

Acacia Prison BBV Peer Health Educator Program

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Acknowledgement of Country

We would like to acknowledge the traditional custodians of this land and pay our respects to the Elders both past, present and future for they hold the memories, the traditions, the culture and hope of their people



Origins: An Opportunity Inside Acacia

- **The Acacia BBV Peer Health Educator Program**

- Invited by Australian Red Cross to contribute to its Health and Wellbeing Program at Acacia Prison
- BBV education identified as an important area for peer-led health promotion
- HepatitisWA proposed funding and supporting **four paid peer educators**

A simple idea:

BBV education
delivered **by prisoners,**
for prisoners

**Equip credible peers to
have conversations
others couldn't.**



The First Generation: STABLE Crew

Steps Towards A BBV Less Environment

- Five credible peers recruited, including one reserve
 - Worked across formal and informal spaces: spare rooms, units, smoking areas and everyday conversations
 - Peer work was **paid**, recorded through logbooks and treated as genuine work
 - Peers encountered distrust, ridicule and occasional targeting associated with their role and privileges
 - Drugs, assaults, mental health episodes and inconsistent access affected participation
 - Despite this, **peer education was happening**
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- The bottom of the slide features a decorative graphic consisting of three overlapping, wavy horizontal bands. The top band is a bright blue, the middle band is a light grey, and the bottom band is a dark navy blue. These bands create a layered, wave-like effect across the width of the slide.

When the Scaffolding Disappears...

Then our guide left.

The highly embedded Red Cross worker had provided the relationships, navigation and practical support that allowed the program to function.

Without embedded support:

- **Access became harder**
- **Attendance became inconsistent**
- **Peer support reduced**
- **Program structure eroded**
- Unit staff could not consistently facilitate peer movement or activity
- Remaining peers had no day-to-day supervision or support
- It wasn't looking good...



We were preparing to walk away.

Learning: External champions can open the door. They cannot be the infrastructure.

But then, Acacia Health stepped in.



Embedding the Program in Health

- Acacia Health recognised the potential of peers to strengthen health education and engagement.
- **The model changed.**
 - A dedicated internal clinical partner: **Helen**
 - Recruitment expanded across mainstream and protection units
 - **20 new Peer Health Educators recruited**
 - HepatitisWA and Acacia Health delivered staged training over approximately one year
 - Training continued despite interruptions, access issues and changing prison circumstances.

Training went well beyond BBV knowledge

- BBVs & STIs
 - Harm reduction
 - Communication
 - Confidentiality
 - Stigma
 - LGBTQIA+ inclusion
 - Public speaking
 - Professional boundaries
 - Professional standards
 - Self-care
- 

Credibility Needs Boundaries

- The first generation taught us that **unsupported peer leadership also creates vulnerability.**
- Peer educators could:
 - become rescuers rather than educators
 - be perceived as health professionals
 - be pressured to use their access or privileges
 - move beyond the boundaries of their role
 - carry other prisoners' problems themselves
 - experience stigma or targeting because of their role

**So boundaries and self-care
became
core competencies.**

**We weren't training miniature
nurses.**

**We were training credible peers
who understood where their role
ended and when health care
began.**



From Trainees to Peer Health Educators

After a year of development, the cohort graduated.

