initially joined just for the certificates. But... it shifts from self-interest to actually wanting to help others.*” (4, Staff). This transformation demonstrates how the programme fosters an intrinsic motivation to contribute to the wellbeing of others.

PVs themselves reported a sense of pride and personal growth rooted in their altruistic contributions: “*Proudest ***** thing—getting involved in mass screening for hepatitis*” (1, PV). This sense of purpose extended beyond individual benefits, as PVs expressed a long-term commitment to making a positive impact. Some PVs involved in running the programme found that their motivation was sustained by a deep desire to improve their immediate prison community: “*So if we can help one person. That's what makes the difference for us*” (15, PV). Others saw altruism as a way to create a meaningful legacy, particularly those with longer/life sentences: “*I wanted to leave, I suppose, a legacy. Cause the Red Cross matters*” (14, PV).

Within the prison, PVs identified those most in need of altruism, particularly vulnerable populations, and actively worked to support them:

“There is a lot who are mentally challenged... And we do notice that because we're Red Cross now that we don't like that when people are like ‘that mad one is driving me mad’ and shouting. We say, ‘We’ve already said, she is sick, she is mentally challenged, not mad.’ We don't like that word. And it's the same, we set up posters and it's ‘Don't call me junkie, my name is...’” (14, PV)

Witnessing vulnerable prisoners motivated continued participation, and so did altruism-based projects with a broader societal impact, such as initiatives benefiting the broader community external to the prison. This facilitated a sense of contributing to the broader community: *“I enjoyed doing it all, especially the thing for the special needs kids with special needs” (7, PV).*

Most IPS staff involved in CBHFA volunteer their time beyond their job requirements. As such, altruism is not limited to PVs but also drives staff engagement. For the programme's sustainment, it was crucial to have staff members who embody altruism in their work: *“Passionate ... motivated, that is kind of willing to do the extra little bit on top of their own role, usually they make for the best staff in the teams” (16, Staff).* Staff reported that their commitment was not about duty, but rather about a genuine desire to support prisoners' personal development: *“It's about the personal development of the prisoner, like in their behaviours and in their confidence, their self-worth and their self-value ... for me it's always about the prisoner” (11, Staff).* This commitment to the wellbeing of others is what sustains the programme long-term. Even when external incentives fade, the ability to enact positive social change continues to be the key intrinsic motivator for both PVs and staff.

Facilitating Collaboration. The CBHFA programme thrives because altruism fosters a shared purpose between all involved. The unifying goal of the programme is not simply participation but the active betterment of the community. This common humanitarian

purpose bridges divides that would otherwise exist between different stakeholders.

Significant collaboration between the IRC, IPS, and ETB facilitates the CBHFA programme's sustainment: *"I can't emphasise it enough, and without one or the other of the ETB or the prison service, the programme just wouldn't happen"* (16, Staff).

This collaboration is only possible because altruism creates common ground: *"We're all volunteers... I know I'm an officer, but we're all again, you know, we're working as a group to achieve our goals for the community"* (6, Staff). Having a shared mission based on altruism also transforms relationships between prison staff and PVs: *"It kind of builds up relationships between you and them. Whereas before it used to be you against them, but... the Red Cross helped to break that"* (7, PV).

Active collaboration happens through Community Health Action Committee (CHAC) meetings, where all parties come together: *"The CHAC meetings are essential—they bring prisoners, officers, teachers, and even governors together at the same table to make real decisions."* (3, Staff). These meetings do more than just plan projects; they symbolize equality and inclusion. The location where these meetings take place is one example of how this equality is symbolised for PVs: *"The CHAC meetings are good because you're in the governor's office, and you feel important."* (7, PV).

Without the common goal of bettering the community through altruism, this level of cooperation would not be possible. This can be seen when PVs compare CBHFA to the Alternative to Violence Programme (AVP): *"The Red Cross is different from other programmes. AVP is for prisoners. The Red Cross is for everyone"* (7, PV).

Altruism is extended to all within the prison community. PVs, for example, have created practical resources to assist new prisoners, benefiting prisoners themselves and officers: *"We did a brochure now for first-time committals... they don't know the shop time,*

the doctor, and plus it saves the officers. The officers are worn out” (14, PV). Altruism-driven projects also create tangible benefits that unify all stakeholders, such as a weapons amnesty: “A 97% reduction in assault with weapons after the weapons amnesty, which was huge” (3, Staff).

PVs feel empowered to work collaboratively with staff because they see their contributions being valued: *“If you needed help doing anything... they’d always stand in and help you out, you know” (17, PV). PVs are confident their expertise within CBHFA will be respected: “if we had an issue arose... they have no problem coming down. None. They will listen million percent to what we have to say about the RC” (14, PV).*

This goal-based collaboration strengthens mutual understanding and shifts perceptions: *“When prisoners and officers work side by side, it creates understanding” (3, Staff). Through collaboration and shared understanding, those who represent security become more approachable, while prisoners who volunteer are seen for their contributions rather than their status as prisoners: “We’ve noticed a change in attitudes—prisoners and staff see each other more as human beings, not just as ‘officers’ and ‘prisoners’” (12, Staff).*

Ultimately, altruism is the foundation upon which engagement, cooperation, and transformative relationships are built. Without it, power dynamics would prevail, and collaboration would be fragmented. As such, CBHFA would lack the cohesion that sustains it.

The Power of Insiders. This theme describes the value placed on individuals representing the "in-group", and how this was utilised to support programme implementation and sustainment. The subtheme “Prisoners” describes how this in-group dynamic was evident, expected, and vital among prisoners, due to the "peer-to-peer" nature of the programme. Subtheme two “Security Heads” describes the strong parallel process that occurs among operational staff, where in-group interactions similarly hold significant

weight. The final subtheme, “Teachers as Intermediaries” examines the role of teachers as facilitators.

Prisoner Volunteers. This subtheme highlights the importance of peer-to-peer education within the CBHFA programme. Social identity theory (Tajfel & Turner, 1979) suggests that individuals categorize themselves and others into "in-groups" and "out-groups". This influences trust and communication patterns. This was noted by all participants as essential to programme sustainment: *“It's a great initiative for prisoners to get involved... and it's peer-led, you know, that's the main thing about it. And it needs to stay like that”* (17, PV). The peer-led structure ensures that PVs remain part of the prison "in-group," increasing acceptance of the programme. It was the knowledge of the benefits of peer-to-peer models that led to a conscious decision for the initial programme implementation, as in-group members are *“people who can talk to you, who will tell you in your own language”* (Participant 12, Staff).

The ability for PVs to communicate with other prisoners is seen as an asset, as information is made more accessible to non-volunteer prisoner populations. Those who represent security (operational staff) are outsiders to this prisoner-defined “in-group” and often not immediately trusted by prisoners. One staff member highlighted the limitations of authority figures in reaching prisoners effectively: *“Peer-to-peer is really, really the way forward to go. No matter what you say as a governor, there is that lack of trust between staff and prisoners, but they will listen to each other”* (3, Staff).

Through participation in CBHFA, PVs become dual in-group members, integrated into CBHFA while maintaining their prisoner status within the broader prisoner community. PVs run the risk of being perceived as betraying their original in-group. However, the altruistic goals of CBHFA seems to moderate this risk: *“I was thinking it is difficult for lads, maybe*

being perceived as being lick asses... but I genuinely don't think that's the case with the Red Cross because... you're only doing good for the community" (7, PV).

One mechanism that reinforces PVs' in-group status within the prisoner community is the symbolic power of their "Red Cross" T-shirts. This acts as a social identity marker: *"You can see the lads that walk around with Red Cross T-shirts like their head is held high. They're very much respected on the landings" (13, Staff).*

Prisoners involved in the programme often act as facilitators, and in some prisons, they are responsible for running the entire programme. This in-group leadership-based role is particularly valuable in reaching groups often considered "harder-to-reach": *"We don't write on the board. It's not that formal... They were comfortable to open up to us" (15, PV).*

The informal nature of these interactions is a key strength of in-group communication. Interviewees overwhelmingly highlighted PVs' impact during the COVID-19 pandemic and the contaminated drugs crisis: *"Without the Red Cross volunteers, we would have had significant difficulty communicating the potential health dangers during COVID-19 and the contaminated drugs crisis" (12, Staff).* However, a threat to programme sustainment was the over-reliance on PVs to deliver perceived "bad" news, such as restrictions and policy changes, which some felt did not align with CBHFA's mission: *"I felt that we were being used a bit. We were bringing the bad news—no this, no that. And it's not got to do with the Red Cross" (7, PV).*

PVs are trusted for health messages, but delivering administrative restrictions has the potential to weaken their peer relationships. This highlights the need to preserve PVs insider status among Prisoners in order for CBHFA to be effective. PVs expressed a desire to extend the programme beyond prison walls, wanting to continue their roles upon release,

leveraging their insider status to benefit their wider communities. This aspect of CBHFA is developing.

“Security Heads”. Operational staff within IPS, such as officers, chiefs, assistant governors, and governors, are responsible for both the safe custody and care of people in custody while also maintaining security. These responsibilities are inherently interconnected, requiring staff to navigate a careful balance between safety and rehabilitation-focused initiatives. The term "Security Heads" refers to the experience of operational staff balancing these dual roles and how this interacts with the CBHFA programme.

The inclusion of operational staff in the programme was essential, as their role in maintaining order also positions them as key facilitators of structured initiatives like CBHFA: *“Ultimately the governor's person makes the decision, so nothing can happen within a prison unless the governor gives that to go ahead”* (3, Staff). The involvement of a governor in the programme's pilot phase was considered instrumental in its implementation: *“Having a governor on board was vital for getting the programme off the ground. Without their support, implementation would have been much more difficult”* (12, Staff).

Similarly, convincing operational staff to expand the programme into their own prisons would not have been achieved if not for others bearing witness to the success of the programme with governors' involvement.

“At the start, I was a sceptic about this programme. We all come in with security heads on, and the idea of volunteers in Red Cross T-shirts having access around the prison didn't sit well. But after seeing the graduation (in the pilot site), it was a game changer for me.” (5, Staff)

Through interviews, prison officials were described as being traditionally risk-averse. The governors who championed CBHFA were seen as exceptions. These were leaders willing to

embrace change through risk-awareness, something less typical for the time. They managed to do this while maintaining security: *“from my perspective, and as the governor, you know, it was a big it was a big risk, but I was probably a governor that was much more risk-aware than risk-adverse”* (3, Staff). Their in-group status within the security hierarchy made them credible advocates for the programme. Witnessing the programme's success without compromising security further solidified their role as reliable in-group members.

A significant adaptation of CBHFA involved integrating retired governors into the programme. Initially met with scepticism, this change was later widely accepted.

“I wasn't happy that an ex prison governor became one of the key people within our programme...but he has been a major catalyst for positive change... he brings others with him and he has made in my view, a major difference in terms of how the programme has been accepted and developed” (10, Staff).

Like PVs, “Security Heads” played a crucial role in recruitment, particularly in securing support from active and past governors, whose “in-group” endorsement reassures other operational staff CBHFA can be implemented without undermining prison safety. This credibility is critical to the programme's success, mirroring the experience of PVs.

Teachers as Intermediaries. As noted previously, altruism as a shared goal facilitated cooperation between PVs and “Security Heads”; however, this experience was mediated by other community members. Staff members such as teachers, healthcare workers, psychologists, and those employed by IRC do not fall squarely into either the “in-group” dynamics of operational staff or prisoners. They operate external to these social identities and, as such, were often regarded as facilitators of engagement within the broader prison community. A fundamental role, in many but not all groups, was that of the teacher.

Teachers were recognized as key facilitators of engagement within the CBHFA process, having “a big big impact” (PV,1). This was in part because of the consistency that teachers offered: *“They don't feel sometimes that the IPS staff are fully invested the way the teachers are because we're consistent”* (11, Staff). These teachers are often specialized in Physical Education (PE). One participant felt that this was because they *“have the connection to the prison officers in the fact that we're in the gym with the prison staff, and the other teachers wouldn't have that”* (11, Staff). As such, PE teachers have built relationships not only with prisoners they are educating but also with operational staff.

In many CBHFA groups, teachers play the primary facilitative role: *“A lot of it was on the teacher. No, not in every prison, but in the majority of prisons”* (11, Staff). This points to a potential threat to the sustainment of the CBHFA program, namely teacher burnout due to the significant load of responsibility: *“the teacher would kind of fill in the gap... the teacher does do a lot, a lot of extra work”* (4, Staff).

PVs noted that *“the teachers that do the Red Cross should get a lot of credit because they are taking on extra work, and it's a lot of extra work”* (7, PV) and suggested that they be better acknowledged for their work: *“If we win the award for Red Cross, then that's grand. But there should be another one, for the teacher, or facilitator”* (7, PV). As often both the primary facilitator and also playing the role of moderator or mediator between PVs and operational staff, teachers are fundamental to the program.

CBHFA also supports PVs in engaging with and attending school. Through the less threatening experience of volunteering, prisoners can become more comfortable with the idea of partaking in education: *“So people won't go cause it is school, but go for Red Cross. And then are like, what is this, what is that?... So I think it is a stepping-stone for third-level*

education as well" (7, PV). As such, there is bidirectionality in terms of the teacher-CBHFA relationship.

Key to teacher involvement in the CBHFA programme, is support from the head teacher: *"the biggest sort of obstacle was just getting the head teacher on board"* (4, Staff). Without support from head teacher, the teacher involvement is potentially jeopardised, and so too is the overall CBHFA programme. The role of teachers within the CBHFA programme extends beyond traditional education. Their position as consistent, trusted figures allow them to bridge the gap between prisoners and operational staff. This creates a more cohesive prison community. Teachers' contributions must be adequately recognized and supported to ensure the continuation of their involvement. Without sufficient support, the burden placed on teachers may threaten the sustainment of CBHFA.

Commitment to Adaptation. One of CBHFA's defining features is the ability for the programme to be adapted. This adaptability has been key to both the programme's implementation and its sustainment, allowing it to evolve based on changing needs and environments. To better understand this theme, it is subdivided into Project-based adaptations, Cultural adaptations and Structural adaptations.

Project Based Adaptations. The primary idea of the programme is to better the community, and this is done through identifying what the need is, and then completing a project to meet this need. As such, the work undertaken changes week by week. These adaptations were inherent and to be expected given the nature of the programme.

"the volunteers are taught how to do a simple community assessment... and then we do a very basic analysis . So what is the data saying to us? ...and that's how the curriculum is built up for the for that particular course" (12, Staff).

This ability to adapt is particularly beneficial when there is a new significant risk, such as the Covid-19 epidemic, or when drugs enter the prison which are of increased danger. The small scale adaptability of the programme is a key asset:

“We had two near fatalities, and it was a bad batch of drugs that came in ... every single prisoner in the jaill.. all had a copy of that all had that flyer and that alert within 45 minutes. And two people... handed up drugs and they didn't take drugs because of them” (13, Staff)

CBHFA project based adaptations lay the foundations for how it operates, and as such are imperative for its implementation and sustainment.

Cultural Adaptations. Out of the 17 participants, 14 of them were able to discuss the differences in CBHFA across environment. This was because many staff had either moved within the IPS, or their role required them to work in multiple prison sites. Similarly, some PVs had transferred between prisons and continued to volunteer. Each prison was seen as having its own unique culture, similar to that of universities:

“If your studying in X, its completely different probably to what the college in Y. So the same thing in the prisons. So you have staff, you have you have students, you have prisoners and that there's a culture and it's nothing negative. It's just the way we do things” (9, Staff)

An example of cultural changes includes changes based on gender. Participants identified difficulties running CBHFA within women's prisons. Possible reasons included that rehabilitative programmes were already in place, shorter sentence length, and the idea the difficulties experienced by women in prison primarily stem from their lives outside prison:

“When women go into prison, they have to bring all that baggage along with them and their children are at home and there's nobody to be looking after them” (3, Staff)

One way in which CBHFA was changed based on this gendered culture was through changing who typically facilitates the programme: *“So in other places, it's mainly led by it's mainly teacher led, but for example, in ... prison, it's led by the volunteers themselves, and they tend to buy into that a little bit more in the prison”* (16, Staff). PVs involved in facilitating the programme were then able to request a change to the structure, to better meet the needs of the community they were part of:

“It was due to start about the 19th of October and went right through to May... the fact we are going back into after Christmas that, they can be depressed or whatever. It's very tough. It was dragged down too long. Now... once you have them from January to the June, you have them. They're committed” (14, PV)

This is an example of why cultural adaptations are needed and how they are facilitated by the CBHFA programme. Other specific cultural factors which have led to changes include the general age of prisoners, and the type prison, e.g. remand, open, closed. A threat to the running of the programme was when two of these cultures came together and clashed. For example, one participant described how the prison they were located in was changing purpose:

“It's slow down here. Because of the SP, the Sex protection, they moved here. So it's sort of come to a halt. And the protective sex protection unit might be setting up there own one, but I won't be involved in that” (7, PV).

These cultural adaptation allow the programme to operate continuously even when faced with population specific challenges. While the programme might have been successful at first implementation in it's original design, had it not been adapted based on differing prison culture roll out would likely have been unsuccessful.

Structural Adaptations. The programme was designed prior to its introduction to the prison and so needed to be adapted to the prison environment. This included structural adaptations. Since initial implementation, the structure of the CBHFA programme has continued to changed.

One example of this was the introduction of psychology into the CBHFA programme: *“The psychology department was sort of separate from healthcare. But I had always wanted to have engagement and well, look, things change in 2016, we really saw the value of it for mental health.”* (12, Staff). This had the knock-on structural effect of a larger emphasis on evaluating the programme: *“The biggest bit for me is that because of psychology involvement. Not only are we doing content, but also we've really driven the whole piece around research and outcomes and that wasn't a part of the RC programme previously”* (8, staff).

