PRISONERS' LEARNING AND SKILLS UNIT

GUIDELINES FOR ARTS THERAPISTS WORKING IN PRISONS

ART THERAPY
DANCE MOVEMENT THERAPY
DRAMATHERAPY
MUSIC THERAPY

department for
education and skills
creating opportunity, releasing potential, achieving excellence

HM PRISON SERVICE

Please Note:

To the best of our knowledge the information provided in these Guidelines is accurate at the time of publication. However, some details may need updating in due course.

Whilst the Guidelines provide a frame of reference, it is important to bear in mind that it will take some years to develop and consolidate new arts therapies services in prisons (please see point 3.6).

Reprinted and updated 2002
Published by Prisoners' Learning and Skills Unit,
Department for Education and Skills

FOREWORD

This document is a revision of the original Guidelines for Arts Therapists Working in Prisons which was published in 1997.

These Guidelines set out a clear description of the role of arts therapists working in prisons. Although the Guidelines are mainly intended to assist therapists working in prisons, they also provide valuable information and insight for governors, medical officers, and education staff. The provision of arts therapies in prisons and young offenders' institutions offers an additional dimension within existing offending behaviour programmes and may have significant potential in developing the treatments available for difficult or disturbed inmates.

Above all, the Guidelines set out clearly defined professional standards which should be adopted by those establishments which offer arts therapies.

I am pleased to endorse the Guidelines.

MARTIN NAREY

Director General, HM Prison Service

ACKNOWLEDGMENTS

These Guidelines, which I have edited and revised, were originally prepared by members of the Arts Therapies Advisory Group in consultation with the Councils of the four professional Arts Therapies Associations, the Standing Committee on the Arts in Prisons and the Prison Service Directorate of Health Care and were first published in 1997 (now renamed Healthcare Service for Prisoners).

I would like to thank the following members of the original Advisory Group for their support with the preparation of the Guidelines: Tobias Arnup and James Van-Lint (British Association of Art Therapists); Anne Errington (Association for Dance Movement Therapy); Jessica Saunders, Sally Stamp and Theresa Holman (British Association for Dramatherapists); and Helen Loth, Michele Scott and Terri Coyle (Association of Professional Music Therapists).

I would also like to thank the following colleagues for their support with Advisory Group developments, which led to the publication of the first edition of these Guidelines: Mr Colin Riches (for organising the Arts in Prison conferences, at the Royal College of Art, in the early 1990s), Mr Tim Newell (former Governor, HMP Grendon, and Group Adviser), His Honour Sir Stephen Tumim (former Chief Inspector of Prisons, and patron of the arts), Mr Ian Benson (former Prison Service Chief Education Officer), Mr Peter Blunt (former Prison Service Education & Training Adviser, and Chair of the Standing Committee), Anne Peaker (former Standing Committee Member, The Unit for the Arts and Offenders)(Now sadly deceased), Dr Rosemary Wool (former Director of Health Care, the Prison Service), Mr David Hillier and Mr David Parks (Directorate of Health Care members of the Advisory Group), Marian Liebmann (art therapist, and author on work with offenders), Penny Best (former Chair, Association of Professional Music Therapists), a national Charitable Trust (who wish to remain anonymous) for financially supporting my arts therapies development role (1993-1998), and inmates and staff at HMP Grendon for their time and encouragement.

Furthermore I would like to thank Tobias Arnup (British Association of Art Therapists), Maggie McAllister (British Association for Dramatherapy), and Faith Mann (Prisoners' Learning and Skills Unit) for their support in preparing this revised edition.

Thanks are also due to the many people who have given their support to the development of arts therapies in prisons over the years, all of whom have contributed in some way to the development and production of these Guidelines.

COLIN TEASDALE
Arts Therapies Advisory Group Secretary
Standing Committee on the Arts in Prisons
(1992-1998)

CONTENTS

5. GENERAL INFORMATION:

1. INTRODUCTION

1.1. THE ARTS THERAPIES ADVISORY GROUP

1.1.1. The Arts Therapies Advisory Group that developed these Guidelines consisted of representatives of the four United Kingdom professional arts therapies Associations:

* **Association for Dance Movement Therapy**
* **Association of Professional Music Therapists**
* **British Association of Art Therapists**
* **British Association of Dramatherapists**

and

* **Prison Service Directorate of Health Care staff.**

1.1.2. The Group was founded in 1992 as the Arts Therapies Sub Group to the Prison Service Arts in Prisons Working Party. In 1995 the Working Party was superseded by the Standing Committee on the Arts in Prisons. The Arts Therapies Advisory Group was represented on the Standing Committee. The Group also maintained close links with the Directorate of Health Care, with colleagues working in prisons, and with colleagues working in the National Health Service and other forensic services.

1.1.3. The Advisory Group's aims were:

i. To facilitate the development of contact between the four professional Arts Therapies Associations and HM Prison Service.
ii. To establish and promote information and guidelines on the provision of the arts therapies in prisons.
iii. To seek Prison Service recognition for the arts therapies as State Registered postgraduate National Health Service Professions Allied To Medicine (PAMs).

1.1.4. During the 1990s, the Advisory Group met four times annually. The group also co-ordinated occasional Arts Therapies Forensic Seminars for colleagues working with offenders in prisons and National Health Service secure units. These Seminars took place at The Home Office, Queen Anne's Gate, in London. They were jointly sponsored by the Prison Service, the National Health Service (NHS) High Security Psychiatric Services Board (HSPSCB – now the NHS Executive's National programme on Forensic Mental Health Research and Development) and the four United Kingdom arts therapies Associations.

1.1.5. **The Advisory Group has now been superseded by the Advisory Group for the Arts Therapies in Forensic Services**
(see Section 5.3 – Other Useful Contacts).

1.2. THE AIMS OF THE GUIDELINES

1.2.1. Whilst these Guidelines may hold relevance to a variety of forensic settings in which we work, the primary goal of this publication is to foster debate amongst colleagues towards achieving a mature understanding of our roles in prisons.

1.2.2. The arts therapies are new professions to the Prison Service. Only a small number of colleagues work in penal settings on an ongoing basis, usually sessionally and often in isolation. This is a position that we would like to see changed through careful planning. The arts therapies can hold a special position in contributing to rehabilitative and support services for offenders. An aim for these Guidelines is to encourage dialogue and research as an essential part of introducing the arts therapies to health care, psychology, special education and probation teams.

1.2.3. Through the Guidelines we aim to present key questions and advice which arts therapists need to be aware of if they are considering working in this field. In offering these points to consider it is not our intention to recommend how actual arts therapies sessions will be structured. Such structuring will be dependent on the setting and the tasks for therapy, the needs of inmates and the philosophy underpinning the therapeutic engagement.

1.2.4. We also hope that these Guidelines are broad enough to provide some useful information which can be passed on to employers, inmates and members of the public who are interested in the arts therapies as forensic services.

1.2.5. In the Guidelines we use the term "inmates" to represent both men and women serving sentences in prisons, those awaiting trial, those awaiting transferral to statutory health care services and detainees awaiting decisions over immigration applications.