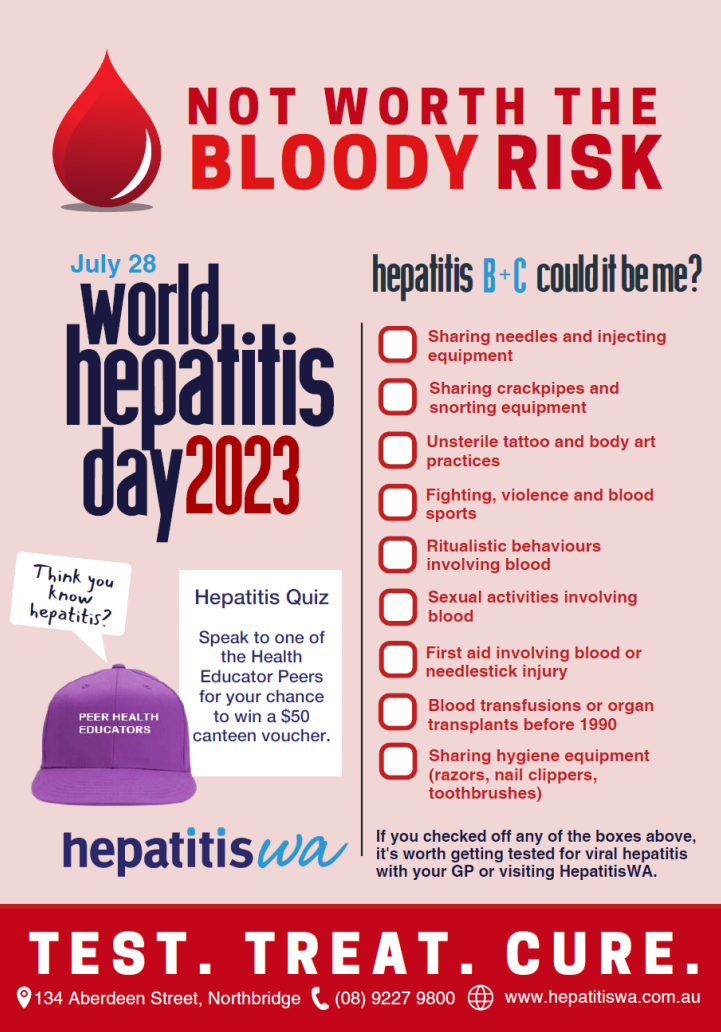
And got the purple hats.

PEER HEALTH EDUCATOR

Then they started making the program their own:

- BBV education at prisoner induction
- Thousands of brief unit-based interventions
- Peer-designed education and health promotion
- World Hepatitis Day activities
- Newsletters, quizzes and raffles
- Health expo participation
- Peer-generated testing sign-up systems
- Guest educators from specialist organisations

The program shifted from peer participation to peer leadership.



NOT WORTH THE BLOODY RISK

July 28
World hepatitis day 2023

Think you know hepatitis?

PEER HEALTH EDUCATORS

Hepatitis Quiz
Speak to one of the Health Educator Peers for your chance to win a \$50 canteen voucher.

hepatitis B+C could it be me?

- ☐ Sharing needles and injecting equipment
- ☐ Sharing crackpipes and snorting equipment
- ☐ Unsterile tattoo and body art practices
- ☐ Fighting, violence and blood sports
- ☐ Ritualistic behaviours involving blood
- ☐ Sexual activities involving blood
- ☐ First aid involving blood or needlestick injury
- ☐ Blood transfusions or organ transplants before 1990
- ☐ Sharing hygiene equipment (razors, nail clippers, toothbrushes)

If you checked off any of the boxes above, it's worth getting tested for viral hepatitis with your GP or visiting HepatitisWA.

hepatitiswa

TEST. TREAT. CURE.

📍 134 Aberdeen Street, Northbridge 📞 (08) 9227 9800 🌐 www.hepatitiswa.com.au

What Trust Made Possible

Peer relationships began creating opportunities that formal health education alone could not.

- **Trusted disclosures** → previously unidentified syphilis concerns
 - **Peer conversations** → stronger U=U understanding around an openly HIV-positive prisoner
 - **Education and personal growth** → a peer initially uncomfortable discussing LGBTQIA+ health later supporting a conversation about PrEP
 - **Peer promotion** → prisoners directly signing up for testing
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But then, prison kept happening.

- *Release • Transfer • Minimum security • Drugs • Fights • Charges • Staffing pressure • Access interruptions • Extended classroom closure*

- The cohort reduced. ↓
- So we recruited again. ↑
- Then trained again. ↑
- Then lost people again. ↓
- Then recruited again. ↑

Learning: **Attrition isn't an exception to manage around. In custody, attrition is part of program design.**



From Peer Education to Clinical Engagement

What started coming back through Health?

- Peers were:
 - referring prisoners directly to the health service
 - reassuring men about confidentiality and engaging with medical staff
 - challenging fears that seeking health care would attract unwanted scrutiny
 - normalising BBV testing and treatment
 - identifying concerns requiring clinical follow-up
 - creating demand for testing
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What Five Years Taught Us

- **Find your guide**
 - You need someone who understands how the institution actually works.
- **Embed someone inside**
 - External expertise cannot provide day-to-day infrastructure.
- **Pay peers**
 - Lived experience is skilled work and should be treated accordingly.
- **Train slowly — especially boundaries**
 - Knowledge creates capability. Boundaries make it safe and sustainable.
- **Design for succession**
 - Don't build a program that depends on particular prisoners remaining.
- **The Program Works – When Nurtured**
 - This model succeeds when supported with time, safety, and consistency.