Another example of structural change was the involvement of ex-governors into the role of CHAC coordinators. While these faced some resistance at the start, it has been accepted as essential given the security in-group status it provides. CHAC meetings were also adapted to suit the prison environment. When Covid-19 hit, there was an initial structural adaptation to move online: *“It was not the same. Not a chance, because some people obviously opted out of the online in a sense and you don't get a feel for what's happening in the room”* (5, Staff). However, this was quickly reversed as it was not suitable long-term. Development of the CBHFA programme within the probation service for after PVs are released is ongoing:

“While drugs is a problem in prisons, it's also a problem in the wider community and we thought that that would... set the scene for the clients of the probation service to kind of receive some of this information that may be of help to them and community” (16, staff)

As such, structural adaptations to the CBHFA programme seem to constantly be happening, with a want to grow the programme to better meet the needs of all parties. This has allowed the programme to continue being sustained.

Throughout time and across locations, a commitment to adaptation has remained a feature of the CBHFA programme. Without a commitment to adapt, the programme could not meet the unique needs of prison communities, nor could it change to facilitate differing prisoner cultures, nor could it continue to grow into the current programme it is today. This commitment to adaptation is a cornerstone of sustaining the CBHFA programme.

Discussion

This study utilised a hybrid inductive-deductive thematic analysis to explore the implementation and sustainment of the CBHFA programme within the IPS. The deductive thematic analysis led to the development of a final framework. This had four categories in which barrier and facilitative factors were divided: Programme Design, Funding and Resources, People and Attitudes, and Evidence and Evaluation. Notably, key facilitators in implementation of the programme were the programme's clear niche in preventive healthcare, the easily attainable goals set initially (e.g., handwashing during H1N1), and peer-to-peer structures were identified.

The sustainment of CBHFA was significantly influenced by practical considerations, including funding stability and resource allocation. Consistent funding, particularly through the DAF, was crucial. However, its cyclical and uncertain nature introduced vulnerability. Dedicated staff, such as APs with protected time, played a key role in sustaining the programme by ensuring consistent engagement. Conversely, the absence of similar dedicated support for healthcare staff created challenges, highlighting the need for balanced resource distribution.

Through inductive analysis of the data, three themes relating to implementation and sustainment were identified, “Altruism as a Vehicle for Change”, “The Power of Insiders”, and “Commitment to Adaptation”. “Altruism as a Vehicle for Change” describes how altruism is central to the successful implementation and sustainment of the programme. Research suggests that prisoners’ engagement in altruistic efforts is not a new phenomenon, and that prisoners could be potentially more altruistic than non-prisoners (Gummerum & Hanoch, 2012). This study looked at a male population and identified the reasons for altruism to be perspective taking (cognitive dimension of empathy) and “belief in a just world” (BJW). However, in a study by Van Langen et al., (2014), female prosocial behaviour was linked to both perspective taking and connection to other emotional states (affective empathy). This suggests potential gender differences in how altruism is experienced and expressed within prison populations, which may also help cultural gender differences discussed in the “Commitment to Adaptation” theme.

Altruism also acted as a bridge across hierarchical boundaries. This helped facilitate meaningful collaboration between PVs and operational staff. These findings are similar to those of “therapeutic communities” in HM Prison Grendon in the UK. Within these prison communities there is significant emphasis on shared decision making, mutual respect, and open communication. Prisons have to volunteer to be involved in these communities, and agree to work on shared goals, including health initiatives. Research into this model demonstrates how engaging in meaningful roles and shared goals can have a positive impact on operational staff and prisoner relationships (Bennett & Shuker, 2017).

“The Power of Insiders, explains the importance of in-group dynamics within the CBHFA programme. Peer-to-peer education is a defining feature of the programme. It helps establish trust and ensure effective communication within the prisoner community. Social

Identity Theory (Tajfel & Turner, 1979) helps explain the effectiveness of PVs as insiders. Prisoners are more receptive to messages from those whom they considered part of their in-group, thereby fostering trust and compliance with health initiatives undertaken within CBHFA. The efficacy of PVs in the sharing of health information during crises, such as Covid-19 or when contaminated substances entered prisons, demonstrates the practical implications of leveraging this shared group identity in prison-based interventions.

However, during Covid, a significant risk was identified when PVs to communicate news relating to restrictions to fellow prisoners. Social Identity Theory suggests that maintaining in-group status requires perceived loyalty and alignment with the group's interests. Thus, PVs tasked with communicating decisions that might be viewed negatively by their peers could experience diminished trust or compromised insider credibility, which could weaken the effectiveness and sustainment of peer-led approaches in CBHFA programmes.

Parallel to the prisoner peer-educator insider role, "Security Heads" (operational staff) were also identified as playing crucial insider roles within the prison setting. Research by Brough et al., (2015) illustrates how operational staff in prison settings often face a dilemma between maintaining security and providing empathetic custody and care. Operational staff who support CBHFA were fundamental not only to the initial acceptance but also to the sustainment of the programme. This is especially so when these operational staff hold or held authoritative roles within the hierarchical prison system. This allowed them to act as credible advocates for the programme and as role models for other staff members. Consistent with Social Identity Theory, their active support legitimised the programme. As such, their leadership was instrumental not only in initial acceptance but also in the programme's sustainment.

Teachers emerged as essential insiders who acted as intermediaries bridging the gap between prison staff, health services, and prisoners. Their roles involved ongoing coordination, facilitation, and active support of the Prisoner Volunteers. Teachers' roles were consistently acknowledged by participants as pivotal to CBHFA's success. Nonetheless, this insider role placed significant additional demands upon their existing professional responsibilities. As highlighted by the study, a significant threat to the maintenance of CBHFA is the potential of teacher burnout. Teacher burnout is a growing concern in prisons (Wright, 2005).

The final identified theme, "Commitment to Adaptation," underscores the programme's inherent flexibility and responsiveness to prison-specific needs and emerging challenges. Project-based adaptations ensured that CBHFA remained immediately relevant, as seen in responses to contaminated drugs entering prisons and the Covid-19 pandemic. The Covid-19 pandemic altered how prisons could operate, as there was a need to reduce infection spread (Novisky et al., 2023). Research set in England, found the need for adaptable healthcare access to prisoners during public health crisis like Covid-19 (Wainwright et al., 2023). CBHFA's ability to adjust to such public health emergencies highlights its resilience and importance within the IPS.

Additionally, cultural adaptations recognised varying needs across different prison settings. These included those with short-term sentences/on remand, populations under protection, older populations, and women. Gender-responsive programming has been identified as crucial for addressing the unique needs of incarcerated women, particularly in relation to trauma, mental health, and substance abuse (Covington & Bloom, 2007). CBHFA acknowledged these population differences, and integrated these differences into the programme. This has been key for its sustainment.

This study has many strengths. It is the first to look at implantation and sustainment of CBHFA in a prison setting and included the views of both staff and PV across both genders. Despite its strengths, this study has several limitations. First, the sample size was relatively small (n=17). While this is appropriate for qualitative research, it is a relatively small sample size when the scale of the research area is considered. This research sought to include multiple perspectives from an over 15-year time period. As such, CBHFA in IPS would benefit from a larger, more in-depth study of the individual process of being implemented and sustained. However, given the context, it can be acknowledged that funding may not allow for this to happen.

This study focused on current and former CBHFA participants and staff, meaning that perspectives from non-participants were not included. It is very possible that these people may have different perceptions of the programme which should be understood. Future research could benefit from including those who chose not to engage in CBHFA to better understand barriers to participation.

Additionally, this study identified gendered differences in CBHFA engagement. This is the first peer-reviewed study to look at female CBHFA participation. Future research should further explore why this happens, to in turn indicate further gendered-based adaptations to CBHFA. Comparative studies across different international prison systems could further illuminate how contextual factors influence programme implementation and sustainment.

This research specifically looks at the process of implementation and sustainment, and does not evaluate the effectiveness of the programme. Further research is needed in this area. This includes qualitative and quantitative evaluations of the impact of CBHFA on PVs, as this area is lacking research. While some research is ongoing, it should be tailored to better reflect the likely outcomes of CBHFA on PVs. Research understanding the impact of

CBHFA on the wider prison community's mental health (not including PVs and staff who are involved) could shed similarly important light on the impact of CBHFA.

Given the programme's long-standing presence in Irish prisons, longitudinal research is needed to assess its sustained impact on both prisoners and operational staff. Future studies could track CBHFA graduates post-release. This could examine whether their participation influences recidivism rates, employment outcomes, and community engagement. This would provide valuable insights into whether prison-based health interventions have long-term rehabilitative effects.

Practical implications for the continued running of CBHFA within the IPS include a review of dedicated staff time across disciplines, particularly for teachers, officers and healthcare staff. This would be to prevent burnout and support sustained delivery. Strong leadership and visible support from governors and operational staff are essential to legitimise and continue to sustain the programme. As is already in place, formal structures such as CHAC meetings and mentorship models (e.g. for newer staff) can help protect against disruptions caused by staff turnover. Adaptability should remain a core feature, allowing the programme to respond to the specific needs of different prison populations, including women, those on remand, and protection units. Funding mechanisms should be reviewed to ensure they are stable and long-term, to allow for the continued growth of the CBHFA programme.

This study explored the implementation and sustainment of the CBHFA programme within the IPS. It highlighted the roles of altruism, insider influence, and adaptability play within CBHFA. While the programme has been successfully sustained, challenges remain. Findings provide insights into peer-led prison health.

Chapter 5: Study Two - Experiencing CBHFA as a Prisoner Volunteer

Abstract

The Community-Based Health and First-aid (CBHFA) programme was developed by the International Federation of the Red Cross and Red Crescent (IFRC). Ireland was the first country to introduce CBHFA into prison settings in 2009. This mixed-method study investigates the psychological and social impacts of participating in CBHFA within the Irish Prison Service (IPS).

Quantitative data were gathered from 43 PVs using surveys measuring self-esteem, locus of control, and wellbeing before and after their participation. Qualitative data were collected through 17 semi-structured interviews with Prisoner Volunteers (PVs). Of these, 9 were interviewed before or at the beginning of their participation, 8 were interviewed after completing the programme. Pre- and post-interviews were analysed together using Reflexive Thematic Analysis. Two themes were identified. “Realities of Prison” captures the experiences of isolation and powerlessness within prison. “Journey of Enhancing Own Social Role” describes how CBHFA participation positively impacted prisoners' perceived roles across individual, community, family, and societal dimensions.

Quantitative results showed no significant changes in self-esteem or locus of control scores. A significant positive change was seen in wellbeing, with a small effect size ($\eta^2 = .09$).

This research follows on from previous research which indicates that CBHFA is an important programme, particularly in relation to identity formation. The findings illustrate how participants' experiences within prison motivate involvement in the CBHFA programme with the aim of creating positive social role change. This

research posits that positive social role change can explain the statistically significant positive changes to wellbeing. This study contributes to the understanding of peer-led health interventions in prisons. It has implications for programme design, prisoner wellbeing, and supporting desistance.

Introduction

This study aimed to examine the psychological and social impact of participating in the CBHFA programme as a prisoner volunteer. A mixed-methods pre–post design was used to explore changes in wellbeing, self-esteem, and locus of control. Reflexive Thematic Analysis was conducted on qualitative interview data to understand how volunteers made sense of their experience and to note any perceived changes to their identity, roles, or relationships.

Prison plays an important role within Irish society. This role includes reform and rehabilitation following crime (Behan, 2014). As part of this, there is a focus on supporting individuals' desistance journeys. 'Desistance' or 'desistance from crime' can be defined as a long-term absence of criminal behaviour by someone who may have previously engaged in a pattern of criminality (Maruna, 2001). Research into how people can be assisted with desistance is ongoing.

Despite efforts to reduce reoffending, challenges remain. In Ireland, 41% of people released from prison reoffend within 12 months. This rises to 61% within 36 months (CSO, 2024). While this is a reduction from previous years, rates remain high compared to international averages. Global reoffending rates vary between 18% and 55% within 24 months of release (Yukhnenko et al., 2023). While reoffending rates can be a helpful statistic, they do not fully encapsulate the complex processes involved in supporting an individual's desistance.

Research has identified multiple risk factors that increase the likelihood of reoffending. These include a history of offending (Eisenberg et al., 2019), early age of onset (Farrington, 2021), and family circumstances such as parental separation or poverty (Contreras & Cano, 2014). More malleable risk factors include unemployment, peer influence, financial problems, substance misuse, and negative thinking styles (Goodley et al., 2022).

A recent rapid review by Gough and Coghlan (2022) emphasised the interaction between risk factors and capital. Here, capital is understood as the resources available to help someone move away from offending. It includes three overlapping areas: structural capital, social capital, and human capital. Structural capital includes access to services, education, and employment (Farrall & Bowling, 1999). Having a criminal record can significantly impact structural capital (Hart et al., 2020). Social capital refers to the quality of a person's social relationships, such as supportive family members or prosocial peers (Hucklesby, 2008). Human capital includes motivation, resilience, and mental health (Weaver & McNeill, 2015).

Mental health and trauma can strongly affect human capital. Many people in prison have experienced trauma, loss, or victimisation (Day et al., 2018). Cognitive difficulties, especially executive functioning, can also limit capacity to change (Seruca & Silva, 2015). Identity is another important part of human capital. People who cannot imagine themselves as crime-free are more likely to reoffend (Healy, 2014). Moving from an "offender" identity to a non-offending identity is difficult. This is often due to how society views people with criminal convictions and how they view themselves.

These issues make prison a challenging environment. However, they also highlight why desistance-based programmes are important. The Irish Prison Service (IPS) offer a number of services to support desistance, including counselling, education, and support with addiction (IPS, 2023). Services are provided by both state and voluntary organisations (Behan & Baston-Gares, 2016).

Peer-to-Peer and volunteering roles feature in Irish prison programs, for example, the Samaritan's Listener programme (Perrin & Blagden, 2016). Evidence suggests that volunteering and peer mentoring can increase an individual's ability to desist. A study by LeBel and colleagues (2015) describes how mutual support was linked to the role of the "wounded healer" and considered transformative, both for re-engagement with wider society and reconciling with their past actions. This study involved 229 formerly incarcerated people, and 29 staff. It used a range of measures to capture stigma, prosocial attitudes, coping strategies and life satisfaction. However, as the data was cross-sectional, it is unclear if becoming a "wounded healer" led to improved wellbeing, or alternatively, those with better overall wellbeing were more inclined to pursue peer mentoring roles.

CBHFA is one such programme. It was developed by the International Federation of the Red Cross and Red Crescent Societies (IFRC). It is based on a peer-to-peer model and uses the strengths of volunteers to support healthier communities. The programme aims to build community resilience through health education, behaviour change, and empowerment (IRC, 2019). The programme has been implemented in many different settings, including during the Ebola outbreak in Sierra Leone (Ilkka, 2020), cholera response in Somaliland (Dhooma et al., 2020), and the refugee crisis in Jordan (Miller, 2021).

Ireland was the first country to adapt CBHFA to a prison setting in 2009 and expanded to all IPS prisons by 2014 (IRC, 2019). This involved a partnership between the IPS, IRC, and Education Training Boards (ETB). Since 2016, the IPS Psychology Service has also supported the programme to help promote mental health. CBHFA has since been extended into prisons globally, including in Norway, Wales, and Australia.

Within CBHFA, people in custody apply to become 'Special Status' IRC volunteers. The prison is framed as the community, and the prisoner becomes the volunteer. Groups of up to 24 volunteers complete weekly training sessions over a school calendar year. Training includes the Seven Fundamental Principles of the Red Cross, communication skills, first-aid, and community needs assessment. After training, volunteers work together to plan and deliver health-based interventions. These are often run in partnership with professionals and external agencies. Monthly Community Health Action Committee (CHAC) meetings help coordinate this work (IRC, 2019).

Examples of CBHFA projects include weapons amnesties, health education about HIV and tuberculosis, overdose prevention programmes, mental health campaigns, and COVID-19 peer education (Orcutt, 2021). These initiatives are responsive to the specific needs of the prison community. As such, the work carried out by CBHFA volunteers can vary from prison to prison and from year to year.

As of 2023, approximately 5% of the whole prison population had participated in CBHFA, with 139 volunteers graduating from the programme in 2023, and a further 122 graduates from previous years continuing to volunteer (Braich et al., 2024). While there is ongoing interest in evaluating the programme, many of these

evaluations have been internal. Some have been carried out by the IRC or by researchers closely affiliated with the IRC. This introduces a potential for bias.

An internal audit by the IRC (2020) found no significant change in self-esteem or self-efficacy following programme participation. However, a significant improvement was noted in wellbeing scores. These findings must be interpreted cautiously. Post-programme data was collected during the COVID-19 pandemic, when welfare restrictions may have impacted participants' responses. Another key limitation was the lack of external evaluation.

Some qualitative research has explored the lived experience of CBHFA volunteers. A majority of these have been internal IRC publications or non-peer reviewed journal articles. The most recent research found four main themes in the experiences of CBHFA volunteers (Braich et al., 2024). The first was personal development and growth. Volunteers spoke about overcoming barriers and changing how they saw themselves. Many described feeling more confident, motivated, and hopeful. The second theme was communication and connection. The programme helped build trust, improve communication, and create a stronger sense of belonging. Volunteers formed better relationships with staff and each other. The third theme was positive change at the community level. Volunteers felt proud to raise health awareness and build capacity within the prison. They believed their work made a real difference. The final theme was collaborative community effort. Peer educators played a key role in linking with formal health systems and driving change. Support from staff and CHAC management helped make the work possible.

Another qualitative study conducted by Marron and colleagues (2022) found that CBHFA gave participants an opportunity to succeed in a way not otherwise

available to them. The programme helped them build interpersonal skills and offered a sense of purpose. This publication was not peer-reviewed.

The only widely available peer-reviewed article is by O’Sullivan and colleagues (2020). In this research, 11 volunteers were interviewed. It found that participation increased feelings of agency and helped foster identity change. The idea of the “wounded healer” was central to this research. This identity involves someone using their past difficulties to support others. Participants described feeling that they were giving back and making a difference. They also reported closer relationships with staff, other prisoners, and family members. These findings suggest that CBHFA may support both psychological growth and social connectedness.