2. INFORMATION ABOUT THE ARTS THERAPIES

2.1. ARTS THERAPISTS: WHO WE ARE

2.1.1. The United Kingdom has a unique history in pioneering the arts therapies based on our country's substantial multi-cultural arts tradition combined with innovative psychotherapeutic, health, social and forensic care developments. The use of the arts therapies in public services have been documented since the 1940s, with the professions of art therapy and music therapy being founded in the 1960s, followed by dramatherapy in the 1970s, and dance movement therapy in the 1980s.

2.1.2. Art therapy and music therapy received National Health Service (NHS) recognition, as Professions Allied To Medicine (PAMs), in 1981. Similar recognition and a NHS career structure were subsequently awarded to dramatherapy and an application by dance movement therapists is pending. The postgraduate qualifications of the first three professions are recognised by The National Joint Council for Local Authorities (NJC) and the European Commission (through EEC Directive 89/48).

2.1.3. **STATE REGISTRATION:** Following several years of negotiation, in 1997 the professions of art therapy, dramatherapy and music therapy each received approval from Government and Parliament to become State Registered. Dance movement therapy had observer status in these negotiations. The primary aim of the legislation is to protect the public and to give them yet greater confidence in our services.

The amendment to the Professions Supplementary to Medicine Act (1960), requiring the Council for Professions Supplementary to Medicine (CPSM) to form an Arts Therapists Board, was embodied in the Professions Supplementary to Medicine (Arts Therapists Board) Order of Council 1997 (S. I. No. 1121), which was made on 25th March 1997 following approval of both Houses of Parliament and came into force.

The Board's function is to promote high standards of professional education and conduct. Its main duties are to maintain a State Register of arts therapists; to approve training courses leading to State Registration and the institutions providing them; to determine applications for admission to the Register; and to set up investigating and disciplinary committees to produce guidance on conduct and to deal with individual cases of misconduct. Under the protection of common titles procedure it will be a criminal offence for anyone to call himself or herself an arts therapist, art therapist, dramatherapist, or music therapist unless they hold State Registration.

The Health Act 1999 (1 July) led to the eventual repeal of the Professions Supplementary to Medicine Act 1960. This legislation created a new Health Professions Council, which replaced the Council for Professions Supplementary to Medicine on 1st April 2002. Art therapy, dramatherapy and music therapy hold places on the new Council and its committees whose roles will be to determine State Registration procedures as delegated by HM Privy Council.

Achieving State Registration is a significant milestone for our professions. Indeed we are the first arts therapies professions in the world to achieve recognition by law.

2.1.4. In each of our professions we are trained at postgraduate Diploma and Masters levels in the United Kingdom within a firm tradition that students need maturity and insight, balanced with creative skill and enthusiasm, in order to provide services for people suffering from emotional distress, physical trauma or disability. Most arts therapists will already hold a relevant Degree in their specialist arts discipline, alongside clinical experience, prior to training. Most will be over the age of 25 when they start training. Each professional Association has its own Code of Ethics and Principles of Professional Practice and Register of Members (for addresses see 5.2. The Professional Associations).

2.1.5. The Council for Professions Supplementary To Medicine (CPSM) obtained agreement from the Prison Service that "staff employed to treat patients in prisons should be equivalently qualified to those delivering the same care in National Health Service institutions". This is derived from wording in the Green Paper: Custody, Care & Justice (1991, Home Office / HMSO), and should equally apply to the situation of art therapists, dramatherapists and music therapists working in prisons, i.e. all arts therapists employed by HM Prison Service must be state registered.

2.1.6. There are currently few postgraduate training placements undertaken in the Prison Service. This is mainly because we are usually employed on a part-time basis and therefore do not have the paid time to supervise students placed alongside us. There are also only a few Prison Service managers available with the arts and psychotherapy experience to offer such supervision. However, as our forensic work profile develops, opportunities for well-chosen placements will increase (see also 3.7.5).

2.1.7. Each profession can also provide a list of recommended introductory Foundation courses in the arts therapies, which are run throughout the United Kingdom.

2.1.8. There are many other courses being offered by private centres and self-regulated Further or Higher Education authorities. These "creative arts" "holistic", "integrative" and "complementary" therapy courses are of variable quality and consistency, and are not professionally and academically accredited alongside State Registration and Health Professions Council regulation. Colleagues are strongly advised to check the status of all courses or awards prior to offering advice or employment, or paying fees to training centres.

2.2. WHAT ARE THE ARTS THERAPIES?

2.2.1. The arts therapies provide a radical way of using the arts as rehabilitative as opposed to occupational services for offenders. The forensic nature of our work lies in our potential to facilitate creative investigations with inmates as our clients.

2.2.2. Arts therapists work with individuals or groups through regular sessions using the arts as an expressive medium. Programmes are flexible. For example: the therapy can be short-term as in crisis intervention, or part of a theme-related rehabilitation scheme or long-term psychodynamic treatment.

2.2.3. The arts therapies encourage a shift in emphasis away from a purely verbal communication to one that is action-orientated. The use of arts media can be less threatening for those inmates who have been distrustful of other primarily verbal attempts to help them.

2.2.4. Whilst they share theoretical foundations, our specialisms differ in the form by which therapeutic aims are achieved. Inmates may be motivated by one medium over others as each therapy holds its own inherent qualities:

ART THERAPY offers inmates the opportunity to use art materials of their choice. As their personal image-making develops, a permanent and tangible record of feelings, experiences and conflicts is created. With the help of the therapist, or therapy group, meanings can be explored and, as a result, distressing and damaging aspects of the self can be examined and understood at a safer distance.

DANCE MOVEMENT THERAPY engages inmates with body and verbal language in a process of integration and therapeutic relationship. The individual's awareness of posture, gestures and rhythms is collaboratively explored for symbolic significance and relevance to their present situation. Techniques including relaxation are employed to reduce levels of tension, and to increase options for appropriately expressive behaviour.

DRAMATHERAPY uses theatre and drama in the therapeutic context to enable inmates to access and explore their inner world in a way that they can relate to others. Improvisation, games, role-play, projective techniques (masks, puppets etc) and therapeutic story making may all be used to provide contained therapy. Through exploration the roles that individuals take on in life can be played out and reflected upon.

MUSIC THERAPY explores the person's innate ability to appreciate and respond to sound and rhythm. In a music therapy session a range of multi-cultural percussive, keyboard and other instruments is available for inmates and the therapist to create improvised music together. The therapist uses responses to engage the client in a shared musical experience through which a professional relationship can be formed to enable personal issues to be addressed. The immediacy of sound, and the physical aspect of playing, can make music a particularly accessible therapeutic medium.

2.3. WHY DO THE ARTS THERAPIES NEED TO BE SEEN AS BEING DISTINCT FROM OTHER ARTS ACTIVITIES IN PRISONS?

2.3.1. The therapeutic benefits of participation in the arts are well known in prisons. Whilst often mutually supportive, arts therapists and artists or art teachers have different aims and methods which are set within different ethical and theoretical foundations.

2.3.2. In education departments, teachers are likely to find inmates recounting their life experience and feelings through art, music, drama and dance. Such expression will include painting images of known circumstances, writing songs about wished events, using autobiographical material to devise plays, or using dance movement to explore pent-up tensions. Arts classes in prisons are essential outlets for inmates, but separating out the task of teaching from the therapeutic value of using the medium is complex. In arts classes the emphasis of the activity is on helping the inmate to acquire new skills or improve existing talents and is not focused on the therapeutic process. Similarly, prison staff lead various groups which use role-play and creative media in addressing a range of issues pertinent to the inmate's rehabilitation. Again, although these groups will involve expression from inmates from life experience, these activities are therapeutic but are not examples of the arts therapies.