The CBHFA model has been used in two prisons in Norway between 2020 to 2022. This project adapted the Irish CBHFA model to fit a new context. The evaluation found that volunteers felt more empowered, built stronger relationships, and developed new skills. The evaluation used the Social Ecological Model to organise findings across different levels, from individual development to system-wide shifts (Norwegian Red Cross, 2022).

Taken together, these studies suggest that CBHFA may support desistance by increasing capital and improving identity. Identity is central to desistance. People who believe they cannot change are less likely to succeed (Healy, 2014). Social context also plays a role. Identity can be shaped and limited by external forces (McMahon & Jump, 2018). As such, even those who want to change may find it difficult without support. Multi-agency teamwork may help provide this support. CBHFA includes teachers, psychologists, healthcare workers, prison officers, and volunteers. This collaborative approach may help create opportunities for positive identity expression

Identity is often linked to social role. Social Role here refers to the concept of assuming the expected behaviours and responsibilities associated with a specific position within society. These are culturally dependent, and influenced by personal experience, values, and environment (Biddle, 1986). This is linked to Social Role Valorisation (SRV) theory. Though historically used within disability settings, SRV is applicable to many marginalised groups as described by Thomas & Wolfensberger (1999). The theory states that those in society who hold collectively agreed “positive” social roles (such as employee, friend, volunteer) are more likely to experience better quality of life. Devalued roles (such as prisoner) are more likely to experience marginalisation, stigma, and overall worse quality of life. This is not only due to how society treats the individual, but also due to how individuals view their own identities. This concept has not been studied in detail in relation to desistance or CBHFA.

The concept of the wounded healer is especially relevant in this context. It describes a process where people who have faced adversity use their experience to help others, which can potentially be a transformative identity (LeBel et al., 2015). CBHFA volunteers, through peer education and advocacy, may take on this identity as they engage in meaningful and prosocial work. In doing so, they may reframe their own pasts and build a sense of purpose.

However, much of the existing research in this area has been limited. Few studies have used mixed-methods. Many evaluations rely on self-report or have been completed by those involved in programme delivery. There is a need for independent research that captures both psychological outcomes and lived experience.

This study addresses that gap. It is the first known external mixed-methods evaluation of CBHFA in an Irish prison setting. It uses pre- and post-programme

surveys alongside qualitative interviews. The surveys measured wellbeing, self-esteem, and locus of control. The interviews explored how participants experienced prison life and what changed through volunteering. This approach allows for a richer understanding of the programme's impact. The use of mixed-methods also supports triangulation of findings.

While the findings are rooted in the Irish context, they are globally relevant. CBHFA has now been introduced in prison systems in Australia, France, Honduras, and Norway. There is growing interest in how peer-led health programmes can support rehabilitation. This research offers insight into how one such programme operates and what psychological impact it may have.

By focusing on lived experience and psychological outcomes, this study contributes to both desistance research and prison health promotion. It offers a fuller understanding of what it means to take on a new role within prison, and how this might shape identity, relationships, and wellbeing.

Method

This study used a mixed-method, quasi-experimental design. As previously discussed, the CBHFA programme is flexible and varies between settings. This makes it difficult to study using strict experimental methods. A mixed-method approach was chosen to allow for both depth and generalisability. Qualitative data supported contextualised understanding (Liamputtong, 2009). Quantitative data supported broader interpretation (Creswell & Clark, 2011). A concurrent design was used, meaning that qualitative and quantitative data were collected at the same time. Qualitative data was prioritised to help understand the setting and the experiences of participants. This study was designed by UCC/IPS and data was collected prior to

the involvement of the primary researcher. As such, this is a secondary data analysis study.

A pre- and post-programme design was used. Data were gathered before or at the beginning of the CBHFA programme and again after completion. A true experimental design was not possible due to the real-world prison setting and the needs of participants. Contextual issues included sentence length, prison transfers, resource limits, and the importance of confidentiality. A key strength of this design is that it allows findings to be considered within the real-world setting, improving ecological validity (Millsap & Maydeu-Olivares, 2009).

Participants

Participants were recruited using non-random convenience sampling. All prisoners involved in CBHFA programmes across the IPS were invited to take part in the quantitative data collection. In the qualitative study, all volunteers were invited to take part but for practical reasons, the first person to agree in each prison was selected for interview. These participants were then invited to a follow-up interview after completing the programme. Seventeen interviews were completed. Nine participants were interviewed before or during the programme. Eight participants were interviewed after. Interviews could not be matched case by case because of prison transfers and early anonymisation. It is not clear how many participants completed both pre and post interviews. All interview participants were male. No other demographic details were collected to protect anonymity.

The quantitative study began with 112 participants. Of these, 64 did not complete post-programme surveys. This gave a completion rate of 42.86%. Reasons for non-completion are shown in Table 5.1.

Table 5.1*Reason for Programme Incompletion*

	N	%
Temporary Release	5	4.46
Moved to Open Centre	6	5.36
Released	6	5.36
Transfer	3	2.68
Unknown	19	16.96
Timetable clash w/other programme	3	2.68
No longer interested	3	2.68
Programme did not go ahead	16	14.29
Completed programme but did not complete post-programme psychometrics due to release	3	2.68
Total Incomplete (% of total participants)	64	57.14

The mean age of the full quantitative sample was 37.41 (SD = 10.53). The youngest participant was 20 and the oldest was 74. Thirteen IPS sites collected baseline data, and eleven collected some follow-up data. See Table 5.2 for a comparison of age and gender across completion groups.

Table 5.2*Sex and Age Differences Between Groups*

Completed	Did not complete
-----------	------------------

Male	48 (94.12%)	54 (88.52%)
Female	3 (5.88%)	7 (11.48%)
Mean Age	37.53 (SD=10.38)	36.18 (SD=10.32)
Minimum Age	20	20
Max age	74	65

Three women completed the CBHFA programme, but only one had matched pre- and post-data. The other two were released before follow-up surveys could be collected.

To examine baseline differences between participants who completed any post-test (n = 46) and those who did not (n = 64), independent-samples t-tests and a Mann–Whitney U test were conducted. Tests of normality indicated that all baseline scores were approximately normally distributed. Levene’s tests confirmed equality of variances for the Rosenberg Self-Esteem Scale and the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS), but not for the Prison Locus of Control Scale, for which a non-parametric test was used. There was no significant difference in baseline self-esteem scores between completers and non-completers ($t(102) = 0.94, p = .349$). However, non-completers reported significantly lower wellbeing scores at baseline ($t(108) = -2.17, p = .032$). No significant difference in locus of control scores was found ($U = 1335.50, p = .408$).

Data Collection

Quantitative data were collected using three measures. These were chosen based on earlier CBHFA research (Marron et al., 2022; O’Sullivan et al., 2020) and clinical input from IPS psychologists. These measured self-esteem, locus of control, and wellbeing.

1. The Rosenberg Self-Esteem Scale (Rosenberg, 1979) includes ten statements rated on a four-point Likert scale. It has high test-retest reliability (.82 to .88) and internal consistency ($\alpha = .77$ to .88) (Robinson et al., 1991).

2. The Revised Prison Locus of Control Scale (Pugh, 1994) includes 25 statements rated on a ten-point Likert scale. Five of these are filler items. It has high internal consistency ($\alpha = .88$).
3. The Warwick-Edinburgh Mental Wellbeing Scale (Tennant et al., 2007) includes 14 positively worded statements related to mood and thinking over the past two weeks. Each is rated on a five-point Likert scale. This measure has high internal consistency ($\alpha = .89$ to $.91$) and good test-retest reliability ($.81$).

Procedure

Following ethical approval, data collection took place across thirteen IPS sites. Assistant Psychologists (APs) gave out study information, answered questions, and supported those with literacy needs. Written consent was obtained before participation. All prisoners involved in the CBHFA programme were invited to take part. Surveys were completed before or at the start of the CBHFA programme and again after programme completion. Participants who did not complete the programme were asked to give reasons. Pre- and post-data were matched to allow for comparison where possible.

In the qualitative study, the interviews were carried out by the same APs in each site and followed a semi-structured format. A standardised interview guide was used to support consistency across sites while allowing enough flexibility to explore participants' individual experiences in depth (Appendix M). The guide was designed to elicit participants' views on their experiences before, during, and after the CBHFA programme, including perceived personal changes, motivations for taking part, and views on the prison environment. Interviews were conducted in private rooms within the prison to maximise confidentiality and were audio-recorded with consent. Where possible, participants were re-interviewed

after completing the programme, using the same format to explore any perceived changes over time.

Data Analysis

Qualitative data were analysed by adopting an inductive approach to Braun and Clarke's (2023) Reflexive Thematic Analysis. This is detailed in Appendix N. Themes were initially developed separately for Time 1 (pre) and Time 2 (post). However, during theme refinement, it became apparent that there was significant overlap between time points. The data were therefore reanalysed together, and two overarching themes were identified.

A reflective journal was kept during this process. Memos documented assumptions and feelings during analysis. For example, the theme "Deindividualised within a Controlled Environment" was first dismissed. I had assumed that this was an expected part of prison life. On reflection, I realised this was based on an outsider perspective. I had not considered how this theme connected to identity and wellbeing. This reflection helped me return to the data with greater awareness.

Quantitative data were analysed separately, using SPSS. Data were cleaned and checked for accuracy. Any duplicates or incomplete entries were removed. Scales were reversed where needed. Tests for normality included visual inspection, skewness, kurtosis, and the Kolmogorov-Smirnov test. Data from the self-esteem and locus of control scales were not normally distributed. These were analysed using the Wilcoxon Signed Rank Test. Data from the wellbeing scale met assumptions for parametric testing and were analysed using a paired-samples t-test. Effect sizes were calculated for all outcomes.

Ethical Considerations

Ethical approval was granted by the University College Cork (UCC) Clinical Psychology Research Ethics Committee (CPREC) and Research Approval was provided by the IPS

(Appendix O). Participants received information sheets and consent was voluntary. Verbal explanations were given to anyone with literacy difficulties. Participation in the study had no impact on their involvement in the CBHFA programme. Extra care was taken due to the vulnerability of the population. Demographic data was limited to age, gender, and prison type for quantitative research. All qualitative data were anonymised and transcripts are stored securely in line with UCC and GDPR guidelines.

Results

This research sought to understand the experience of those who take part in the CBHFA programme within the IPS. The qualitative analysis is presented first, followed by the quantitative analysis. This order was chosen as the qualitative findings give context that may support understanding of the quantitative results.

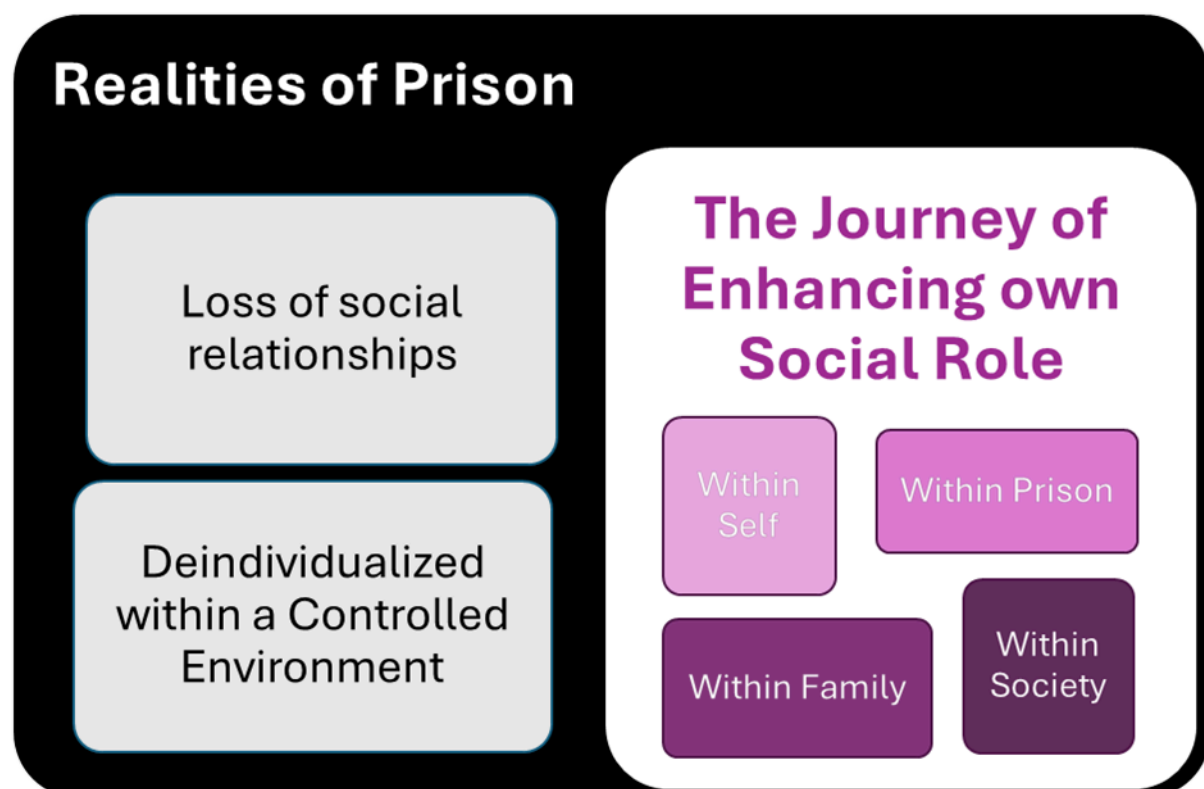
Qualitative

Seventeen interviews were analysed using RTA. Nine interviews took place before participation in the CBHFA programme and eight took place following participation. Due to early anonymisation, case-by-case analysis was not possible. Pseudonyms were used for all quotations. All T1 (pre-involvement) and T2 (post-involvement) pseudonyms are different due to difficulty in identifying those who participated at both time points conclusively.

The first theme identified was *Realities of Prison*, which contained two subthemes: (a) loss of social relationships and (b) deindividualisation within a controlled environment. The second theme discussed in this research is *The Journey of Enhancing Own Social Role*, which contained four subthemes representing different layers to one's journey: (a) the individual personal journey within oneself, (b) a journey within the prison community, (c) a journey within the context of family, and (d) experiences intertwined with wider society.. A thematic map can be found in Figure 5.1.

Figure 5.1

Thematic Map of Qualitative Findings



Realities of Prison. The CBHFA programme takes place within a prison, and as such, understanding this context is fundamental to understanding the role the CBHFA programme plays. This theme offers a way to understand why social role is such a significant driving force for self-improvement and change. At T1 and T2, participants described ongoing difficulties, including a loss of social relationships and deindividuation within a controlled environment.

Loss of Social Relationships. Participants described the reality of being physically separated from family and being unable to maintain the same social relationships they had prior to imprisonment. Some participants felt that by virtue of their sentence length, it was in the best interest of their family to “move on”. As such, they gave up expectations of maintaining social relationships, leading to feelings of loss and grief. The impact of this loss has significant implications for participants’ mental wellbeing. In the following quotation, Ben (T1) succinctly captures these complex feelings: *“Sometimes I get this feeling over me that my life is over and I’ve told me partner to move on with (their) life.”* Alan (T1) expands further on this loss by focusing on physical touch and the sense of existential loneliness: *“You know with someone loves you like your mother your father whatever hugs you, that feeling, I miss that. You can be surrounded by all these people and still feel lonely.”* This loss of physical touch and verbal affection illustrates how participants experience a discontinuation of the social relationships which were previously accessible.

Relationships within prison were noted by some participants as being artificial and lacking the depth of previous relationships. For example, Ken describes his experience on remand: *“When you’re in prison for that long, like stuck and you’re not really communicating with people properly, you become like, almost become like uncivilised”* (T2). Loss of social contact is more extreme for those experiencing protective custody, where those at increased risk from other prisoners (e.g. convicted of sexual offenses) are housed separately and

prisoner mixing is reduced. The result of this isolation is extreme and was described as becoming “uncivilised”.

This uncivilised feeling matches a feeling of being devalued or as no longer being accepted or fitting into society. As such, a loss of relationships is intricately linked to social role. This can explain why the CBHFA programme plays such an important role within the prison. CBHFA cannot restore relationships lost to imprisonment. However, it offers PVs a structured and meaningful opportunity to reconnect with others in prosocial ways. Within this space, new kinds of relationships can be developed, outside of typical hierarchical or adversarial relationships that can commonly be experience.

While this theme was identified in the majority of participants, it was not experienced universally in the same way. Prisoners described empathy for those who are perceived to experience greater loss, and this can act as a motivating factor to volunteer with the CBHFA programme. Participant comparison between themselves and others featured frequently: *“I’m grateful for what I do have you know, cause some of them they they don’t have family, they don’t have anything”* (Alex, T2). This personal and vicarious experience of loss of social relationships is crucial context for understanding the experience of volunteers who choose to participate.

Deindividualisation Within a Controlled Environment. The experience of sameness and repetitiveness was expressed in all interviews. There was a frustration with the rigidity of prison routine: *“But it’s Ground Hog Day, that’s what it feels like, that film Ground Hog Day. It’s just the same thing”* (Ivan, T2). Alongside the rigidity of prison, participants also described the realities of having freedom removed from them. This could reduce the experience of independence and lead participants to feel frustrated:

' Yeah you get pushed back so much, which is all part of oppression and how prison works. Which is why they control our light switches, why they control everything. They don't want people feeling like they've that much independence in here' (Harry, T2)

As a way to manage this enforced rigidity and reduced freedom, participants repeatedly described creating their own routine. In having a personal routine, participants took back a sense of control. They described choosing to purposely fill their free time with activities such as reading, cleaning their cell, and doing workout routines within their cell. Similarly, CBHFA is utilised to create structure: *"If you don't have a good routine, you're going to basically, you're going to lose your mind"* (Ken, T2).