2.3.3. Our arts therapies services are provided for private rather than public scrutiny. Confidentiality is maintained subject to professionally regulated Codes of Ethics designed to protect ourselves, our clients and the Service. To be effective we need to promote respect for our ethical responsibilities in the same way as a medical officer, psychologist or chaplain would expect for his or her service.

2.3.4. It may be appropriate for an arts worker, teacher, psychologist, prison officer or probation officer to refer an inmate to an arts therapist when special needs are noted. Likewise, it may be appropriate for us to recommend that an inmate pursue a recreational, educational or rehabilitation programme for personal development whilst in prison, or refer matters arising from therapy to personal officers or other colleagues in the prison team. Channels of liaison are all-important.

2.4. WHERE AND WHEN MIGHT ARTS THERAPISTS PROVIDE A VALUABLE PRISON SERVICE?

2.4.1. We do not believe that arts therapists should have open access to inmates in prisons without a clear corporately agreed therapeutic plan being available to clarify the purpose and structure of the therapy. Arts therapists need to be part of services rather than be the service. This recommendation is made on professional, ethical and health & safety grounds.

2.4.2. The arts therapies may help inmates and staff in three principal ways:

i. Some inmates will need support in order to cope with their imprisonment. Issues relating to separation, isolation, loss, powerlessness, low self-esteem, and punishment are often inappropriately expressed. The arts therapies provide space for creative and contained reflection through which interest and insight can be gained towards improving psychological well-being and coping strategies.

ii. Some inmates will present a particular problem for prison management. This may be through their uncooperative attitude; through not being able to form trustworthy relationships; through bullying, either as victim or perpetrator; or through general lethargy and low motivation. There are also those who risk self-harm or suicide if left in isolation. The arts therapies can help inmates and staff to evaluate and counter the effects of such behaviour.

iii. The arts therapies can also help inmates and staff to address the root causes to offending behaviour. Our services are increasingly being seen as providing a useful contribution to offending behaviour programmes established to help inmates understand and overcome misuse of substances, or to review the nature of index offences, or for inmates who have specific learning difficulties. Offending behaviour programmes, of which the arts therapies may be a constituent part, have to be accredited by the Service (see Advice to Governors (AG45/1996) on KPI 7 Programme Accreditation).

2.4.3. When used to tackle such needs (2.4.2), the arts therapies can also help reduce the drain on financial resources and prison morale caused by distressed inmates, therefore contributing positively to the core mission of the Service (see 3.1.1).

2.4.4. Our services are often provided as part of young persons' units, health-care centres, addiction services, and education or pre-release programmes. More recently the arts therapies have been offered in forensic psychotherapy and offender rehabilitation programmes.

3. PLANNING AND PREPARATION OF SERVICES

3.1. THE ARTS THERAPIES, EQUAL OPPORTUNITIES, AND THE PRISON SERVICE MISSION STATEMENT.

3.1.1. It is essential that we endorse The Prison Service Statement of Purpose:

Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Our duty is to look after them with humanity and help them lead law-abiding and useful lives in custody and after release.

3.1.2. Equal opportunities principles respecting the racial and cultural background, gender, age, sexual orientation, religious beliefs, and physical or emotionally felt disabilities of both inmates and staff should be established by us as part of promoting our services.

3.1.3. Equal opportunities principles should also be extended to the production of images or enactments within the arts therapies where the development of skills in self-awareness, and sensitivity in personal expression towards oneself and others, must take precedence over the development of any artistic skill or ability (although these skills may also be enhanced through the arts therapies contact).

3.2. FIRST POINTS TO CONSIDER: ARE PRISONS CONDUCIVE TO THERAPY?

3.2.1. Our working methods are dependent on inmate needs, the nature of the institution in which we work, the time available for sessions and the facilities available for practise. Prisons differ in their objectives, category of inmate, intensity of security, and the way in which staff groups understand their core duties.

3.2.2. There are a number of questions that we should consider when assessing whether a prison setting is conducive to the practise of therapy. These might include:

i. How will the conditions for therapy fit in with the rules of the prison and security regulations?

ii. How is our role understood by uniformed and civilian colleagues?

iii. How is the role of therapy understood by inmates themselves?

iv. How do we work with the 'transference' of feelings from inmates and staff, given that we are employed as part of the prison regime?

v. How can we gain the respect and trust of inmates when it is usual for them to keep sensitive information closely to themselves?

vi. Is it appropriate to offer therapy when inmates may spend long periods in their cells alone, or when they might be open to ridicule or prejudice, or when they may be highly vulnerable or deeply emotionally defensive?

vii. Could therapy lead to further inappropriate expressions of disturbance; and if so, would it sometimes be more appropriate to offer such a service only within the support of an offending behaviour programme?

viii. What opportunities are available to feed back information from sessions to staff, what will staff do with such information and how will the use of written reports be contained?

ix. Who decides which inmates attend sessions, and what sort of referral processes are necessary?

x. Does the inmate feel safe to decline therapy given that this must be a voluntary commitment?

xi. Will an inmate remain in the prison long enough to benefit from our recommended programme, and can the prison guarantee that the sessions will take place on a regular basis?

xii. Will attendance at therapy be thought of as a privilege earned, or punishment enforced, and what effect could either have on the progress sought?

xiii. What support is available for us when working in the custodial environment?

3.2.3. The above (3.2.2) are matters of professional judgement for which we are trained. Continued dialogue on these and many other questions is essential. This dialogue should be between ourselves, colleagues and managers, and inmates as our clients.

3.3. STARTING WORK

3.3.1. Prisons are not comfortable workplaces and we need to regularly monitor how we think and feel about being in custodial settings which contain highly disturbing experiences.

3.3.2. We may need to consider the following issues as points for self-assessment and supervision:

i. We may be prone to feelings of isolation, and of not belonging, which are common and understandable. We are civilian personnel coming into prisons from the 'outside' to the 'inside'. This instils a gamut of feelings in inmates and staff who may erect tough defences as a consequence of the suspicion, fear and lack of trust that pervades the prison setting.

ii. Prisons are territorial places and staff need to play a leading role in the operational management and day-to-day routine of prison life. Staff may feel that we create problems for them by working with inmates' feelings, since they will have to cope with any adverse reactions. Some prison officers, and other civilian staff, perform formal or informal counselling roles with inmates and may be allocated to them as their personal officer. Their sense of responsibility, and need to contain inmates, can be threatened by an outsider, especially one who goes by the name of a therapist.

iii. Staff and inmates may on occasion be patronising or disrespectful towards us, consciously or without thinking, as a result of working in institutions where the containment of brutal expression is commonplace. This can be very wearing. We may receive ambivalent reactions to our work. Prisons, as places of

punishment and incarceration, are metaphors for 'holding down' and 'locking up' thoughts and feelings. Our work is likely to be a challenge to the predictability of routines which staff and inmates alike find reassuring. This has both advantages and disadvantages.

iv. We should expect to feel tired. Prisons are stressful, absorbing and demanding. We will need to maintain continued caution in working with inmates for both self-protection and security regulation. Fantasies and uncertainties will be stirred up in curious and uncomfortable ways. The strains on our personal reserves should not be underestimated, and time needs protecting for life beyond work.

v. We should expect mood swings to pervade each therapy relationship. We can be captivated and energised by the raw emotions that find a place in sessions, only to become disillusioned by depressing and frustrating circumstances which feel rigid, unyielding or attacking. Inmates can be extremely open about their situation one moment and withdrawn the next, for reasons which appear inexplicable. We can be prone to mirroring such feelings and behaviour.