It is by taking back control of how their time is spent that participants managed to protect their mental health. However, when this control is lost and routine is broken, we can see its impact. This inability to control their access to services and reduced freedom to take part in preferred activities has a significant impact on participants' experiences in prison: *" , 'last year it was closed for months on end and all. And I was saying I'm surprised there's not more suicides in here"* (Ivan, T2). This experience of services being closed can be related to difficulties with staffing numbers, where there are not enough staff available to facilitate the area of prison being opened. Having access to the CBHFA programme provided participants with a way to voice their distress, and the distress of others, at the reduced access to services. It facilitated a way to highlight this to the governor, and have a positive impact.

This theme illustrates the experience of frustration, loss, grief, and helplessness faced by participants. Through their personal experiences of these emotions, and vicariously through the experiences of those around them, participants became motivated to volunteer with the CBHFA programme. The CBHFA programme acts as a break from routine and rigidity,

and a way to effect some positive change. This is particularly important for this population, as they have experienced significant disruption to their previous social relationships.

The Journey of Enhancing own Social Role. The second theme is “The Journey of Enhancing own Social Role”. All those interviewed discussed a conscious effort to build capacities and improve how they are perceived, possibly reflecting the type of individual who volunteers for the CBHFA programme. The theme was evident at four levels, captured by four sub-themes. This model is similar to that of the Bronfenbrenner’s ecological systems theory (Bronfenbrenner, 1979). However, due to the distance created by the act of being imprisoned, volunteers’ microsystems are made up of their prison environments. Similarly to the Bronfenbrenner model, levels are interlinked and have impact upon each other. This can be seen in Figure 5.2.

Figure 5.2

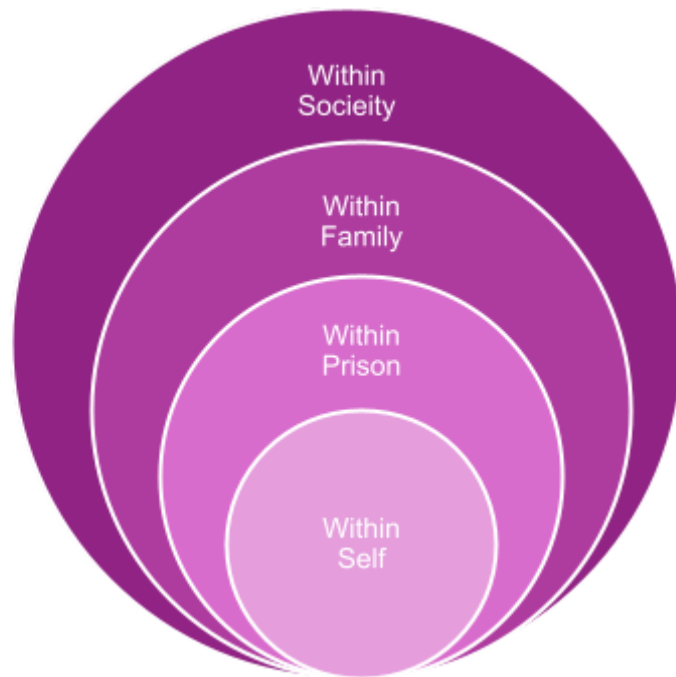
Thematic Map of “The Journey of Enhancing own Social Role”

Level 4- Within Society –
connecting to something bigger

Level 3 – Within Family – having a
positive influence

Level 2 – Within Prison – Having a
Purpose

Level 1 – Within Self - Improving skills and confidence



Change in social role is intricately linked to change in responsibility, and the active choice to volunteer involves assuming new responsibilities. As such, the CBHFA is well placed to facilitate this personal change for those in active search of new social roles. This theme captures how a volunteer’s social role evolves through involvement in the CBHFA programme, moving further away from “prisoner” and closer to “volunteer”. While this may not be fully achievable due to active imprisonment, by T2 it was obvious that some social role change has taken place. During both timepoints, all participants spoke positively of the programme: *Since I have come to the Red Cross, it has actually helped me out a lot not just physically but mentally... it makes you kinda see that there is a light at the end of the tunnel* (Liam, T1).

Within Self. This subtheme describes the individual level, where participants actively seek out self-improvement and skill development opportunities, through education, prison programmes such as Narcotics Anonymous (NA), or Alternatives to Violence (AVP) and improving physical and mental health. As such, CBHFA volunteers seem to be a population already willing to access supportive services to better themselves. CBHFA is one of multiple avenues for this change in social role to take place.

A key skill offered by CBHFA programme is the practical learning of first-aid skills. Participants reference first-aid training as a key motivator for CBHFA involvement *“Ah, I just really want to be a volunteer because I have had people around me dying in front of me, you know, and not being able to help, you know. I didn’t know what to do, basically”* (Dan, T1). After participation in the CBHFA programme we can see how learning the practical skills created a strong sense of pride among participants. This helped increase the perception of a positive sense of self and associated social role. As such, first-aid and associated skill development acted as a continuous reinforcer for involvement: *I learned the CPR and the recovery position and Heimlich manoeuvre and all them like which... I’m never going to forget them.* (John, T 2).

A significant skill which was developed through the CBHFA was bettering personal relationships through increased confidence. This could indicate that this population had notably low self-esteem prior to volunteering *“I kind lacked a bit of confidence to some degree, so you know what I mean, I find by doing all this and helping people, it kinda builds up my confidence”* (Luke, T2).

A significant effect of the CBHFA programme was giving participants the skills they needed to be able to interact socially with others. This included speaking to other prisoners, to staff (including governors), and to those external to the prison (family for example). As such, while this happens on an individual level, it has an active influence on social role change across all levels. This is a key reason that CBHFA is identified as a positive and important programme by volunteers *“It’s helped... the social interaction and I suppose, being able to stand up for things”* (John, T2).

Within this subtheme, the impact of the CBHFA programme becomes obvious. The primary motivators reported to partake in the programme were to help others and learn

practical skills, however the primary outcomes reported from partaking were increased practical skills, increased feeling of confidence, and better communication skills.

Within Prison. Social role within volunteers' microsystem is closely linked to how volunteers are perceived within the prison environment. Participants identified multiple ways of changing their social role within the prison. These including having a job on the prison landing (e.g. as a cleaner), and through participating peer-to-peer support programmes like the Samaritan's Listeners or NA. However, the impact of CBHFA on social role within the prison appeared particularly important. CBHFA allowed participants to have a vital role in the prison, which they described as being the 'go between' for governors and the general prison population.

The responsibilities which were associated with this important social role involved discerning what difficulties were important and generalisable enough to warrant involving prison management, and representing fellow prisoner's views: *You find out the real issues affecting, you know, people living in the prison themselves, rather than say just dealing with the IPS, or a Governor, when you're working with the people who are living that, day-to-day* (James, T2). CBHFA volunteers are seen by others and themselves as working with governors and prison staff, on a more equal level. As such, there is a chance for the impact of power dynamics to be reduced within the specific context of CBHFA.

Another role which participants gained through their involvement in the CBHFA programme was that of a supportive peer. This was particularly evident in relation to supporting fellow prisoners with their mental health. We can see how the confidence development and communication skills on an individual level and an impact on further social role change within this level.

If someone comes to you says “oh I’m feeling a bit down then you can have a conversation with them and keep it very business-like... before the Red Cross you only had your personal experience and that doesn’t always help. (Gerald, T2)

It is evident that for volunteers, this positive social role was a new experience, and one they do not immediately recognise themselves in. It was when other people pointed out the change in social role that volunteers realised their personal change or growth. It is possible that positive feedback by those close to participants had not previously been a common experience for participants. This could help explain why this population experienced low confidence prior to volunteering: *“I heard what you said last week at the Graduation that we’re always thinking of someone else. That’s, I didn’t used to have that years ago” (Henry, T2).*

Within the Family. Family and Friends still play a significant role in the life of prisoners, even if these relationships have changed or become threatened. Participants viewed themselves as having important roles within their family which they wanted to preserve: *“I am doing whatever I can to get out back to my family and all, so I can look after them and all” (Liam, T2).* Indeed, this social role may have become increasingly important to participants due to the threat to the relationship caused by imprisonment. Having a previous positive influence on younger family members was noted as a social role enjoyed by participants prior to imprisonment, and something they hoped to replicate by volunteering. As such, it acted a motivating factor for CBHFA participation. This subtheme also illustrates a key point of this demographic, that they are interested in positive social role change prior to and outside of CBHFA volunteering.

My (parent) was in trouble, (their) (parent) was in trouble but now it is down to me and my (child) to break the cycle. I don't want (them) in trouble, so I am trying my hardest to steer (them) off. (Mike, T2)

Participants actively took on the responsibility of setting a positive example for younger family members. As such, participants wanted younger family members to have a higher level of social status than that which participants were currently experiencing. Again, we can see how social skills and confidence gained on an individual level, impacts positively on this level, through an increased ability to communicate effectively with family members. Here, Liam discusses his visits and calls with family:

like I've seemed to come into more depth like with explaining more and that type of stuff. Like with a couple of seconds of a conversation, you know what I mean, where normally I'd say like yeh I know that, or oh I've kinda done that, whereas now I'd kinda explain more. (Liam, T2).

Family are invited to the CBHFA graduation, and this is very central to the experience of volunteering for CBHFA. Through this experience, the participants new social role of "volunteer" can be explicitly shared with their family, and family can witness the new responsibilities that have been assumed. Where this is not possible, and participants do not have any family or friends external to prison to note and support this change in social role, the impact to mental health and mood is significant *"It eh, it's after knocking the stuffing out of me the...The Graduation. And I didn't even realise it had affect me that much"* (Ivan, T2).

Within Society. Participants describe wanting to help others, often on a wider scale than currently offered within the prison context. While a large focus on the CBHFA is bettering the internal prison community, there are some opportunities to be involved in external community work, or to take part in national appeals *"Pieta House Darkness into*

Light walking around the pitch, and yea, things that just make you feel good, that you're just actually helping someone who really, really needs it" (Mike, T2). This connection to wider society is important to volunteers, and particularly motivating. It is in doing this work, that social role can move from "volunteer in prison" to more general "volunteer". This would indicate that a certain level of external community work is important to support participants on their social role change journey.

A notable aspect of the CBHFA is that it facilitates participants to volunteer as a "Red Cross volunteer". Participants recognise and respect "Red Cross" as an important organisation/movement prior to volunteering. The programme creates a connection between CBHFA volunteers and all Red Cross Red Crescent volunteers worldwide through its use of protected emblem. Wearing the "Red Cross t-shirt", and therefore emblem, allows for participants' social role to be visually indicated as being connected to something external to, or "bigger than" the prison system:

"I wasn't really sure I suppose beforehand what the Red Cross, I just thought it was first-aid, you know, that's all I ever knew. But now I would see it you know as a whole, helping the community, whether that's in prison or outside you know, it's volunteering to help your community" (John, T2)

Participants described a future wish to hold onto this social role identity though continued volunteering when released from prison. This extended to volunteering in places impacted by war, such as Ukraine. However, participants describe an acute awareness that their identity as a volunteer is threatened when they are realised from prison due to garda vetting processes. As such, there is an anxiety around, and at times acceptance of, the limitations of this newly assumed social role *"I suppose the fear of your criminal record if you're getting involved with voluntary groups"* (Mike, T2).

This theme illustrates how CBHFA volunteers are a population in active search for a new, more openly accepted social role. This is a journey that has begun prior to CBHFA volunteering and extends into all aspects of participants lives. While CBHFA may not be the primary reason that participants are actively seeking social role change, it is a very effective vehicle which allows this to happen. The reason that CBHFA is successful in facilitating social change for participants is due to how many aspects of participants lives it effects. The CBHFA allows for personal growth, changes the role of the participants within the immediate environment, allows for the social role change to be witnessed by loved ones, and connected the participant to wider society. Many experiences that are provided by the CBHFA are described as novel for participants, indicating that CBHFA programme is unique in what it offers.

Quantitative

The quantitative analysis in this study involved three psychometric measures: the Rosenberg Self-Esteem Scale, the Prison Locus of Control Measure, and the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS). Data were collected at two timepoints. Time 1 marked the beginning of programme involvement (mean [M] weeks = 3.15, SD = 2.79). Data were collected again at Time 2, towards the end of CBHFA programme involvement (M weeks = 24.28, SD = 6.09). Data were analysed using SPSS. A descriptive analysis of demographic data is presented in the Method section.

After data were cleaned, tests of normality were completed for all scales. This included checking for normal distribution using visual inspection, skewness and kurtosis, and the Kolmogorov–Smirnov test. Data from the Rosenberg Self-Esteem Scale and the Prison Locus of Control Measure did not meet assumptions of normality, so non-parametric tests were used for these measures.

A Wilcoxon Signed Rank Test ($n = 47$) showed no statistically significant change on the Rosenberg Self-Esteem Scale following completion of the CBHFA programme ($z = -1.440$, $p = .150$). Mean scores decreased slightly from pre- to post-programme (Pre $M = 20.36$, $SD = 5.86$; Post $M = 19.36$, $SD = 4.35$), although both values fall within the normal range (15 to 25). This may suggest a minor reduction in self-esteem over time, though the change was not statistically significant.

A Wilcoxon Signed Rank Test was also completed for the Prison Locus of Control Scale ($n = 46$). This similarly showed no statistically significant change following completion of the programme ($z = -1.415$, $p = .157$). Mean scores decreased by four points from T1 to T2 (Pre $M = 87.61$, $SD = 21.70$; Post $M = 83.39$, $SD = 22.86$), suggesting a possible shift in locus of control, though again not statistically significant.

A paired-samples t-test was conducted to examine the impact of the CBHFA programme on participants' wellbeing, as measured by the WEMWBS. Results indicated a statistically significant increase in wellbeing scores from T1 ($M = 46.78$, $SD = 9.87$) to T2 ($M = 49.26$, $SD = 7.59$), $t(45) = 2.08$, $p < .05$ (two-tailed). The mean increase in wellbeing was 2.48, with a 95% confidence interval ranging from 0.08 to 4.88. The eta squared statistic was 0.09, indicating a small effect size.

Discussion

As this is a mixed-methods research study, it is important to understand how the qualitative and quantitative results can be interpreted together. The qualitative analysis illustrates that change in social role is both an important motivating factor and a significant outcome following participation in the programme. Research shows that more positive social roles are linked to increased wellbeing (Haught et al., 2015). As such, we can understand the positive change in social role as a potential mechanism through which a positive change in wellbeing was achieved.

When analysing the qualitative data in light of the quantitative findings, some explanations can be offered. Participants often spoke about the limitations to freedom that come with living within prison, both before and after programme participation. Through CBHFA, participants become involved in running projects within the prison environment, working alongside prison staff and governors. As a result of this experience, it could be inferred that participants become more aware of what limitations are in place within the prison (both for themselves and for IPS staff). This increased awareness may explain why there was no perceived shift in locus of control.

In relation to self-esteem, no statistically significant change was found after programme participation. Indeed, both pre- and post-programme results fell within normal ranges. In the qualitative analysis, however, participants described feeling a lack of confidence prior to the programme and experiencing positive growth in confidence afterwards. It is possible that this experience was not universal, and therefore not reflected in the statistical findings, especially given the limited sample size. A positive change in confidence could be linked to increased social capital, which can help reduce reoffending (Maruna, 2004)

It is also possible that a change was seen in wellbeing, as wellbeing is more responsive and quicker to change, even over short interventions (Lyubomirsky et al., 2005). Alternatively, constructs like self-esteem and locus of control may be more resistant to change (Judge & Bono, 2001; Orth & Robins, 2014). This can be especially true in highly controlled environments like prisons (Crewe, 2011).

Looking at the qualitative findings specifically, we can see how the experience of being a 'prisoner' could be considered to be of low social status within the framework of Social Role Valorisation theory (SRV). SRV is a concept used to describe the importance of positive social roles for those in society (Thomas & Wolfensberger, 1999). It is most typically used in relation to those with disabilities, but has been extended to other marginalised identities. Through theme one, *The Realities of Prison*, we can see how the experience of prisoners aligns with that of devalued individuals as defined by Wolfensberger. This includes having a marginalised identity with associated negative stereotypes, reduced opportunities and empowerment, and increased social isolation and self-esteem difficulties. SRV identifies opportunities for empowerment and positive social roles as crucial for individuals to be accepted within society and to achieve higher social status. It is evident from the second theme, *The Journey of Enhancing own Social Role*, that CBHFA helps to facilitate positive social role change in an already motivated population.

Through this enhanced social role, we can understand how capital can grow. In relation to social capital, CBHFA helps facilitate more positive peer-to-peer interactions, and participants described growth in social skills. CBHFA gives individuals the opportunity to experience and exercise a new social role, which can support positive identity change (McMahon & Jump, 2018). This helps one's human capital grow and reduces the risk of

reoffending. This maps onto the concept of prisons being a “reinventive institution” that actively facilitates identity change.

Crewe and levins (2020) argue that this may not be applicable to all prisoners but is a large enough phenomenon that it warrants research. The findings of this research support that view, at least in relation to those who choose to participate in the CBHFA programme. It is possible, however, that this research does not accurately reflect the experience of all prisoners, as not all prisoners volunteer with CBHFA.

While the result of CBHFA may be an enhanced social role, it is important to distinguish between wanting a change in social role and wanting to be perceived as better by others. Key to social role change is accepting different or more responsibility. It was this sense of responsibility, and what it represented to the individual on a personal level, that most often motivated participation. This aligns with the findings of O’Sullivan (2020), who found that the CBHFA programme was linked to identity formation, specifically through the development of a wounded healer identity. While this study did not replicate those findings exactly, it complements them by describing the levels on which identity change can occur.

The Norwegian pilot may also offer guidance in understanding these findings. Although CBHFA is adapted differently in each country, similar outcomes can be seen. In Norway, volunteers gained confidence, felt more included, and were recognised as valuable by staff and peers. The prison climate also improved (Norwegian Red Cross, 2022). Their evaluation used the Social Ecological Model to organise changes found across different levels. This study builds on that by using the model to explore how this identity change happens. This offers a more dynamic view of identity change in prison. It shows how context, relationships, and roles all interact to support transformation. The findings highlight how CBHFA can create the right environment for positive identity development.