3.4. WHY ARTS THERAPISTS NEED TO SET SERVICES WITHIN AN ACCOUNTABLE FRAME.

3.4.1. As arts therapists it is essential that we work for The Prison Service rather than as independent individuals carrying this work alone.

3.4.2. We should ensure that we have lines of accountability and communication with staff. Our accountability needs to be explained to inmates, it needs to be written into a job description and it should also be set out in arts therapy leaflets or guidance notes.

3.4.3. A contract for therapy is all-important, as it will help to set clear boundaries by which we can maintain our sense of position and therapy goal. The duration of sessions must be borne in mind, as well as clear time keeping and an account of the number of referrals we can healthily see in any one day.

3.4.4. CLINICAL ACCOUNTABILITY should be to the senior manager who grants us the licence to practise in the prison. This accountability will include points of understanding on: lines of communication, therapy assessment and feedback, caseload, attendance at staff meetings, time boundaries to sessions, frequency of sessions, thematic structure to sessions, disclosure of information and other ethical and clinical considerations. When appropriate such accountability should be mutually monitored through Performance Planning and Review Records (PPRR's) administered by each prison.

3.4.5. MANAGERIAL ACCOUNTABILITY, including accountability for budget, facilities and administration should be to heads of departments, finance officers, health & safety officers, senior prison officers, prison governors and prison security.

3.4.6. Each of our Associations holds its own guidelines for members on ethical considerations and principles of professional practice. We recommend that our services are maintained within such regulation, and that Prison Service managers receive copies of these guidelines.

Further recommended reading on ethical and clinical considerations:

British Psychological Society Code of Conduct, Ethical Principles and Guidelines, and Division of Clinical Psychology Professional Practice Guidelines.

These are available through BPS. St Andrews House, 48 Princes Road East, LEICESTER LE1 7DR (please enclose a A4 SAE for a reply).

3.5. WHO SHOULD ARTS THERAPISTS BE MANAGED BY?

3.5.1. Who will manage us will differ according to which prison department employs us. Until recently most arts therapists were managed by heads of education or inmate activities. Some arts therapists have been employed by Local Authority Social Services to be seconded into prisons. In some cases our work has been part of probation services, forensic psychology departments, or health care programmes.

3.5.2. We need to be accountable to named senior managers who understand the nature and difficulties of our therapy duties. Management can be problematic when senior colleagues are unfamiliar with such provision. For example, some prisons have large education programmes within which therapy is included as a support service. In other establishments, education classes may be limited to provision of the Prison Service agreed Core Curriculum, with few educational activities beyond this. Some psychology departments see inmates on a regular basis for risk factor assessment and counselling. Their work might include leadership of rehabilitative groups such as on sex offender treatment programmes or cognitive skills courses, and management of arts therapists by senior psychologists in these contexts may be appropriate. The priority for other psychology departments may be solely to provide assessment reports for prison authorities and parole boards.

3.5.3. THE ARTS THERAPIES AS HEALTH CARE SERVICES: In 1996 Her Majesty's Inspectorate of Prisons for England and Wales produced a Discussion Paper: *Patient or Prisoner, a new strategy for health care in prisons.* The Paper proposes further discussion on why health care workers need greater support in undertaking prison duties, and whether such services should in the future be provided by the National Health Service so as to overcome the isolation and lack of professional association experienced by many. These points of discussion are relevant to us as arts therapists as most NHS Health Authorities and Trusts employ dedicated arts therapies teams who may in the future be able to second colleagues to work in prisons if the Inspectorate's points of discussion are backed by legislation. These points were noted in our four professions' response to the Paper submitted to the Chief Inspector, Sir David Ramsbotham in February 1997.

3.6. ESTABLISHING EMPLOYMENT CONTRACTS

3.6.1. In the past we have tended to be employed as sessional workers because establishment funding was not recognised within the Prison Service. This has been a hindrance to us as we strive to gain recognition for our professions.

3.6.2. It is essential that we do not underestimate the length of time it takes to establish a new and innovative service in a prison. Realistically it may take two to three years to establish posts which can then be passed on from colleague to colleague to give a continuing rather than pioneering input.

3.6.3. Employers will require guidance from us on the time we will need for:

i. group or individual work with inmates;

ii. session and facility preparation;

iii. feedback to designated prison service colleagues;

iv. management liaison, supervision and staff training; and

v. assessment interviews and report writing.

Our timetable should account for all of these duties and not just contact time with inmates.

3.6.4. The recruitment of arts therapists will be the remit of individual establishments taking into account Prison Service guidance to governors on the appointment of staff. Recruitment needs to be planned, with appointments being made as a result of careful consultations. Whether we are employed on NHS Professions Allied To Medicine (PAM) scales, or not, will be at the discretion of each employer. If paid on PAM scales (full-time or pro-rata) this salary should include the additional Secure Units Allowance recommended by the NHS.

3.7. SUPERVISION, SUPPORT AND TRAINING

3.7.1. We strongly advise all arts therapists to maintain ongoing supervision, support and training. In prison work this is most crucial. On the one hand, time needs to be found for discussion with colleagues in order to digest and understand the complex factors that permeate each therapy session. On the other hand we need to 'detoxify' ourselves from the more potent and distressing aspects of therapy which will

affect us both consciously and unconsciously. Wherever possible receipt of supervision should be a paid part of our duties.

3.7.2. Ideally we should look for supervision from senior colleagues with experience in forensic therapy work with offenders.

3.7.3. As postgraduate trained professionals we should also develop opportunities to add to the support and training of colleagues in our own and in other disciplines, on site or through conferences and seminars, particularly when this relates to providing information and induction to our specialism for mutual benefit.

3.7.4. Our postgraduate training covers many aspects of health and social care theory, experiential workshops and clinical training placements. Only a small proportion of this training covers work in forensic settings. For this reason we strongly advise arts therapists working in prisons to attend conferences and seminars, with employer support, to develop our expertise. This may be translated to advanced academic studies or further professional training. It would be ideal if in-principle recommendations for further training could be included within job descriptions.

3.7.5. STUDENT TRAINING: Arts therapies clinical training placements for postgraduate students should be developed within a written contract prepared by the Higher Education training institution (see: 5.1. Accredited Postgraduate Training Courses). This contract should define the tasks for the training placement, assessment and supervisory responsibilities, and clinical and ethical accountability. Agreement on the terms of the training contract is usually reached by all parties in writing prior to the start of placement. The student must at all stages be the recipient of this training contract rather than being the initiator of training brief. This latter point is particularly important for placements established within the Prison Service where our services are innovative rather than established, but still need to adhere to Home Office and postgraduate training regulation.

3.8. WORKING SAFELY IN PRISON ENVIRONMENTS, PROVISION AND SECURITY

3.8.1. Health and safety and security regulations need to be a regularly monitored part of our practise. Guidance on health and safety issues can be offered by the prison governor, or delegated colleagues. The Prison Service has produced a useful pocket handbook: *The Security in Prisons Handbook* (HMSO Publications / HM Prison Service, May 1995). This handbook includes information on general aspects of security, key security, articles that can be a risk to security, tools, searching, observation of unusual occurrences, relationships with inmates, the risks of complacency and conditioning and the protection of information.

3.8.2. A briefing from the prison security department is an essential part of our induction to the institution. Questions for briefing should include:

i. Contact with staff

- Will you need uniformed officer escorts for inmates?
- Will you need an officer presence within easy access to the site of individual or group sessions?
- Can you call for staff support if you feel that you cannot (and indeed should not need to) manage a difficult situation alone?

ii. Emergency arrangements

- Do you know where prison alarm buttons are and do you have comfortable access to these during sessions?
- Should you acquire other equipment for personal security and communication with staff?
- Do you know what other arrangements you need to institute for your own, staff and inmates' safety? This should include familiarising yourself with *Risk Assessment Forms*, which can be opened if you have any concerns that an inmate may harm himself or herself. Such risks can then be monitored by designated medical and prison officers on a round-the-clock basis.

iii. Security and clearance for arts materials

- Have you established what materials can be used, where, and when; and what security restrictions apply?
- Do you know where materials can be securely stored outside sessions?
- Do you know why it may be inappropriate to lend materials to inmates, for use beyond sessions, on the grounds of security and for the containment of therapy in its allotted time and setting?
- Will certain arts equipment need to be booked out to inmates during sessions, for example scissors or craft tools?

iv. Access to areas of the prison

- Do you know which parts of the prison you can legitimately and safely have access to?
- Do you know when it will be appropriate to let staff know of your intentions to approach certain parts of the prison, and whom you will be meeting, and to also inform them when your visit has been completed?
- Do you understand why it will be necessary not to approach certain parts of the prison alone (deserted corridors, isolated exercise yards), or unescorted (confrontational meetings, visits to landings or cells)?
- Do you understand why informal or 'off the record' meetings with inmates may be inappropriate if access to staff is not readily available or sanction from staff has not been received?
- If you hold prison keys, do you know when you can legitimately use them to allow inmates through doors or into rooms, and when it is most important to say that this is not part of your job?

v. Disclosure of information

- Do you know to whom you should disclose information from sessions, and who should not have access to this information?
- Have you clarified when it will be appropriate or inappropriate to disclose personal information about yourself as part of therapy sessions?
- Do you know when it is appropriate or inappropriate to disclose information about colleagues to inmates, or about inmates to other inmates?
- Are you clear when it is your duty to disclose sensitive information raised in therapy (verbal or physical abuse; threats to inmates, self or others; disclosures of blatant intent to commit further crimes; or disclosures of crimes committed but unrecorded)?
- Are you familiar with the role of *Security Information Reports* (S.I.R.s) which it may be necessary for you to complete if you note or suspect illicit incidents or receive information of concern?
- Are you clear on the reasons for keeping case material and address files in locked cupboards, especially when office space is also used as the therapy room?

3.8.3. In working in prisons safety and security for everyone including ourselves is paramount. If on any occasion we are uncertain about issues that arise, we should not take a risk. We should take advice as soon as possible.

3.8.4. It should not be assumed, because we are therapists, that we have to tolerate undue levels of volatile, disturbing or disrespectful expression, which might undermine our ability to achieve our assigned task in a comfortable manner.

3.8.5. When working with offenders we should seriously consider not registering our home address and home phone number in professional contact books or other public directories. We should also ensure that this personal information does not become disclosed in the prison by accident or misguided intent.

3.9. THE NEED FOR SELF-CONTAINED WORKING SPACE, BASIC REQUIREMENTS AND BOUNDARIES

3.9.1. Each arts therapy has specific working space and material requirements. These may vary depending on whether group or individual sessions are offered.

3.9.2. Essentially all arts therapies need:

i. contained room space where the service can be offered with due respect to the task in hand and health and safety priorities;

ii. access to office space where a degree of privacy can be maintained;

iii. access to administration and reprographic facilities;

iv. a suitable storage space for materials used in sessions and products of sessions;

v. access to a telephone;

vi. lockable filing cabinets where case notes and sessional records can be kept.

3.9.3. We may need to use rooms which are available for other purposes e.g. a gymnasium, a classroom or performance area. This can lead to some confusion about the task of therapy, among inmates or staff, because of the multifunctional use of the area. Unfortunately the arts therapist can be stigmatised as being overly sensitive or too fussy in seeking appropriate situations in which to practise. Clarity will be improved by rooms being solely available for therapy, or clearly labelled as being available for different purposes at different times.

3.9.4. **Each arts therapy will also have its own specific needs:**

FOR ART THERAPY: convenient access to a sink with running water; enough tables and chairs to facilitate the group or individual session; a basic range of security-cleared art materials; storage facilities in which materials can be kept; and a lockable area where images produced in sessions can be contained.

FOR DANCE MOVEMENT THERAPY AND DRAMATHERAPY: a medium to large room which can be sufficiently cleared, with no sharp edges or objects which can be easily dislodged; a clean dry floor with a secured carpet; good lighting which does not hang too low from the ceiling; a private space but one which can offer occasional observation (e.g. a window onto a corridor); power points for audio-visual equipment; and lockable storage for props. The room should be sound-proofed, or set in a location where noise can be tolerated by neighbouring services.

FOR MUSIC THERAPY: a good range of security-cleared musical instruments; high quality recording equipment; lockable storage facilities with convenient access from the room where sessions take place; and a lockable storage area where audio or video tapes can be held. Soundproofing, or tolerance of our noise by neighbours, also need to be taken into consideration (as outlined above).

3.9.5. We need to be aware that it might be a breach of Prison Service policy to bring certain items of audio-visual equipment to work without the approval of security officers. Security regulations governing the making of audio-visual recordings of prison work should also be checked.

4. WORKING METHODS, ETHICAL AND OTHER PROFESSIONAL CONSIDERATIONS

4.1. THE PROCESS OF THERAPY

4.1.1. The process of each arts therapy will include introductory, ongoing, concluding and review sessions (a beginning, a middle, and an ending, and times for taking stock of progress at suitable stages in therapy).

4.1.2. There will be times in prison work when a process of therapy can be started, but will be concluded abruptly due to the re-allocation of an inmate to another establishment or prison wing. The inmate, therapist or establishment may also wish to conclude a contract for therapy at short notice.

4.1.3. At the beginning of an arts therapy inmates may be enthusiastic and appear glad to have what is on offer. They may also be anxious or resistant regarding the 'letting out' of information about themselves and others through activity and discussion. Many will be suspicious as to what we as a prison authority will do with this information once shared. Some will initially see the arts therapy as something to acquire or to use to pass time, and some will be dismissive about their potential to make progress in therapy. At this stage it may be helpful to share our aims for therapy again, simply and instructively.