However, it is important to be mindful that CBHFA is designed to be responsive to the needs of each local context. This makes it difficult to draw firm conclusions across countries, as the programme is not implemented in a standardised way. Each prison in Ireland has a different culture, and it can be assumed that prison cultures vary globally. As such, while shared values and structures exist, how the programme is delivered, who is involved, and what outcomes emerge can vary considerably. This limits the generalisability of findings across settings. It also highlights one of CBHFA's strengths, its capacity to adapt while remaining value-driven.

Due to the vulnerable nature of this population, significant effort was made to anonymise all data. However, because anonymisation occurred early in the research process, we were unable to conclusively match pre- and post-programme qualitative data. This reduced our ability to conduct case study-style analysis and to map individual change over time. For future research, it would be preferable if pre- and post-programme qualitative data could be matched while still maintaining high standards of anonymity. This would allow a case-by-case analysis, which may support an interpretative phenomenological analysis or similar approach.

Quantitatively, some of the data were collected after participants had already begun the programme. Due to the small sample size, the decision was made to include these participants in the analysis. However, this may mean that quantifiable change was actually greater than what was detected in this study. In future studies, stricter timing of data collection in relation to programme commencement would help to better capture any quantitative change. It should be acknowledged, however, that given the practicalities of the prison environment, this may continue to prove challenging. It is also possible that the measures used lacked sensitivity to detect change within the timeframe of this study. The

sample size was small, limiting statistical power, and there was no long-term follow-up to capture delayed effects. Additionally, self-report data in prisons are vulnerable to floor and ceiling effects, as well as social desirability concerns. This may explain the lack of change despite qualitative reports of increased confidence and agency.

Baseline comparisons between participants who did and did not complete the post-test showed the two groups were largely similar at the outset, with one notable difference. Those who did not complete the post-test had significantly lower wellbeing scores before the intervention. This suggests that participants experiencing lower psychological wellbeing may have been less likely to stay engaged with the study over time. Lower mental wellbeing can influence motivation, trust, and capacity to engage in structured interventions in prison settings (Keane et al., 2025).

These findings may reflect underlying differences in human capital, particularly in terms of psychological resources such as resilience and emotional regulation. Gough and Coghlan (2022) argue that successful desistance is shaped not only by the presence of risk factors but also by the availability of capital across structural, social, and human domains. Participants who began with lower wellbeing may have had fewer internal resources to manage the emotional and cognitive demands of the programme. Without adequate human capital, CBHFA may have felt overwhelming or irrelevant, which in turn could have reduced the likelihood of sustained engagement. This also raises the possibility that participants with lower human capital may lack access to the types of support (e.g. prosocial relationships or tailored mental health input) that help scaffold involvement in rehabilitative activities. Supporting engagement therefore requires recognising and actively responding to these disparities, particularly for those most at risk of falling through the gaps in structured prison-based programmes.

This study used a mixed-methods design which allowed for both measurable outcomes and in-depth exploration of experience. However, this design also presented challenges. Quantitative data were limited by sample size and attrition. This reduced statistical power and made it more difficult to detect small but meaningful changes. The use of secondary data also constrained the scope of analysis, as data collection tools, timepoints, and procedures were pre-decided. Qualitative interviews were rich but were not case by case matched, limiting the ability to identify individual change. The capacity for qualitative and quantitative findings to be integrated together was limited due to differing timelines, participant groups, and tools of analysis.

Given the outcomes of this research, and those of O’Sullivan and colleagues (2020), future research could benefit from focusing more specifically on social role. Using a methodology that examines volunteers’ social role across all four domains (personal, within prison, within family, and within society) both before and after participation in the programme, may prove illuminating. Finding a way to measure this quantitatively may also be helpful. This could include designing a prison-specific research tool to assess how many social roles a person feels they hold, how strongly they feel accepted into these social roles, and their hope for future roles. This tool could be used pre- and post-programme in a similar fashion to the design of the current study.

Chapter 6: Integrated Discussion

This thesis explored CBHFA within the Irish Prison Service (IPS) through two separate but related studies. The first investigated how the programme was implemented and sustained. This was informed by Implementation Science (IS). The second explored the psychological impact and experience of CBHFA on PVs using a mixed-methods approach. Both of these studies contribute to our understanding of how health-focused, peer-led interventions operate within prison settings. They also help us better understand how such interventions may support personal change, wellbeing, and identity transformation. This extended discussion explores how these findings interconnect, and how they relate to broader psychological theories and clinical practice. Taken together, the findings argue that structured, peer-led interventions like CBHFA can meaningfully support identity change and desistance through relational, credible, and adaptive systems of support.

Intervention within a Prison Context

Prison can be a challenging setting for delivering psychological or health-focused interventions. High levels of trauma and distrust, combined with rigid routines and security priorities, present real barriers. At the same time, prison is often where psychosocial support is most needed. Study One examined how CBHFA was implemented and maintained across different prison sites. The study used both inductive and deductive thematic analysis, informed by IS. CBHFA was not just a series of activities. It became part of how some prisons approached health, relationships, and shared responsibility.

Deductive analysis identified several factors that helped early implementation. The programme was introduced in response to genuine health needs. The original goals were seen as achievable. This helped build initial momentum. Structures like CHAC supported shared ownership, allowing both staff and PVs to take part in shaping delivery. It began by

using existing resources and now relies on Dormant Accounts Funding, which requires frequent reapplication and lacks long-term security.

People played a central role in sustaining CBHFA. Passion, commitment and willingness to be risk-aware were essential qualities, particularly for staff involved. Teachers often acted as a bridge between prison operations and the peer teams, though the workload raised concerns about burnout. Barriers included resistance from some staff, inconsistent engagement, and concerns around media scrutiny. Built-in evaluations, including graduation ceremonies, helped make the programme's impact visible. Internal assessment was more common than external evaluation, and there remains a lack of research into long-term outcomes for PVs.

Inductive findings highlighted how adaptability allowed the programme to take root in very different prison environments. CBHFA was able to flex to local needs while holding on to its core values. Insider status also emerged as a key strength. Because PVs shared the prison experience, they were viewed as credible and trustworthy by other prisoners. This credibility helped peer-led initiatives succeed and increased trust in the programme overall.

Altruism was another significant finding. Many joined the programme wanting to give back. CBHFA gave structure to this motivation and helped align individual goals with shared values across staff and PVs. This sense of purpose was important in keeping people engaged and allowed relationships to form across role boundaries. These dynamics laid the foundation for the kind of identity change described in Study Two.

CBHFA and Identity Transformation

Study Two looked at how CBHFA supported psychological change and identity development. PVs described prison as difficult, experiencing isolation, powerlessness, and a loss of autonomy. These experiences echo what is described in Social Role Valorisation (SRV)

theory, which argues that people in devalued roles face stigma, exclusion, and restricted opportunity (Thomas & Wolfensberger, 1999). Prison reflects this low-status environment. Many PVs described it as a place where they felt “uncivilised” or dehumanised.

This experience helped PVs identify what needed to change. SRV theory suggests that people are more likely to change when they can clearly see the difference between their current role and a more socially valued one. For many PVs, this awareness became a motivator. This laid the groundwork for their eventual involvement in CBHFA.

PVs entered CBHFA with a desire for change, often already engaging in education or other programmes like AVP. CBHFA provided a clear identity of a Red Cross volunteer and peer educator. This facilitated identity transformation. These roles were earned through shared experience, not externally imposed. They felt meaningful and legitimate. Altruism gave the change a socially accepted purpose. Structured learning and peer-led work reinforced this identity. Through this lens, SRV theory helps explain how access to visible, valued roles improves self-perception and supports internal change.

This process aligns with Bronfenbrenner’s ecological systems theory (1979), which views development as taking place across interconnected systems. In prison, the microsystem becomes the institution itself. CBHFA activates change across several layers: internal motivation (self), relational dynamics (prison), family identity, and social connection (society). The programme provides opportunities and support at each level. Maruna’s (2001) “redemption scripts” and King’s (2013) “transformative agency” further highlight how people imagine and act on future versions of themselves. CBHFA supports this kind of narrative and ecological transformation by offering structure, recognition, and meaningful roles.

Within the prison, PVs experienced CBHFA as a space for trust and validation. Insider status increased their credibility with peers, and peer-led delivery reduced stigma. The Red Cross identity helped PVs maintain respect while working closely with prison staff. Tools like branded t-shirts made the role visible and protected status within the wider prisoner community. Altruism gave PVs and staff a shared reason to work together. CBHFA's adaptability allowed it to respond to changing health needs and maintain relevance within each setting. These experiences helped PVs take ownership of their identity inside. It created a rare opportunity in a system that usually limits personal agency.

Family relationships also became part of this transformation. PVs spoke about wanting to be seen differently by family members, especially children and younger siblings. CBHFA gave them ways to demonstrate change through tangible achievements like graduation ceremonies. Relating this to SRV, CBHFA helped facilitate a shift from stigmatised to valued family roles. These included roles such as role model, caregiver, or cycle-breaker.

CBHFA also created links to broader society. Through their involvement with the Red Cross, PVs felt connected to something beyond prison. This was cemented through the connection and use of the Red Cross emblem. Community engagement, such as taking part in "Darkness into Light", helped reinforce this sense of connection. Altruism, again, played a key role. It provided a pathway to reframe social identity and imagine life beyond the prison gates. For some, CBHFA continued after release. This allowed them to carry their new identity into the community. SRV theory helps make sense of these shifts. It shows how public roles and social contribution can change how PVs see themselves and how others see them.

I feel that SRV is a helpful framework to draw on within this research, however I am conscious of its limitations and past critiques. It talks about socially agreed ideas about what

roles are seen as “valued”. However, these ideals are often that of Western, Educated, Industrialised, Rich, Democracies (WEIRD) populations. I am also conscious that I am conducting this research as someone who has never been to prison and have never experienced the identity of “prisoner”. My understanding is that many who end up in prison have experienced structural inequalities such as poverty, racism, trauma, unstable housing, and addiction. This understanding is reinforced by my current elective placement working with people who are homeless. I understand that often becoming a “prisoner” is due to interconnected factors, not simply that someone chooses to partake in crime.

I am also conscious that SRV has also faced criticism within the disability community. It has been aligned with the idea of “normalisation”, where people think that it reinforces societal judgment. I can understand these criticisms, so am conscious when suggesting it be integrated into desistance research. However, even with my concerns, I still see the value of SRV. It helps us understand how identity change can happen across different levels within a person’s ecosystem. When someone takes on a new role, like “peer educator” or “volunteer,” it doesn’t just impact them internally. It can shape how others see them, how staff interact with them, how their families relate to them, and how they view themselves going forward. SRV helps make sense of those layers. I think this makes it a useful tool when designing or developing prison-based programmes in the future.

Another strength of SRV is that it acknowledges the real difficulties people in prison face. This includes stigma, exclusion, institutionalisation, and powerlessness. Using SRV, we can understand how people might internalise those low-status roles, and the rippling impact this can have. If used correctly, SRV can be a hopeful framework within desistance research. It doesn’t deny how hard change is, but it offers a way of understanding how change can be supported. As someone training to be a clinical psychologist, I think these are especially

important things to hold in mind when working with some of the most vulnerable people in our community.

Together, the findings from both studies show how CBHFA supports identity change across multiple layers. These levels interact and reinforce one another. Altruism brings shared meaning. Insider status builds trust. Adaptability makes the programme fit for complex settings. SRV theory provides a useful framework to understand how visible, socially valued roles support transformation. Study One shows what makes the programme work. Study Two shows what that work makes possible.

CBHFA and Desistance

Peer-led models such as CBHFA offer a compelling example of how structured, prosocial engagement within prison can support desistance. Desistance is now widely recognised as a gradual and relational process. It involves internal shifts, like developing hope, agency, and a renewed sense of self. It also involves external changes, such as gaining access to meaningful roles, relationships, and community recognition (Giordano, 2022; Healy, 2014).

CBHFA supports both sides of this process. Internally, PVs described developing a stronger sense of purpose and responsibility, often driven by altruism. Helping others allowed them to rewrite their own narratives. Maruna's (2001) idea of "redemption scripts" captures this: a re-authoring of one's past through meaningful, socially acceptable contributions. Altruism gave PVs' identity change a moral framework and made their transformation feel purposeful.

CBHFA offered access to valued social roles, practical skills, and new relational networks. These external resources create a rise in social capital (Putnam, 2000). Recent theory suggests that desistance happens alongside others, who can act as witness and

support systems. Participants described how their work in CBHFA was acknowledged by peers, staff, and even family members. These moments of validation mattered. Desistance research consistently shows that identity change needs to be socially reinforced to be sustained (Farrall & Bowling, 1999; McNeill, 2015). CBHFA created repeated opportunities for this type of reinforcement.

Participants also described moments where their work was not just accepted but relied upon. An often-cited example of this was during COVID-19 outbreaks. Their value became institutional, not just personal. This shift reflects an important facet of SRV, when roles are visible and acknowledged, identity change becomes more embedded and therefore harder to undo. This relational framing of desistance is important. CBHFA also aligns with the Good Lives Model (Ward, 2012). This model suggests that desistance is more likely when individuals can build meaningful lives, guided by personal values.

Many people in prison may not initially engage in traditional, reflective therapy. But programmes like CBHFA show that action-based, relationally grounded interventions can support psychological growth. Clinical psychologists can further support such programmes by applying psychological knowledge to their design and evaluation, ensuring that the conditions for sustainable change are in place.

It is important to note that there are limitations to the role that CBHFA can play in supporting desistance. While this thesis highlights how CBHFA may support early desistance processes such as identity reconstruction and prosocial role-taking, these observed changes occurred within the context of prison. Prisons are generally structured and contained environments, which can facilitate these processes to a limited degree through stability, predictable routines, and accessible social roles. However, post release, this context often changes dramatically. When leaving prison people face limited

employment opportunities, stigma, and inconsistent social support (Keene et al., 2018). Importantly, someone leaving prison in Ireland is currently at significant risk of homelessness. As of the end of 2023, approximately 16.4% of prisoners reported having no fixed abode upon committal, rising to 28.6% specifically among female prisoners (IPRT, 2024). Homelessness will likely impact an individual's ability to continue developing within their newly acquired identity.

Desistance is influenced not only by internal motivation but also by external reinforcement of a valued role (Maruna, 2001). If a PV re-enters a community where there are few meaningful roles available, any changes in identity made during CBHFA may not be sustained. It is very possible that someone who has moved from the devalued social role of "prisoner" to that of "volunteer" within prison, to be immediately be placed back into a devalued social role of "homeless person" following release. This highlights the importance of structural changes, post-release supports, and community-based roles that align with the identity work begun in prison. Without these, the internal changes described by participants may remain isolated to the prison context. CBHFA has begun developing its "Prison to Community" programme, and this aims to fill this gap. However, while CBHFA may facilitate identity shifts linked to desistance, the structural challenges of re-entering wider society remains a significant threat. Without the appropriate social and structural support, CBHFA risks supporting the narrative that desistance is completely within an individual's locus of control, and not impacted by environmental circumstances.

Trauma and the Prison System

People in prison often have extensive histories of trauma (McAnallen & McGinnis, 2021). Incarceration can deepen this trauma through isolation, loss of control, and exposure

to violence (Crewe & levins, 2020). Trauma-informed care calls for safety, trust, choice, and collaboration. These conditions are often at odds with prison environments.

Although it is widely debated whether prisons can ever be fully trauma-informed, they can move towards becoming more trauma-aware. This involves recognising the effect trauma can have and supporting staff to adjust their practice accordingly. It also involves ensuring the environment and systems facilitate psychological safety. CBHFA supports IPS to becoming more trauma aware. Volunteers and staff describe interactions marked by respect and equality. Roles like "educator" and "volunteer" offer emotionally safe ways to challenge past identities. Staff also reported becoming more trauma-aware through their involvement. Where relational practices improved, engagement deepened. These shifts reflect core clinical psychology principles of empathy, psychological safety, and collaboration. They show how trauma awareness can coexist within prisons.

Clinical psychology plays a visible role supporting mental health within CBHFA. Assistant Psychologists (APs) help with mental health awareness campaigns, running psychoeducational sessions, and offering reflective input to teams. APs and PVs work together to bring mental health into the day-to-day life of the prison in a way that feels accessible. It's a reminder that psychology isn't just about therapy rooms. It can involve supporting programmes that already work, and helping make them more trauma-aware. It also marks the importance of working with experts by experience to achieve this.

CBHFA's structure is grounded in collaboration and choice. This contrasts sharply with many aspects of prison life that mimic trauma dynamics, such as unpredictability, powerlessness, and social disconnection. For PVs, participating in the programme often meant gaining a sense of agency, being listened to, and being seen as capable of contributing. These experiences have the potential to be reparative.

Trauma does not occur in isolation. For many participants, early adversity was compounded by systemic disadvantage, such as poverty, racism, or institutionalisation. Programmes like CBHFA help interrupt these cycles. CBHFA shows what is possible when trauma awareness is embedded in the structure and values of a programme.

Strengths and Limitations

Both studies had strengths and challenges. Study One gave space to hear from people who had lived and worked with CBHFA over time. Their insights helped build a holistic understanding of how CBHFA works within the IPS. I utilised multiple approaches, drawing from IS but remaining open and flexible. The use of both inductive and deductive analysis allowed for a more novel approach. This approach was reflective of the CBHFA programme itself, consistently and willingly adapting depending on need. It made it possible to stay close to the data while also drawing on established IS frameworks. Study Two added to this by exploring the psychological impact of CBHFA through both qualitative and quantitative methods. It focused on lived experience and used a design that captured change over time.