4.1.4. All parties need to be made aware that once an inmate is able to sustain the motivation to attend sessions, and a relationship with the therapist has begun, powerful contradictory feelings are likely to be generated. This will include feelings of impotence or powerlessness; hostility, or the need to overtly or covertly control; feelings of joy and passion; feelings of depression or paranoia; a desire to play, or be silly; an overwhelming sense of loss, failure or abuse. Here, the importance of continuity to the therapy relationship comes to the fore. By providing the containing setting and contact, therapy can offer inmates the opportunity to 'work through' and understand appropriate or awkward displays of emotion, or defensiveness and cognitive distortions which can also lead to thoughts related to criminal action.

4.1.5. Negotiated conclusions to therapy are also essential, especially since inmates may have limited experience of good endings. Criminal-mindedness may be seen as an experience of avoiding endings and responsibilities for self and others; getting rid of people, property and thinking, with the subsequent fear of being got rid of oneself; in short denying. For these reasons it is necessary to support the inmate in attending sessions, in reaching a negotiated finish and by doing so countering the desire to 'kill off' thoughtful and reparative conclusions.

4.1.6. It must also be stressed that the seemingly complex and time-consuming domestic arrangements required prior to, during, and in follow-up of therapy are in fact an important part of the therapy process.

4.2. GROUP OR INDIVIDUAL SESSIONS?

Arts therapies groupwork:

4.2.1. Therapy groups can be difficult to hold or sustain in prisons unless they are established as part of group psychotherapy or offending behaviour programmes.

4.2.2. The notion of the 'good enough' family group is frequently lacking in offender populations. Many inmates have experienced and perpetrated damage and abuse with recurring detrimental effect. A poor sense of belonging, an inability to trust, fears of invasion or rejection, theft or assault can all overrule the inmate's capacity to engage in meaningful relationships.

4.2.3. Groups providing continuity for inmates can be helpful even though prisons create great difficulties for the therapist who attempts to provide a reliable and consistent service in terms of time, place and achievement of task with a regular group membership. A successful group can be one which is able to negotiate a sense of continuity, morality and value with the arts therapies holding an advantage in being able to offer a focus for intermediary communication through both activity and discussion.

4.2.4. Within groupwork members may be able to perceive and feed-back insights and personal discoveries to each other with truth and sincerity. Such sharing can counter an attachment to fraudulent and deceptive behaviour which may have previously served as a defence against intimacy and mutual respect, and against awareness of guilt and shame.

4.2.5. Theme-based, fixed-term groups sometimes gain more short-term success in prisons than individual work. For example: the use of art therapy to identify themes as part of a sex offender treatment programme; the use of dance movement therapy to aid relaxation as part of an anger management course; the use of dramatherapy to enact social experiences with inmates imprisoned for crimes of a common nature; or the use of music therapy with young inmates seeking to express and understand aspects of their emotional and impulsively driven personalities.

4.2.6. Inmates on remand, and others likely to be transferred to other establishments, may not make suitable candidates for groupwork unless it is established with a short-term task or theme.

4.2.7. Inmates can have misgivings about disclosing personal information through their peer groups. In considering disclosure, or when encouraged to disclose, some may fear reprisals and scapegoating by staff and inmates. The group therapist working in prisons should not dismiss such concerns lightly.

4.2.8. Suspicions of specialist leadership can run high within groups for recidivist offenders who have been frequently seen by a range of professionals for court reports and forensic diagnostic assessments. The sense of empowerment through creativity, over powerlessness and reaction, may take a significant time to achieve in their case.

Recommended reading on working with offenders in groups:

Therapeutic Communities for Offenders,
Cullen,E. Jones,L. & Woodward,R., John Wiley & Sons, Chichester, 1997

Groupwork in Prisons: an overview,
Towl, G.J. & Bailey,J. (1995), in **Groupwork in Prisons**, Towl, G.J. (ed), British Psychological Society, Division of Criminological and Legal Psychology: Issues in Criminological and Legal Psychology, No. 23, Leicester, pp. 1 - 8.

Individual arts therapy sessions

4.2.9. On a practical level, managing and sustaining regular weekly one-to-one sessions has complications in prisons where everything is compartmentalised and locked up. Bearing this in mind, individual sessions are often a preferred method of working which may be cost-effective in the longer term and may lead to more of the goals set for therapy being achieved.

4.2.10. Inmates often demonstrate an intense degree of neediness and feel that taking without asking, i.e. stealing is the only way that their needs can be met. For this reason some will seductively or covertly seek out individual attention. Because of their neediness, combined with suspicion and caution, powerfully dependent feelings can arise in the inmate but be disguised. We therefore need to be attentive to the psychodynamics of the relationship. This makes individual work complex but rewarding.

4.2.11. Secrecy and denial will have played a significant role in the offender's life; possibly stemming from unspoken grievances or violations (physical, emotional or sexual) perpetrated on or by him or her. Criminal behaviour may have gone undetected for some time before the person was charged with the offence. Whilst some offenders commit crimes in order to be found out and to find a sense of containment, the intention is usually to 'get away with it'. We are most likely to be drawn into these ways of behaving when working one-to-one. We need to notice the dangers of moving into a collusive or secretive relationship through agreeing that things spoken about will remain two-way. Such collusion is inappropriate and will only sustain denial through an isolated and controlling mode of thinking.

Recommended reading on working with individuals in therapy:

On Learning From The Patient,
Patrick Casement (1985), Routledge, London, 1990.

4.3. ASSESSMENT

4.3.1. Attempts to personalise and make effective an inmate's time are made through sentence planning and incentive schemes. These match individual needs with personal development goals and work or education targets. The Prison Service also aims to ensure that inmates are given access to the same quality and range of health care services as the general public receives from the National Health Service. How successful these investments in people are, and what the drawbacks are, is open to assessment.

4.3.2. Assessment is essential to the provision of an effective therapy programme, as the arts therapies will not be appropriate for all inmates. We should assess individual need in the context of the prison service, rather than assume one rule for all.

4.3.3. In developing an effective assessment procedure we should seek advice from fellow forensic arts therapists, and forensic service colleagues from other disciplines, all of whom will have their own methods of assessment for comparison.

4.3.4. In our assessments we need to acknowledge that, behind seemingly rigid defences and dogmatic personalities, inmates may fear breakdown, fragmentation and chaos. Some personality disordered offenders inhabit a borderline existence by keeping themselves at a distance emotionally and physically. Inmates who have perpetrated, or been victims of, specific abuses will also need careful selection in accordance with the time available and task proposed. Sometimes we may also feel anxious about needing to be seen to get on with the therapy and 'produce results', particularly when newly appointed at a prison. This is a temptation we must resist in favour of providing objective assessment reviews, which can reflect on limitations and failings as well as achievements.

4.3.5. During an assessment it is essential that the inmate's current index offence, past offending behaviour, psychological state, access to support systems, and personal insight towards using an arts therapy, are all taken into account. Advice from prison staff can also be obtained if uncertainties remain about an inmate's behavioural risk factors. We must ensure that assessment procedures are not undermined for reasons of our own or others' making. It is all too easy to take on an inmate as a client when therapy may ultimately lead to excessive problems and tensions within or beyond sessions. Also staff sometimes misguidedly refer an inappropriately difficult or dangerous inmate to therapy. As in any other workplace, we must reserve the right to decide whether or not an individual should be accepted for therapy.