There were also some limitations. Most participants in Study One were closely linked to CBHFA. This may have made it harder to access more critical perspectives. I did not speak with staff who chose not to engage with the programme, and their views are missing from this research. Because the study looked back across many years, it also relied on memory, which can be shaped by time and interpretation. In Study Two, I was working with data that had already been collected. This meant I could not shape the questions or follow up on anything unexpected. The sample size for the quantitative strand was small, and not all

participants completed follow-up measures. Most PVs were already motivated to engage in change. We still do not know how CBHFA might be experienced by those who are less ready or willing to take part.

Implications for Policy, Research, and Clinical Psychology

The programme's success shows the value of good system design and strong cross-sector collaboration. The partnership between IPS, IRC and ETB has helped build a more joined-up model that brings together public health, education and justice. This kind of alignment moves us away from siloed work and towards a more relational, integrated approach. Another key learning from CBHFA is the importance of being adaptable to the changing needs of unique populations while remaining value-driven. This balance between flexibility and consistency has been a crucial reason the programme has been sustained.

From an IS point of view, ideas like implementation climate, organisational readiness, and long-term planning could help guide the future development of the programme. The need to reapply again and again for Dormant Accounts Funding illustrates how secure, ongoing funding is essential for keeping the work going.

Implementation frameworks could help identify what is needed to move CBHFA from successful local practice to broader system change. Clinical psychologists are well positioned to support and expand such initiatives. Their skills in behaviour change, trauma recovery, systems thinking, and reflective practice make them ideal collaborators in the design and evaluation of peer-led programmes. CBHFA also demonstrates the impact of psychological principles applied at a systems level. It is not only a therapeutic or educational intervention. It is a relational and identity-shaping experience embedded within the lived realities of prisoners.

Training for clinical psychologists should include opportunities to work within institutional systems and to collaborate across sectors. Skills such as consultation, advocacy, programme development, and reflective supervision are vital for this work. CBHFA shows that psychological change can be supported through action, participation, and connection. This provides a good reminder that clinical psychology is more than only one to one formal therapy.

Future research should further examine how CBHFA functions in prisons, looking at gender, age, and crime differences. Longitudinal studies could track identity transformation and wellbeing post-release, helping to clarify the lasting impacts of this peer-led intervention. There is also scope to explore outcomes at the system level, such as changes in prison culture, staff-prisoner dynamics, and reoffending rates. Co-produced research methods could also be examined to facilitate PVs and staff as active contributors in future studies.

CBHFA may also offer a model for community-based services working with other marginalised populations, such as those in homelessness services, addiction recovery, or youth justice. The relational, role-based, and strengths-focused approach could continue to be adapted to support identity change and empowerment outside of prison.

For policymakers, CBHFA is a practical, low-cost way to support rehabilitation. It lines up with justice reforms that aim to reduce harm, treat people with dignity, and back community-led solutions. But programmes like this need steady funding and significant political support to last. IS can help by showing if systems are ready, spotting problems early, and guiding what areas are further developed.

Conclusion

CBHFA is more than a health education programme. It is a peer-led, participatory intervention that repositions prisoners as credible agents of change. The two studies presented in this thesis show how this happens in practice, and why it matters. Together, they offer a different way of thinking about health, change, and rehabilitation in the prison context. They suggest that when people in prison are given the tools, training, and trust to take on meaningful roles, they can support each other's wellbeing in ways that are both relational and transformative.

This has particular relevance when we consider the wider context of trauma, marginalisation, and health inequality in prison settings. Many people in custody have lived through significant adversity, having experienced poverty, violence, and addiction. These experiences shape how people engage with services, relationships, and systems. CBHFA doesn't erase this, but it offers a structured, supportive space for those ready to make a change. It creates opportunities for lived experience to be recognised, made sense of, and channelled into something constructive. It allows people to take on valued social roles, to build connections, and to contribute to something bigger than themselves.

This research adds to a growing body of IS work exploring how peer-led, community-based health interventions can be embedded and adapted in restrictive institutional settings. It highlights the importance of aligning programme design with local culture, leadership, and relational trust. Future research in prisons would benefit from co-produced methods and a focus on system-level indicators of change.

This has clear implications for how we design, fund, and evaluate interventions in both prison and community settings. It also challenges us as clinical psychologists to think more systemically, to work more collaboratively, and to be more creative in how we support

people who have been pushed to the margins. It reminds us of the importance of being risk-aware, not risk-averse. Ultimately, CBHFA stands as a hopeful example of what is possible when systems are designed to support people's capacity to connect and grow.

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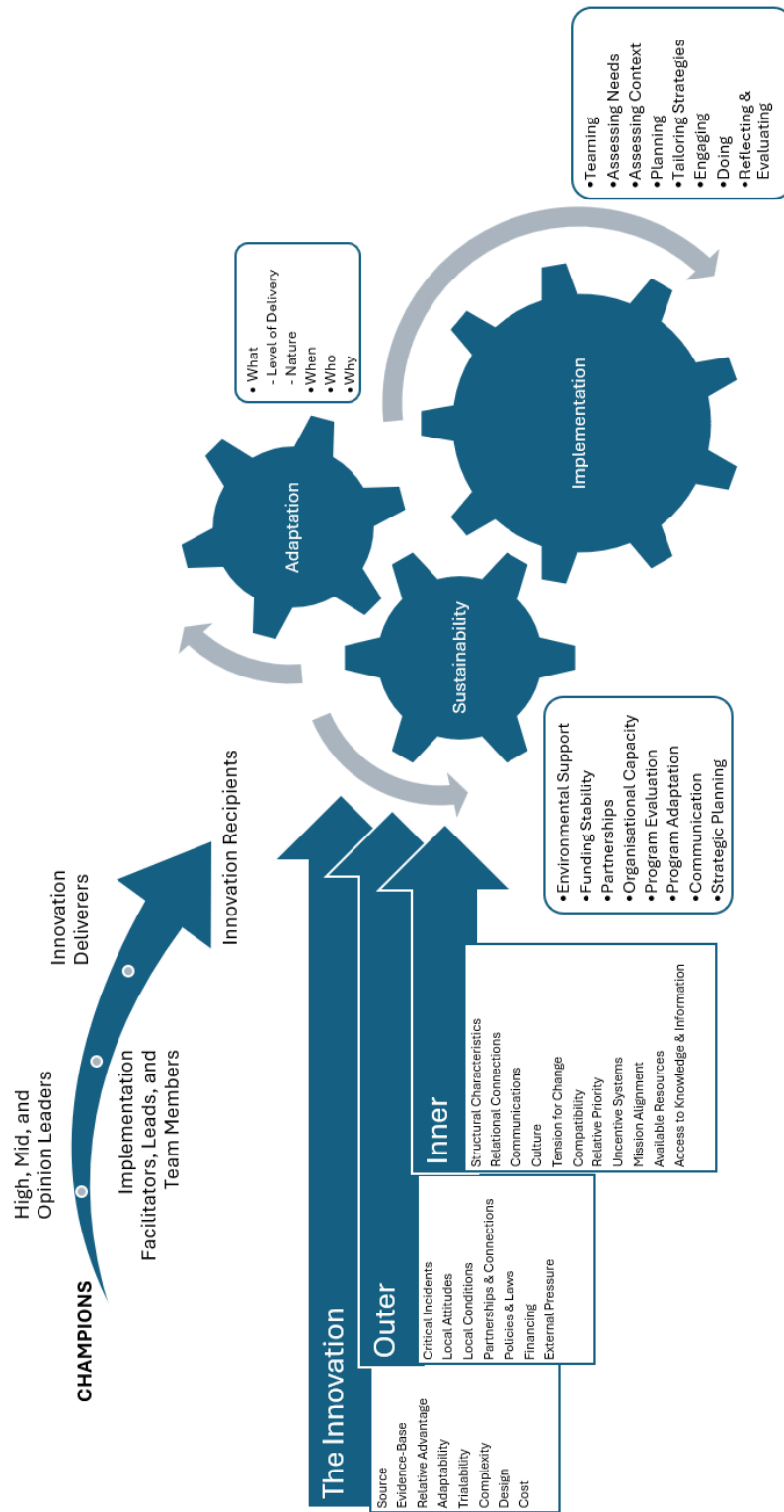
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Appendices

Appendix A: Study 1 - Original Combined Frameworks



Appendix B: Study 1 - Original Combined Frameworks A Priori Codebook

The CBHFA Programme	External to Community	Within Community	Stakeholders
Why was it brought to IPS? Why is it Kept?	Has anything happened to disrupt the implementation or running of CBHFA?	What Infrastructure was/is needed? Including Physical, IT, and staffing?	Who were those with power involved in CBHFA (key decision makers, leaders, or directors? Are they still involved? How?
What prior evidence it could work? Evidence it works now?	What are people's attitudes towards the programme?	What relationships are involved to implement and sustain? How are these maintained?	Who were the champions of CBHFA? Are they still involved? How?
Are there other similar projects in IPS? What?	What conditions must be in place for CBHFA to run (Economic, environmental, political, and/or technological)?	How is information shared within community and to those external?	Who had/have informal influence on CBHFA?
How complicated is the programme?	What partnerships were/are involved? How do these work? Have the changed over time? (RC/ETB/IPS/PSYCH DEPT.)	What are the shared values, beliefs, and norms within the community? Are these reflective of the external culture?	Who had/has the expertise to implement/sustain CBHFA?
What resources were/are provided/helpful?	What policies are in place relating to/impacting on/guiding CBHFA? Did these need to change? Any legalities?	What drives people to set up and continue CHBFA?	Who are the recipients of CBHFA? Is CBHFA important to these people? Why?
What costs/how was/is it funded?	Is there external funding? How does this work? Has this changed?	Is CBHFA compatible with IPS?	
	Was/is their external pressure to run CBHFA?	How much of a priority is CBHFA?	What are key characteristics of these people?
		What incentivizes the running of CBHFA?	What are key goals of these people?
		Does CBHFA align with the community commitment, purpose or goals?	
		Available resources including funding, space, and materials?	
		What guidance or training is given/needed to set up and continue CBHFA?	

Implementation	Evaluation	Sustainment	Adaptations
How did people come together to implement CBHFA?	How is the programme evaluated?	What key factors in the environment continue to support sustainment? What threaten it?	What adaptations have been needed to support sustainment? How has this changed over time?
What needs was CBHFA trying to meet when first implement?	Who completes the evaluation?	How does funding continue to be accessed?	Are there environment specific changes?
What was the context at the time of implementation, barriers and facilitators?	Who conducts the evaluation?	What communication facilitates continued sustainment? What threaten it?	What was/is modified with CBHFA? At what level did this happen? What is the exact nature of these?
What was the plan for implementation? How was identified for what role/responsibility ?	What value do stakeholders place on CBHFA?	What partnerships support sustainment? What threatens partnerships?	Why was this modified?
What were the strategies utilised to implement CBHFA?	What is the view of the stakeholders of the CBHFA programme?	What organisational factors continue to support sustainment? What threaten it? Including staff, knowledge, resources.	When did these modifications take place?
How were volunteers/facilitators engaged to participate?	What changes to CBHFA are identified at this stage? By who?	How does planning continue to support sustainment?	Who decided on these modifications?
Practically, how was the programme implemented e.g. steps?			
How was this programme originally evaluated when first implemented?			
What reflections did you have after original implementation?			

Appendix C: Study 1 - Interview Schedule

The semi-structured nature of interviews will allow for this to be adapted as necessary based on the given participant. As such, this schedule is the bases of all interviews for all participants.

1. Can you tell me a little about your experience with the Community Based Health and First Aid programme to date?
2. Can you give me some background to the CBHFA programme within IPS?
3. When reflecting on the programme now, have you found the programme to be effective or helpful?
4. What do you think has allowed the programme to be running for 15 years?
5. What factors impacted the programme?
6. What characteristics are important for people involved?
7. What impacted your personal experience of the CBHFA the most?
8. Where their times when the programme wasn't effective?
9. Was there ever anything that made setting up or running the programme difficult?
10. (If involved in multiple) Have you experienced the programme in more than one Prison? If yes, what was you experience of this?
11. What would you change about CBHFA if you could?

Appendix D: Study 1 - Midpoint A Priori Codebook

	Implementation	Sustainment	Adaptation
<i>Programme Design</i>	Programme design at time	Programme design now	Adaptations to programme design over time Future plans for adaptations
<i>Context</i>	Context at the time	Context now	Context of adaptations
<i>Resources</i>	Resources needed originally	Resources needed now	Resources impact on adaptations
<i>Funding</i>	Funding needed originally	Funding needed now	Future funding
<i>People</i>	People involved originally - Roles - Important characteristics - Intentions - Power Partnerships	People involved now Roles Important characteristics Intentions Power Partnerships	People involved in adaptations - Roles Power
<i>Attitudes</i>	Attitudes originally - Staff - Volunteers External	Attitudes now - Staff - Volunteers External	Attitudes towards adaptations
<i>Process</i>	Implementation process	Sustainment process	Adaptation Process
<i>Evaluations</i>	Initial evaluation	Ongoing evaluation	Future evaluation
<i>Evidence</i>	Evidence prior to pilot Evidence after pilot	Evidence now	Evidence behind adaptations
<i>Threats</i>	Threats to implementation	Threat to sustainment	Threats to future adaptations

Appendix E: Study 1 - Final A Priori Codebook

	Implementation	Both	Sustainment
Programme Design			
<i>What aspects of the programme design impacted I and S?</i>			
Facilitators			
Barriers			
Resource and Funding			
<i>How did resources and funding impacted I and S?</i>			
Facilitators			
Barriers			
People and Attitudes			
<i>How did people and/or attitudes impact I and S?</i>			
Facilitators			
Barriers			
Evidence and Evaluation			
<i>How has evaluation and evidence impacted I and S?</i>			
Facilitators			
Barriers			

Appendix F: Study 1 - Information Sheet - Custody

This research study has been approved by the IPS Research Ethics Panel and the Research Ethics Committee of University College Cork

Getting to know the Research Team

My name is Jennie White, and I am currently studying to become a clinical psychologist in University College Cork. This project is being completed with Dr Emma Regan is the Head of the Irish Prison Psychology Service. The third member of the research team is Dr Maria Dempsey, Senior Lecturer and Researcher at University College Cork.

We are completing research and you are invited to be involved. This is some information so you can decide if you would like to take part in the research.

The Objectives of the research project

To understand what impact the Community Based Health and First aid Red Cross programme had on volunteers. To understand all the factors which impact how the red cross programme was set up and continues to be run in the Irish Prison Service.

What is the research about and why are we doing it?

The research looks at the experience of different people involved in the Red Cross program within the prison will involve people such as volunteers, governors, wardens, Red Cross staff, and educational staff.

What will be involved if you decide to take part?

You are invited to take part in an interview with the researcher either online or in person (depending on location and availability of the researcher). This interview should last between 40 – 60 minutes. You questions about your experience of the Red Cross program within prison

Why have you been invited to take part?

As you were/are a volunteer in the Red Cross programme in prison, we would like to hear your thoughts on the Red Cross programme.

How will your privacy be protected?

During the interview, you are free to skip any questions that you do not want to answer. The researcher will protect your identity as much as possible by anonymising information and removing identifiable details. Any data which could identify you (e.g. your audio file and your signed consent form) will be securely stored by the researcher in a locked filing cabinet and secure laptop/IPS password-protected computer file. Only the researcher will have access to this identifiable information

Any information that might identify you (e.g. names, locations) will be removed from your typed interview responses and demographic and offending information. Once the data has been typed you will be given a copy of the transcript by the field supervisor. You will have two weeks from this time to decide if you would like any of the data to be removed or further anonymized. This could be specific sentences words or the entire interview. This can be done by contacting the relevant assistant psychologist to set up a meeting with the primary researcher or field supervisor.

All research activity with you will be conducted in privacy either in person or online. Interviews will be tape recorded and then transcribed by the interviewer within this academic year. The tape recorder and taped interview will be held securely by the researcher. The original tape will then be wiped clean of data collected; the transcribed data only will be kept securely for 10 years.

Please know that according to law, if you indicate to the researcher (a) that you may cause harm to yourself or others, (b) that you were the perpetrator or victim of an undocumented crime, (c) that you were the victim of serious harm from someone else and/or (d) that a child is being harmed in the community, then the researcher will be required to report this information to the relevant authority (e.g. prison management, healthcare, TUSLA, Gardai).

Who has access to the data?

Only the researcher undertaking interviews has access to identifiable data. A code system is used so that all data remains anonymous for the process of the research. The code (and not the name) allows for comparison of information gathered by the research team.

The research team has access to the anonymized data in order to complete the research over the life of the research project. The team consists of the following:

- Dr Emma Regan, Head of Psychology Service
- Dr Maria Dempsey, Senior Lecture in Applied Psychology, UCC.
- Jennie White, a Student of UCC under academic supervision of Dr Dempsey

How will your data be used?

The researcher may publish or present the research at international professional conferences. It is hoped that this research will be published so that people can understand all aspects of the Red Cross program within a prison. The information will also be written up as part of the by psychology students' academic work.

What are the risks of taking part in this research study?

During the interview you may talk about some sensitive issues which you may find distressing. Please know that you are free to skip any questions you do not want to answer. The debriefing sheet provided to you after the meeting will have information about how you can seek further support if you wish.

Can you change your mind at any stage and withdraw from the study?

Your participation in this research study is entirely voluntary. If you do agree to participate now, you may change your mind later, at any time, and withdraw from the research without it affecting you in any way, including your participation in the Red Cross CBHFA Programme training.

If while meeting the researcher you no longer want to take part in the research, please let the researcher know and they will finish the meeting early. If after the meeting you no longer wish to participate in the research, please let an assistant psychologist know and they will contact the researcher. This will be possible up until your audio file has been deleted. You can also request access and/or remove any of your data from the study up until your audio file has been deleted.

How will you find out what happens with this project?

If you would like to receive an update on the research, please let a member of staff know and they will contact the researcher on your behalf. The researcher will provide a staff member with a written research update for you based on the stage the research is at.

Care of Participants of Research Study

Should you feel stressed about this in any way at any time during the course or research study, please feel free to discuss this with your Assistant psychologist/healthcare or any member of the Red Cross team in your prison.

What are the benefits of taking part in this research study?

This research is an opportunity for you to share your experience of the Red Cross CBHFA in Prisons programme. Your participation may help prisoners in the future to be able to benefit from being part of the Red Cross Movement whilst in custody. However, your participation is completely voluntary and you do not have to participate if you do not wish to. It will not affect your participation in the Red Cross CBHFA programme. There are no tangible benefits awarded for participation.

How to receive more information

You may have questions before deciding if you would like to take part in this research. If this is the case, please let the staff assisting you know what you would like to find out. They will ask the researcher on your behalf and the researcher will provide you with an answer. If you would like to write a letter to the researcher with your question please give this to the member of staff assisting you, addressed to Dr. Emma Regan and a reply will be generated.

Appendix G: Study 1 - Consent Form - Custody

If you would like to take part in this research, please make sure you have read and understand the following points before you provide your written signature. If you have difficulties with literacy the researcher can read and explain each point.

- I understand why the research is being done
- I understand why I have been invited to take part in this research
- I understand how my information will be used in this research
- I understand what will happen if I take part in this research study
- I understand that if I indicate to the researcher (a) that I may cause harm to yourself or others, (b) that I am the perpetrator or victim of an undocumented crime, (c) that I were the victim of serious harm from someone else and/or (d) that a child is being harmed in the community, then the researcher will be required to report this information to the relevant authority (e.g. prison management, healthcare, TUSLA, Gardai).
- I understand that my participation in this research is entirely voluntary
- I understand that during the meeting, I can let the researcher know if I no longer give my consent to take part in the research.
- I understand that after the meeting I can withdraw my consent to take part in the research, up until my audio file is deleted by contacting an assistant psychologist, who will then contact a member of the research team.
- I understand that I can request access or remove any of my data, up until my audio-file has been deleted
- I understand how I can find out what happens with this project
- I know how to get more information about the research.
- I understand that no incentives or rewards have been offered to take part in this research.
- I understand that participating in this research may involve discussing sensitive data
- I understand that I am free to skip these questions during the interview if I wish
- I understand that a staff member will provide me with a de-briefing sheet after the interviews with details of how to get further support where required
- I understand that my identity will be protected as much as possible by the researcher, securely storing my audio file and signed consent form:
 - Deleting my audio file as soon as it has been transcribed
 - Removing some information (e.g., names and locations) from my typed interview responses
 - Securely storing my typed interview responses and psychometric tests.
- I understand that I have two weeks from being shown the transcript to request that aspects of the transcript be withdrawn. This can be done by contacting someone from the Red Cross program or the psychology department.
- I understand that this consent form will be shredded in the School of Applied Psychology (UCC) confidential shredding process following the data being anonymized and two weeks following me receiving the copy of my transcript.

If you understand the information sheet and consent form and would like to participate in the study, please provide your written consent by providing the details below.

Signature of Participant

Witness signature

Name in full

Name in full

Date

Date

Appendix H: Study 1 - De-briefing Sheet - Custody

Thank you for taking part in this research. Your responses will help us better understand the experience of the Red Cross programme.

I would like to remind you once more of the ways that this research will protect your privacy. You will be given a copy of the transcript you have two weeks from the date that you received the transcript to contact a member of the psychology department or the Red Cross staff and ask that specific parts of the transcript or the whole transcript be removed or deleted. Please know that the researcher will protect your identity as much as possible and keep all your information safe and destroy and archive as appropriate.

However, if you have indicated to the researcher (a) that you may cause harm to yourself or others, (b) that you were the perpetrator or victim of an undocumented crime, (c) that you were the victim of serious harm from someone else and/or (d) that a child is being harmed in the community, then the researcher will have to report this information.

The interviews may have involved talking about some sensitive topics. If you feel distressed by anything that was discussed in the interview, it is important that you try to get some support.

Here are some ways you can access support:

1. If you feel that you need immediate and urgent support after taking part in this research, speak to member an available member of staff.
2. You can also get support from your Red Cross Assistant Psychologist. If you need to speak to a psychologist urgently, please contact your Class Officer or ACO who will make contact with psychology as soon as possible.
3. If you would like to speak to the Chaplain, ask your Class Officer to arrange an appointment
4. If you would like to speak to Nurse or GP, ask the Class Officer to contact Healthcare.

If you would like to receive an update on the research, please ask a member of you Red Cross team Through your class officer and the researcher will provide a written update for you.

Appendix I: Study 1 - Information Sheet – Non-custody

This research study has been approved by the IPS Research Ethics Panel and the Research Ethics Committee of University College Cork

Getting to know the Research Team

My name is Jennie White, and I am currently studying to become a clinical psychologist in University College Cork. This project is being completed with Dr Emma Regan is the Head of the Irish Prison Psychology Service. The third member of the research team is Dr Maria Dempsey, Senior Lecturer and Researcher at University College Cork.

We are completing research and you are invited to be involved. This is some information so you can decide if you would like to take part in the research.

The Objectives of the research project

To understand what impact the Community Based Health and First aid Red Cross programme had on volunteers. To understand all the factors which impact how the red cross programme was established and is maintained in the Irish Prison Service.

What is the research about and why are we doing it?

The research looks at the experience of different people involved in the Red Cross program within the prison will involve people such as volunteers, governors, wardens, Red Cross staff, and educational staff.

What will be involved if you decide to take part?

You are invited to take part in an interview with the researcher either online or in person (depending on location and availability of the researcher). This interview should last about 40 minutes and will ask you questions about your experience being involved in running the Red Cross program with prisons.

Why have you been invited to take part?

You were/are someone involved in running the Red Cross programme in prison. We would like to hear your perspectives and thoughts relating to the establishment and maintenance of the programme to date.

How will your privacy be protected?

During the interview, you are free to skip any questions that you do not want to answer. The researcher will protect your identity as much as possible by anonymizing information and removing identifiable details. Any data which could identify you (e.g. your audio file and your signed consent form) will be securely stored by the researcher in a locked filing cabinet and secure laptop/IPS password-protected computer file. Only the researcher will have access to this identifiable information.

Any information that might identify you (e.g. names, locations) will be removed from your typed interview responses and demographic and offending information. Once the data has been typed you will be shown a copy of the transcript. You will have two weeks from this time to decide if you would like any of the data to be removed or further anonymized. This could be specific sentences words or the entire interview.

All research activity with you will be conducted in privacy either in person or online. Interviews will be tape recorded and then transcribed by the interviewer within this academic year. The tape recorder and taped interview will be held securely by the researcher. The original tape will then be wiped clean of data collected; the transcribed data only will be kept securely for 10 years.

Please know that according to law, if you indicate to the researcher (a) that you may cause harm to yourself or others, (b) that you were the perpetrator or victim of an undocumented crime, (c) that you were the victim of serious harm from someone else and/or (d) that a child is being harmed in the community, then the researcher will be required to report this information to the relevant authority (e.g. prison management, healthcare, TUSLA, Gardai).

Who has access to the data?

Only the researcher undertaking interviews has access to identifiable data. A code system is used so that all data remains anonymous for the process of the research. The code (and not the name) allows for comparison of information gathered by the research team.

The research team has access to the anonymized data in order to complete the research over the life of the research project. The team consists of the following:

- Dr Emma Regan, Head of Psychology Service
- Dr Maria Dempsey, Senior Lecture in Applied Psychology, UCC.
- Jennie White, a Student of UCC under academic supervision of Dr Dempsey

How will your data be used?

The researcher may publish or present the research at international professional conferences. It is hoped that this research will be published so that people can understand all aspects of the Red Cross program within a prison. The information will also be written up as part of the by psychology students' academic work.

What are the risks of taking part in this research study?

During the interview you may talk about some sensitive issues which you may find distressing. Please know that you are free to skip any questions you do not want to answer. The debriefing sheet provided to you after the meeting will have information about how you can seek further support if you wish.

Can you change your mind at any stage and withdraw from the study?

Your participation in this research study is entirely voluntary. If you do agree to participate now, you may change your mind later, at any time, and withdraw from the research without it affecting you in any way, including your participation in the running of the Red Cross CBHFA Programme.

If while meeting the researcher you no longer want to take part in the research, please let the researcher know and they will finish the meeting early. If after the meeting you no longer wish to participate in the research, please contact the primary researcher using the email listed below. This will be possible up until your audio file has been deleted. You can also request access and/or remove any of your data from the study up until your audio file has been deleted.

To withdraw from the research, contact the Primary Research on the below email address anytime up until 2 weeks have passed from receiving your transcript.

How will you find out what happens with this project?

If you would like to receive an update on the research, please contact the primary researcher using the email below and a research update will be given to you based on the stage the research is at.

Care of Participants of Research Study

If you are feeling stress or worried about your mental health following taking part in the study we recommend you contact your General Practitioner (GP).

What are the benefits of taking part in this research study?

This research is an opportunity for you to share your experience of the CBHFA Red Cross in Prisons programme. Your participation may help us support prisoners in the future to be able to benefit from being part of the Red Cross Movement whilst in custody.

However, your participation is completely voluntary and you do not have to participate if you do not wish to. It will not affect your participation in the Red Cross CBHFA programme. There are no tangible benefits awarded for participation.

How to receive more information

You may have questions before deciding if you would like to take part in this research. If this is the case, please contact the primary researcher using the email below.

Primary Researcher email is: jennifer.e.white@umail.ucc.ie

Appendix J: Study 1 - Consent Form - Non-custody

If you would like to take part in this research, please make sure you have read and understand the following points before you provide your written signature. If you have difficulties with literacy the researcher can read and explain each point.

- I understand why the research is being done
- I understand why I have been invited to take part in this research
- I understand how my information will be used in this research
- I understand what will happen if I take part in this research study
- I understand that if I indicate to the researcher (a) that I may cause harm to yourself or others, (b) that I am the perpetrator or victim of an undocumented crime, (c) that I were the victim of serious harm from someone else and/or (d) that a child is being harmed in the community, then the researcher will be required to report this information to the relevant authority (e.g. prison management, healthcare, TUSLA, Gardai).
- I understand that my participation in this research is entirely voluntary
- I understand that during the meeting, I can let the researcher know if I no longer give my consent to take part in the research.
- I understand that after the meeting I can withdraw my consent to take part in the research, up until my audio file is deleted.
- I understand that I can request access or remove any of my data, up until my audio-file has been deleted
- I understand how I can find out what happens with this project
- I know how to get more information about the research.
- I understand that no incentives or rewards have been offered to take part in this research.
- I understand that participating in this research may involve discussing sensitive data
 - I understand that I am free to skip these questions during the interview if I wish
 - I understand that a staff member will provide me with a de-briefing sheet after the interviews with details of how to get further support where required
- I understand that my identity will be protected as much as possible by the researcher, securely storing my audio file and signed consent form:
 - Deleting my audio file as soon as it has been transcribed
 - Removing some information (e.g., names and locations) from my typed interview responses
 - Securely storing my typed interview responses and psychometric tests.
- I understand that I have two weeks from being shown the transcript to request that aspects of the transcript be withdrawn. This can be done by contacting the primary researcher using the email below.
- I understand that this consent form will be shredded in the School of Applied Psychology (UCC) confidential shredding process following the data being anonymized and two weeks following me receiving the copy of my transcript.

If you understand the information sheet and consent form and would like to participate in the study, please provide your written consent by providing the details below.

Signature of Participant

Witness signature

Name in full

Name in full

Date

Date

Primary Researcher email is: jennifer.e.white@umail.ucc.ie

Appendix K: Study 1 - De-briefing Sheet- Non-custody

Thank you for taking part in this research. Your responses will help us better understand the experience of the Red Cross programme.

I would like to remind you once more of the ways that this research will protect your privacy. You will be given a copy of the transcript you have two weeks from the date that you received the transcript to contact a member of the psychology department or the Red Cross staff and ask that specific parts of the transcript or the whole transcript be removed or deleted. Please know that the researcher will protect your identity as much as possible and keep all your information safe and destroy and archive as appropriate.

However, if you have indicated to the researcher (a) that you may cause harm to yourself or others, (b) that you were the perpetrator or victim of an undocumented crime, (c) that you were the victim of serious harm from someone else and/or (d) that a child is being harmed in the community, then the researcher will have to report this information.

The interviews may have involved talking about some sensitive topics. If you feel distressed by anything that was discussed in the interview, it is important that you try to get some support.

Here are some ways you can access support:

1. If you feel that you need immediate and urgent support after taking part in this research, speak to member an available member of staff.
2. You can also get support from your Red Cross Assistant Psychologist
 - a. If you need to speak to a psychologist urgently, please contact your Class Officer or ACO who will make contact with psychology as soon as possible.
3. If you would like to speak to the Chaplain, ask your Class Officer to arrange an appointment
4. If you would like to speak to Nurse or GP, ask the Class Officer to contact Healthcare.

If you would like to receive an update on the research, please ask a member of you Red Cross team Through your class officer and the researcher will provide a written update for you.

Primary Researcher email is: jennifer.e.white@umail.ucc.ie

Appendix L: Study 1 - Reflexive Thematic Analysis Process

Study 1

Study Title:	Implementation and Sustainment of the CBHFA Programme
Research Aim:	Explore the key facilitators and barriers to the implementation and sustainment of CBHFA within IPS, using hybrid inductive–deductive thematic analysis.
Methodology:	Reflexive Thematic Analysis (Inductive)
Rationale for Method:	This was selected due to its flexibility and suitability for exploring lived experiences. RTA aligns with a contextualist stance, allowing me to explore meaning-making without assuming a single ‘truth’.

Epistemological Stance:

- I took a contextualist position in this study. This means I understood participants’ experiences as shaped by both the social world around them and the real, material conditions they were living in. I don’t believe there’s just one “truth” to uncover, but I do believe people’s accounts are grounded in real things. This could be like prison routines, power dynamics, or health inequalities. These affect how they make sense of their world. This stance allowed me to explore how meaning is constructed within a particular context (in this case, Irish prisons), while also recognising that people’s words are shaped by wider systems, structures, and relationships.
- I also saw meaning as something co-constructed — shaped not just by the participant, but also by me as the researcher. My own background, values, and assumptions played a role in how I heard, interpreted, and represented the data. This fits with RTA - knowledge is produced through the interaction between researcher and participant, not just discovered.
- This stance helped me stay close to participants’ lived experiences while also recognising the wider systems and contexts shaping those experiences. This included my own position within the process.

Relevant Personal Experiences:

- **No Personal Experience of Imprisonment:** I have never been in prison myself. Because of that, I was aware that some of the experiences shared with me (e.g. around restriction, isolation, or powerlessness) were outside my frame of reference. I tried to approach these accounts with openness, curiosity, and respect. I also reminded myself not to assume understanding, and to stay close to participants’ own words when making sense of what they shared.
- **Personal Connection to Imprisonment:** I do have close family members who have spent time in prison, although I didn’t grow up around them and had very limited contact during or after their sentences. I took time to recognise that this could still shape how I responded to certain information shared with me. I stayed aware of this throughout the analysis process and reflected on it in my notes when needed.
- **Professional Positioning:** I carried out this research as a trainee clinical psychologist (TCP). My clinical background meant I was naturally drawn to certain parts of the data, like when people spoke about distress, coping, or personal change. I also knew that this could mean I might miss more systemic or structural issues unless I made an effort to reflect and zoom out.
- **Relationship to the Red Cross:** I had previously volunteered with the Irish Red Cross, mainly through Irish Red Cross Youth. This gave me some insight into the organisation’s values and how it supports peer-led work. I knew this might lead me

to view the CBHFA programme more positively, so I tried to be mindful of that influence while carrying out the research and analysis.

Step1 - Familiarization of data

- When collecting the data, I was aware of the dual role I held as both interviewer and analyst. I tried to stay present in the moment but also made note of patterns, phrases, or ideas that stood out.
- My background with the IRC had an impact on how I heard and understood the data. This was mostly helpful. For example, I was already familiar with the seven fundamental principles and the general history of the movement. I knew what people meant when they talked about “the emblem.” This meant I didn’t need long explanations for some terms, and I could understand short-hand references in context. I was conscious to notice and manage positive bias at this stage and throughout.
- Having some of the interviews in the prison itself was a very new setting for me, as I had never been inside a prison before. I didn’t always understand the short hand of prison terms straight away and had to learn to tune into that. I became more aware of the language being used over time, especially terms that reflected power, status, or structure in the prison environment.
- Some ideas came up repeatedly across interviews and I kept reflective notes about how these ideas might link to my research question.
- I read and re-read each transcript after the interview. I also listened back to the audio recordings. This helped me note tone, pauses, and emotion. I highlighted sections that stood out and added comments relating to ideas. This was not about coding but about getting to know what participants were telling me.

Step 2 - Generation of codes.

- After this, I began generating initial codes. I used an inductive approach, allowing the codes to come directly from what participants said rather than applying a pre-set structure. At the same time, I was aware that I would also be doing a deductive analysis later, so I kept track of areas that might link to implementation science concepts without letting them direct the coding too early.
- I worked through each transcript in Microsoft Word, line by line. I highlighted text that stood out as meaningful or repeated and used the comments function to label ideas. I often used participants’ own words for naming codes. This helped keep meaning relevant.
- Some codes were simple and descriptive. Others captured broader ideas or concepts. An example is below. I kept the codes short and open at this stage.
- Throughout this process, I kept a reflexive journal. I noticed I was often drawn to examples of motivation, structural aspects, and trauma. I think this reflected my background as a TCP. I used journaling to reflect on this tendency and made an effort to stay equally open to more critical or systemic parts of the data.
- By the end of this stage, I had loads of different style codes. Some appeared multiple times, some only one. I didn’t try to group during this stage.