4.3.6. On some occasions it may be necessary for us to offer an inmate more than one interview to assess their potential to use therapy constructively. For longer-term work it may also be helpful to ask the inmate to sign a contract for entering therapy. Such a contract should be set out as a clear summary of proactive and realistic, rather than reactive and idealistic, rules and goals (see point 4.4).

4.3.7. Assessment and evaluation should continue during therapy. The same rule applies following therapy as other follow-up supports may not be available.

4.3.8. Assessment reports:

i. All forensic clinicians will, from time to time, be asked to prepare reports on the inmate's progress. We should make this clear to the inmate from the outset of therapy.

ii. Reports will need to be jargon-free, offering a clear account and explanation of the therapeutic process and progress. We must clarify in our own mind, and with the inmate and team, what we are capable of offering within our ability and professional judgement, and what we are not able to offer. Over-speculative assessments must be avoided.

iii. We should keep weekly case records towards preparation of ongoing assessments. These may need to be summarised as internal inmate reviews. Our reports may also be of value to prison colleagues preparing parole reviews, re-categorisation applications, prison transfer requests and Lifer Review Board evaluations. All reports are prison property to which inmates can have access by law.

iv. All reports should be prepared with the client's interest to the fore. After a written assessment has been completed it is often useful and empowering to discuss the review with the inmate. If their views and maturity are taken into consideration, they can start to feel they have a degree of appropriate control over their therapy, and in effect a part of their lives. In some cases it may be valuable to ask inmates to provide their own written evaluations of shared work in progress - points gained and recommendations.

4.4. ESTABLISHING CONTRACTS FOR THERAPY - KEY POINTS

i. When confirming a contract for therapy, clarify which unit officer is responsible for the inmate's progress whilst in prison.

ii. Check the current status of the inmate i.e. are they on remand, or what is their custodial categorisation? It is also useful to note their index and other offences, and whether they are likely to have any forthcoming court appearances.

iii. Confirm the reasons why the referral has been made.

iv. Confirm that the inmate agrees to attend and is not doing so with some ulterior motive besides that discussed, or because he or she feels coerced into doing so.

v. Seek advice on whether the inmate is likely to remain in the prison for the proposed duration of therapy and ensure that there will be staff support in enabling him or her to attend each session at the prescribed time.

vi. Ensure that the inmate is not going to miss work, education or other rehabilitative commitments by attending sessions.

vii. Seek guidance on how the therapy will fit in with the inmate's overall sentence plan.

viii. Check whether the inmate has any previous experience of therapy or counselling, and whether he or she is currently undertaking other treatment or rehabilitation sessions.

ix. Most importantly, confirm with all parties who will receive feedback on progress in therapy.

x. Finally, ensure that all parties understand the necessity for such careful structuring of sessions.

4.5. CONCLUDING THERAPY AND REFERRAL

4.5.1. Through the arts therapies we will become deeply involved in the personal lives of inmates in a way that will generate appropriately intense or displaced feelings for all parties. We monitor the effects of engagement as part of our daily professional routine and supervision. When the inmate leaves the establishment, through release or transfer, our direct contact duties are concluded. This should be made clear to inmates who occasionally have other hopes or expectations.

4.5.2. Conclusions to therapy, during the time the inmate remains in the prison, may also lead to a desire to maintain or extend contact on our part or on the part of the inmate. However, it is necessary for therapy to be contained within the agreed timetable, and not to be voluntarily extended without further assessable objectives. This applies to face-to-face, written or telephone communications.

4.5.3. In concluding the therapeutic relationship we may recommend referral of an inmate to other sources of support. If an inmate is being released from prison, referral to other statutory or non-statutory agencies may be appropriate, but must be negotiated through formal means. All referrals should be made in consultation with the inmate and prison colleagues, and in a manner which does not breach the inmate's right to confidentiality or the Service's responsibilities on disclosure.

4.5.4. We strongly recommend that referrals beyond the prison are made to a specialist work address, by prior negotiation, and not to a home or informal contact.

4.6. RESEARCH

4.6.1. It is important to stress the necessity of research to the development of the forensic role of arts therapists.

4.6.2. Research can take many forms. The preparing of case notes, the development of a diary of philosophical and clinical considerations, the collection of background statistics on inmates using an arts therapy, a written review of service developments, and audio-visual records of products and processes of sessions are all valid forms of data collection. From such record keeping research questions can be raised and answered by subjective and objective appraisal. Findings can then be disseminated through in-service reports, articles in journals, advanced academic studies, and conference and seminar presentations. All these add to the understanding of our roles both within and beyond our professions.

4.6.3. In disseminating information based on confidential case material, or review of prison service, we should be clear on our ethical responsibilities and clinical accountability e.g. when permission needs to be sought for such disclosure. For formal casework research it may be necessary for the arts therapist to receive written permission from an inmate prior to disclosure in audio-visual or written form. Permission may be sought either before, during or following therapy, whichever is the most appropriate. It will also be necessary to receive written permission for disclosure from the prison governor. We must bear in mind that such presentation will in effect be representing the inmate, the prison and the profession. Prisons are governed by the Official Secrets Act, and governors will advise as to whether permission for disclosure also needs to be sought from a higher authority or from other prison colleagues. Each professional Association can offer guidance on ethical considerations for research and the Prison Service has its own national research advisers who can be contacted.

4.6.4. In case presentations, the names of inmates, their families and staff within the prisons must be protected by use of pseudonyms. Other specific information which could identify the inmate should also not be disclosed (hometown, workplace, prosecuting court, etc). In some cases non-disclosure of the identity of the prison may also be necessary to extend confidentiality.

5. GENERAL INFORMATION

5.1. POSTGRADUATE TRAINING COURSES (UK) (2002-2003)

Further details on postgraduate training courses, that are approved by the Health Professions Council for the purposes of State Registration, can be obtained from the following Higher Education institutions:

ART THERAPY
Goldsmiths' College London
Queen Margaret University College, Edinburgh
Queens University, Belfast
University of Derby
University of Hertfordshire
University of Sheffield

DANCE MOVEMENT THERAPY
The profession of Dance Movement Therapy has 'observer' status on HPC Arts Therapies Sub Committees. For details of courses approved by the profession write to Association of Dance Movement Therapy (5.2. address).