Example:

Data	Codes	Notes
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So I joined it and done my training. Which I enjoyed because it was actually the CPR stuff that I wanted to actually know and learn and and then we done like. We doing an event called (...) Got Talent, we brought kids with disabilities and special needs and they done like Brits Got Talent thing for them. That was great. We did that two or three times. That's what I loved doing. And we done Hepatitis C testing for everyone. We done hand wash. So that was all the stuff at the start. And so that's what made me join seeing all that stuff. And that continued for a while. Then see., you sometimes... We started the project and then we put a lot of time and effort into and then for whatever reason, lack of staff, youd start to get pissed off.	Enjoying initial training Motivation to learn CPR Running BGT event for SEN children Repeating BGT event Identifying BGT as preferred project Running Hep C testing Doing handwashing demos Public health focus in early programme Seeing projects -> wanting to join Project taking time and effort Lack of staff impacting Frustration after so much effort and time	Motivation? Role of CPR? Role of BGT? BGT as symbol of? Helping/Altruism? Positive connection? Early tasks success reinforcing? Witnessing others – motivation? Structural issues? Emotional reactions?
But yeah, it's just snowballed. At the start people were a bit sceptical of it, and now, all these changes with the visits, they ask the Red Cross. Do you know what I mean? They ask the Red Cross the visit times or something. Do you know anything about that? No, but I can ask for ya. And you go to the officer that is on the Red Cross and you go, can you find that out for me. So it doesn't have to be specifically about the Red Cross but you can still go and find out for them. You have that connection with the officer.	Programme gaining momentum Changes happening quickly Growing trust in CBHFA Being the person asked for information RC as point of contact Role expanding beyond health Being able to ask officer Peer-officer outside of health Feeling connected to PC	Context of no trust? Being asked Acting like “go-between” Insider? Relationship with officer – change?
Just in terms of the family side of the Red Cross. Then when we used to graduate in (prison) it was like oh, it was a long serving prisoner with two with two children. I know they would have been small children at that stage, so when we graduated there was a teacher there right? The Red Cross teacher and she would have organised for all the families to come in then.	Family aspect to CBHFA Graduating CBHFA Knowing other PV has young children RC teacher organising Graduation	Role of graduation? Role of external family

So. And you're putting your hard work into Red Cross all year, and then you're getting, like, the elation of letting your family members come in and see you. Getting your shirt and maybe you might be giving a speech about your experience of that year's Red Cross and stuff like that. You might be on different things, but like for your children to see it and see people clap you and and cheering you on and all that's just extremely great for the family, you know.	CBHFA "hard work" PVs noting effort into CBHFA Family being allowed in Being allowed show family hard work/effort Giving a speech at Graduation Having/gaining t-shirt Children witnessing work Having people clap/cheer/support Great for family and individual	Graduation as reward? Graduation as motivation? Importance of graduation for family?
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Step 3 - Combining codes into themes.

- After coding all transcripts, I began grouping related codes together. I worked manually in Word, going back and forth between the codes and the original transcripts to make sure I was staying close to what participants had actually said.
- Some groupings came together quite naturally, clear and consistent. Others were more difficult. For example, many participants talked about helping others and wanting to give back, which led to early ideas around altruism. But this wasn't straightforward. Not everyone identified altruism as their primary motivation. Some spoke more about personal growth, wanting to learn skills, or gaining respect. There were also a few conflicting accounts where initial reasons for joining didn't seem rooted in altruistic thinking at all. This made it harder to define the boundaries of that potential theme.
- I spent more time sitting with the data, reflecting on whether I was seeing a shared process or just imposing one. In the end, I kept the focus on how altruism functioned within the programme overall, even if it wasn't what led everyone to get involved initially. This helped shape one of the broader themes.
- I used headings and colour-coding to test different combinations of codes. Some codes fit across multiple groups. I noted these areas and came back to them later. I stayed reflexive throughout, making notes on where I might be over-organising or smoothing out contradictions too soon.
- After all this, I had developed a set of early themes that reflected both shared and more complex experiences of implementing and sustaining CBHFA

Step 4 - Reviewing themes.

- Once I had developed a set of early theme clusters, I went back to the full data set to review and refine them. I re-read the transcripts and compared them against the developing themes to check that each one was well supported by the data. I looked at both how often ideas came up and how clearly they were expressed.
- Some themes were strong and coherent from the beginning. Others were harder to define or overlapped too much with others. I reflected on whether these themes were truly distinct, or whether I was trying to fit too much into one space. In these cases, I either split the theme, rewrote it, or removed it.

- For example, with altruism. While some participants clearly identified it as a strong motivator, others did not. In some cases, motivations seemed more practical or personal, like getting qualifications or building relationships with staff. I had to think carefully about whether I was reading too much into the data or trying to make it neater than it really was. I returned to the transcripts several times and eventually focused more on how altruism functioned in the programme, even if it wasn't always the starting point.
- Throughout this process, I continued to write short memos and reflective notes. I also shared early theme summaries and difficult coding decisions with members of the wider research team. Their input helped me sense-check interpretations, particularly in areas where my clinical background or prior knowledge of CBHFA might have influenced how I was seeing the data. While final theme development was my responsibility, these discussions helped strengthen the overall coherence and transparency of the analysis.

Step 5 - Determine significance of themes.

- At this stage, I focused on what each theme meant in the context of implementation and sustainment. I didn't just look at how often a theme came up, but also how meaningful it was when it did. Some ideas were only mentioned a few times but carried emotional weight or reflected something central to how people experienced the programme.
- I thought about how each theme linked to the research aim and what it could tell me about what supported or challenged the running of CBHFA in prisons over time. I also considered the different levels at which themes were operating. Some related to very practical issues, while others reflected deeper shifts in relationships, culture, or identity.
- During this stage, I was also aware of how my own background might shape what I viewed as "important." As a trainee clinical psychologist, I'm naturally drawn to narratives about growth, motivation, and personal change. I noticed this tendency while working through the themes. I used my reflexive journal to keep track of it and made sure I was also paying attention to more structural or systemic patterns that didn't always carry the same emotional tone but were just as important to understanding implementation.
- Where I wasn't sure whether a theme was strong enough to include, I returned to the data and also discussed these questions with other members of the research team. Their input helped me sense-check my interpretations and avoid over-weighting certain types of content just because they felt more familiar to me.
- By the end of this step, I had a final set of themes that felt both grounded and meaningful. They reflected the realities of implementing and sustaining CBHFA in different prison contexts, while also acknowledging the varied perspectives of staff and PVs.

Step 6 - Reporting of findings

- I presented the final themes in a way that matched participants' voices by using direct quotes to ground each theme. This helped show how they reflected lived experience.
- I aimed to write in clear, accessible language while still capturing the emotional and social meaning of what was shared. I also reflected on how the themes linked to wider ideas around IS and sustainment without moving too far from the data.
- Theme summaries and example quotes were cross-checked with multiple members of the research team. This helped ensure that the interpretations were clear, grounded, and not overly shaped by my own perspective.

- I was also aware that, as a trainee clinical psychologist, I bring a certain lens to the way I write and interpret stories. I tried to stay aware of that and to ground each theme in what was actually said, not just what I was drawn to.
- Each theme was written up in detail in the results section, supported by quotes from multiple participants and organised to show both individual experiences and shared patterns.

Appendix M: Study 2 – Interview Schedule

Questions for participants of Red Cross in Prisons (Pre programme or within 3-4 weeks)

1. Can you tell me a little about what your day or week looks like in prison? What keeps you busy?
2. Can you tell me a little about your understanding of the Red Cross programme in prisons?
3. What is motivating you to volunteer? / What makes you want to be a volunteer?
4. How do you think taking part might help you?
5. What are your thoughts about 'peer-to-peer' programmes in prisons? (elaborate on peer to peer if unsure what this means).
6. How do you feel about yourself at the moment generally? (Try to tease out in terms of thoughts, feelings, behaviour, interpersonal relationships in and out of prison etc.)
7. Is there anything about yourself you would like to see change or develop through participating in this programme? (behaviour, thoughts, feelings, relationships)?
8. What goals do you have (in prison / outside of prison)?
9. How confident do you feel in yourself / in your ability to get things done generally / achieve your goals as outlined in question 8 (in prison or in the community)?
10. Have you ever considered volunteering in your community (outside prison)?

Questions for participants of Red Cross in Prisons (Post programme)

1. Can you tell me a little about what your day or week looks like in prison? What keeps you busy?
2. Can you tell me a little about your understanding of the Red Cross programme in prisons now that you have graduated?
3. What are your thoughts about 'peer-to-peer' programmes in prisons?
4. How has your volunteering experience been for you?
5. How do you think taking part has helped you?
6. Is there anything about yourself that you saw change or develop through participating in this programme? (behaviour, thoughts, feelings, relationships)?
7. What other activities/engagements could have contributed to these changes? (to get an idea of some other influencing factors outside the Red Cross?)
8. In what way do you think these changes might help you in the future?
9. How do you feel about yourself at the moment generally? (Try to tease out in terms of thoughts, feelings, behaviour, interpersonal relationships in and out of prison etc.)
10. How confident do you feel in yourself / in your ability to get things done generally (in prison or in the community)?
11. What goals do you have (in prison / outside of prison)?
12. Have you ever considered volunteering outside prison now that you have had an experience of it in custody?

Appendix N: Study 2 - Reflexive Thematic Analysis Process

Study 2

Study Title:	Experiencing CBHFA as a Prisoner Volunteer
Research Aim:	Mixed-methods pre-post approach to further understand the psychological impact of CBHFA on its volunteer participants.
Methodology:	RTA
Rationale for Method:	Same as Study 1 (Appendix L).
Epistemological Stance:	Same as Study 1 (Appendix L).
Relevant Personal Experiences:	Same as Study 1 (Appendix L).

Step1 - Familiarization of data.

- I began familiarising myself with the data during reading and re-reading the transcript. I had not collected the data.
- Similar impact on prior IRC knowledge at this stage.
- Some ideas came up repeatedly across interviews, especially around trauma, loneliness, isolation, education, bettering self, change. I noted in reflective diary.
- I did not have access to audio recording, and I acknowledged how limiting this was. I could not tune in to tone, pauses, and emotions.

Step 2 - Generation of codes.

- As with Study 1, I worked through each transcript in Microsoft Word, highlighting meaningful or repeated text and using comments to label ideas. I mostly used participants' own words to stay close to their meaning/not over-interpreting.
- Some codes were descriptive, while others reflected broader ideas. I kept the codes short and open, without trying to organise them at this stage.
- I kept a reflexive journal throughout. I noticed I was often drawn to examples of growth, motivation, trauma, or change, again reflective of my clinical background. I used journaling to help stay open to more critical or structural parts of the data too.
- This led to a wide range of codes. Some appeared across many transcripts, while others were more context- or person-specific.

Examples:

Data	Codes	Notes
Am.. I suppose one of the things that was brought up in my counselling and brought up during the court, was that I had a lack of empathy.. and, I'm trying – I'm conscious of that. You know, and how can I improve that and you know, looking at things from other people's perspective. And so this is helping, you know if you are helping other people or you know, what can you do. You know, that's a big thing with me I suppose. Just	history in counselling Seeing self before as very self-centred Previously drinking a lot Wanting to push and explore Taking part in RC pushing self Recognising need to improve empathy Taking other's perspective	intentional self-development? CBHFA as growth opp? Building skills?

trying to.. again, coming back to improving myself em, but also helping other people.	Helping others as part of self-improvement	
Ye like it really has, and you are helping someone as well, and I like doing that you know? It was not something that I like done very often through my sentence, but like I will be honest with you I did but not in the right way if you get me, ya see someone and their head is wrecked you're not asking them if they want a chat you're telling them here is a few tablets if you want them ya know, were as now it's more like we do a cost benefits analysis here and see what your long term and short term things are, but yea it is little things like that	RC led to new opportunities Not something done often before Admits to previously helping in the "wrong way" Offering tablets instead of emot. sup. Recognising past coping culture Using course tools like cost-benefit analysis Learning to offer em. sup.	helping others – new Wrong vs right way to help? Skill learned outside of CBHFA?
Well.. my understanding is.. for the prisoners to be involved.. kind of like a go between between staff and the, the prison, but, and I find, well I haven't seen it here but when I was involved in the Red Cross before in X (prison) that the Governor and the Chief in X (prison) was very involved in the Red Cross, they used to come in once a week, and if ya had problems you could say it to them.. but ya don't see that here.. the Chief was supposed to turn up two weeks ago and (they) never turned up.. they don't seem like they're that interested in it in this prison. Now, I used to think and back then when I was involved in X (prison).. cause the Governor was really involved and if you had a problem you could bring the prisoners problem to (them) and say 'this is what I am hearing on the landing', and the Chief or the Governor would go off and try and come back and say 'look, we've sorted that'. You don't feel that here.	Believing programme was to be a "go between" staff and inmates Previous experience in programme in other prison Seeing governor/chief very involved Being able to go to gov/chief Not seeing easy access Chief not turning up Seeing chief/gov not be interested Seeing a really involved gov previously, someone to go to Being able to go to gov and chief through RC programme previously Seeing RC programme be effective	Go between Observing management interactions Past positive experience Go between

Well look that could change but from seeing and listening to the staff that's doing the Red Cross they're saying they're emailing and they're not getting answers back, y'know that just shows to me that there seems to be not much interest in this prison.	Seeing staff not getting answers, noticing that gov/chief don't seem as interested in being involved	Communication as factor
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Step 3 - Combining codes into themes

- I began grouping them into early clusters, again, using word. I was often moving between codes and data to keep the meaning grounded.
- Some clusters formed easily. For example, codes like “respect from others,” “being seen differently,” “having a role”, “being seen in a new light” led to theme of social role change theme. Others, like “staff shortages” and “projects not going ahead,” formed the basis of “Realities of Prison.”
- Some codes didn't fit neatly and were revisited or split when needed. I used headings and colour-coding to try out groupings and stayed reflexive about where I might be pushing the data too hard to be tidy.
- By the end of this stage, I had several early themes. Some were clearer than others, and I planned to keep refining them as the analysis developed.

Step 4 - Reviewing themes

- As with Study 1, after this I went back to the full data set. I checked that each theme was clearly supported by what participants had actually said. I re-read transcripts to make sure the meaning still held.
- During this stage, I also reflected on the structure of the dataset. I had initially developed themes separately for T1 and T2, but as the refinement process continued, it became clear that many of the patterns were shared. I therefore re-analysed the full dataset together, and two overarching themes were developed to capture this overlap across timepoints.
- I reviewed and adjusted themes as needed, making sure each theme reflected more than surface content — including emotion, values, and context.
- The themes and related codes were reviewed by members of the research team. This helped check for clarity, coherence, and fit with the data. It also helped reduce bias in how I had grouped or labelled things.
- As I reviewed the themes, I also began to notice how they seemed to operate across different levels of experience. Some reflected personal change, others spoke to group dynamics or the wider prison environment. Around this point, I started to think about Bronfenbrenner's ecological systems theory. I hadn't expected to use theory at this stage, but the model helped me reflect on how identity and role change can happen at multiple levels — individual, relational, and systemic. I didn't use it to structure the themes, but it gave me a helpful way of thinking about how these layers interacted across the data.
- I also reflected on one theme I had nearly dismissed — about feeling deindividuated. I had assumed this was just “normal” in prison. Later, I realised that this assumption came from my outsider view. Returning to the data, I saw

how the theme linked to identity and wellbeing. It became a key part of the final analysis.

- Not everything fit perfectly, but I accepted this. By the end of this step, the themes felt clearer, stronger, and grounded in the information participants had shared.

Step 5 - Determine significance of themes

- At this stage, I focused on which themes felt the most meaningful and relevant to the aim of the study. I looked at how often themes came up, but that wasn't the only factor. I also paid attention to how strongly people spoke about certain experiences, and what those moments seemed to mean to them.
- Some themes were repeated across several transcripts. Others came up less often, but still captured something important about identity, role change, or wellbeing. I kept these if they felt rich and emotionally significant, even if they weren't mentioned by everyone.
- I also made sure the final themes were distinct from one another and not just slight variations of the same idea. I checked that each one had enough depth and was supported by more than one participant.
- This step helped me feel confident that the final themes were grounded in the data, closely linked to the research aim, and meaningful in the context of participants' lived experiences. These were then carried forward into the results chapter.

Step 6 - Reporting of findings.

- As in Study 1, I presented the final themes in a way that stayed close to participants' voices. I used direct quotes to ground each theme and show how they reflected lived experience.
- I also reflected on how the themes linked to wider ideas around identity, role change, and wellbeing, without moving too far from the data.
- Draft theme summaries and example quotes were cross-checked with members of the research team. This helped ensure that the interpretations were clear, grounded, and not overly shaped by my own perspective.

Appendix O: Study 2 - Ethical Approval

Seirbhis Phrfosuín na hÉireann
Irish Prison Service

Dr Graham Betts-Symonds (FOR CORRESPONDENCE)
C/o Irish Prison Service College
Stack House
Dublin Road Portlaoise co. Laois R32 NX53
25 July 2023

Re. A Longitudinal Study of Personal Change in Detainees in Irish Prisons
Undertaking the Irish Red Cross Community Based Health in Prisons Volunteer Training Programme

Dear Dr Betts-Symonds,

I confirm that the Irish Prison Service Research Office granted approval for research project "A Longitudinal Study of Personal Change in Detainees in Irish Prisons Undertaking the Irish Red Cross Community Based Health in Prisons Volunteer Training Programme" on 9 November, 2022.

The Irish Prison Service indicated that it would endeavour to support the project, subject to the following:

- o A copy of the completed research paper will be lodged in the Research Repository, Irish Prison Service Headquarters.
- o The IPS will be granted pre-publication access to the research paper for right of clarification.
- o The research methodology cannot interfere with the operation of prisons. The grant of approval does not convey the right of access across the prison estate. Access is contingent on available prison resources. No person in custody should be identifiable in the research paper.
- o All actions carried out with reference to this document should be done in compliance with the Data Protection Act 2018 and Regulation (EU) 2016/679 (General Data Protection Regulation). Failure to do so is against the law.

If you have any queries regarding the grant of approval, please contact me by telephone or at the addresses below.

Finally, I wish you success in your research endeavours.
Yours sincerely,

Séamus Beirne
Research Officer