DRAMATHERAPY
Central School of Speech & Drama, London
Northern Dramatherapy Trust, Manchester
University of Surrey, Roehampton
South Devon College of Arts & Technology (University of Exeter)
University of Derby
University of Hertfordshire

MUSIC THERAPY
Anglia Polytechnic University
University of Bristol
Guildhall School of Music and Drama, London (University of York)
Nordoff Robbins Music Therapy Centre (City University, London)
University of Edinbugh
University of Surrey, Roehampton
Welsh College of Music and Drama (Cardiff)

5.2. PROFESSIONAL ASSOCIATIONS

Each Association holds its own Register of Members who are postgraduate trained. Each circulates its own professional Newsletter and Journal, holds meetings and conferences regionally and nationally, and can circulate employment advertisements through Post Bulletins. Each Association publishes guidelines on aspects of clinical employment, and holds a Code of Ethics and Principles of Professional Practice:

The British Association of Art Therapists
Mary Ward House, 5 Tavistock Place, London WC1H 9SN
Tel: 020 7383 3774 Fax: 020 7387 5513

The Association for Dance Movement Therapy
C/o Quaker Meeting House, Wedmore Vale, Bedminster, Bristol B53 5HX

The British Association for Dramatherapists
41 Broomhouse Lane, London, SW6 3DP
Tel & Fax: 020 7731 0160

The Association of Professional Music Therapists
26 Hamlyn Rd., Glastonbury, Somerset, BA6 8HT
Tel & Fax: 01458 834919

5.3. OTHER USEFUL CONTACTS

The Unit for the Arts and Offenders
Neville House, 90-91 Northgate, Canterbury CT1 1BA
Tel: 01227 470629 / 379704 fax: 01227 379704
(The Unit publishes a regular Newsletter and Directory, and holds a data base on the arts in prisons. It also undertakes arts in prisons research, and offers arts in prisons training and conference support).

The Directorate of Health Care
HM Prison Service, Cleland House, Page Street, London SW1P 4LN.

Advisory Group for the Arts Therapies in Forensic Services
Please contact the professional associations (5.2) for further details.

Prisoners' Learning and Skills Unit
Sanctuary Buildings, Great Smith Street, London SW1P 3BT
Tel: 0870 0012345 fax 020 7925 6772
E mail info@dfes.gsi.gov.uk

5.4. RECOMMENDED INTRODUCTORY READING

HM PRISON SERVICE

Report: Developing Principles and Policies for Arts Therapists Working in United Kingdom Prisons
Colin Teasdale, in **The Arts in Psychotherapy**, Vol.26, No. 4, pp 265-270, 1999.

ART THERAPY:

The Handbook of Art Therapy
Caroline Case & Tessa Dalley, Routledge, London, 1992.

Art Therapy With Offenders
Marian Liebmann (ed), Jessica Kingsley Publishers, London, 1994.

Art Therapy as a Shared Forensic Investigation
Colin Teasdale, in **Inscape (Journal of the British Association of Art Therapists)**, Vol.2, No.2, pp 32-40, 1997.

Inscape - (Journal of the British Association of Art Therapists.)

DANCE MOVEMENT THERAPY:

Dance Movement Therapy: Theory & Practice
Helen Payne (ed), Routledge, London, 1992.

Association for Dance Movement Therapy (UK) Newsletter

American Dance Therapy Association Journal
Human Sciences Press Inc., New York.

DRAMATHERAPY:

Shakespeare Comes To Broadmoor
Murray Cox (ed), Jessica Kingsley Publishers, London, 1992.

Arts Approaches to Conflict
Marion Liebmann, Jessica Kingsley Publishers, London, 1996.

Drama as Therapy - Theatre as Living
Phil Jones, Routledge, London, 1996.

Dramatherapy Journal for British Association of Dramatherapists

MUSIC THERAPY:

Case Studies in Music Therapy
Kenneth E. Bruscia (Ed), Barcelona Publishers, United States, 1991.

Music Therapy - An Art Beyond Words
Leslie Bunt, Routledge, London, 1994.

Observing Offenders: the use of simple rating scales to assess changes in activity during group Music Therapy
Sarah Hoskyns, in **Art and Music: Therapy and Research**, Andrea Gilroy & Colin Lee (Eds), Routledge, London, 1995.

The Journal of British Music Therapy

5.5. OTHER RECOMMENDED PUBLICATIONS

Arts in Psychotherapy Journal
Elsevier Science Publication, Pergamon Press, USA.

International Journal of Offender Therapy and Comparative Criminology
Sage Publications, 6 Bonhill Street, London EC2A 4PU.

Issues of Criminological and Legal Psychology
Journal of the Division of Criminal and Legal Psychology, British Psychological Society, St Andrews House, 48 Princes Road East, Leicester LE1 7DR.

The Prison Service Journal
Subscription details: c/o Mr John Tyror, HMP Leyhill, Whatton-Under-Edge, Gloucestershire, GL12 8BT. Tel: 01454 260681. (The journal is available free of charge to all Prison Service employees).

Arts in Prisons: towards a sense of achievement
Anne Peaker & Jill Vincent, The Home Office, London, 1990.

Arts Activities in Prisons Directory
(Both the above available through The Unit for Arts For Offenders - see Useful Contacts).

The Prisoners Information Book - questions and answers about time in prison
HM Prison Service / Prison Reform Trust, 2nd Floor, 15, Northburgh Street, London EC1V 0AH.

Forensic Psychotherapy
Christopher Cordess and Murray Cox (eds), Jessica Kingsley Publishers, London, 1996.

Therapeutic Communities for Offenders
Eric Cullen, Lawrence Jones & Roland Woodward (eds), John Wiley & Sons, Chichester, 1997.

5.6. HM PRISON SERVICE - A BRIEF OUTLINE OF SERVICES

5.6.1. The average inmate population in United Kingdom prisons in 1999 was 64,770. The number of women in prisons was 3,250. In addition, 8,010 sentenced male juvenile and young offenders (aged 14-21) were held in Prison Service establishments. Many prisons serve more than one purpose (as outlined in this section).

5.6.2. All adult male prisoners are categorised according to their Prison Service designated security risk, and are then allocated to a prison which can contain this risk. Geographical allocation close to families and friends for visits is important, but is dependent on the availability of suitable facilities and cell space.

5.6.3. The highest risk offender is identified within **Category A**, this category being restricted to men who are viewed as being most dangerous to the public either because of their escape potential or their history of serious offending. Category A prisoners are currently accommodated in dispersal prisons for those sentenced, and local prisons for those who remain unconvicted.

5.6.4. **Categories B, C, and D** denote levels of risk to the public, with Category B including men at the start of life sentences, whilst Category D will include men convicted of petty offences or deemed of lower risk as they come to the end of long sentences.

5.6.5. Some inmates are classified under **Rule 45**. Rule 45 inmates are housed on separate wings of the prison. They are divided into two classes:

Rule 45 (A) status, also known as 'vulnerable prisoner' status, has to be requested by an inmate and granted by a prison governor. Such a request may be made by an inmate who feels him or herself to be at risk from other inmates on ordinary location. Reasons for such requests include fear of reprisal due to debts or the nature of their offence, bullying, and concerns about general mental or physical health, which are not appropriate to refer for medical treatment.

Rule 45 (B) status is imposed by governor order and places inmates on a regime of 'good order and discipline'. This means that their behaviour is unacceptable and that they need to be segregated from other inmates as a consequence.

5.6.6. Types of Prisons in the United Kingdom:

i. **Local prisons:** Local prisons serve a group of courts through holding inmates on remand i.e. men who are charged and awaiting trial where the court has deemed that they should not receive bail. They also hold prisoners awaiting sentence, or awaiting transfer to a more appropriate prison following sentence. Local prisons contain transient populations often in crowded conditions.

ii. **Training prisons:** Category B Training Prisons are for those not needing the highest security, but nevertheless needing effective containment for the protection of the public. Category C Training Prisons are for men who are not considered to be an escape risk, or to have the resources to effect an escape.

iii. **Dispersal prisons:** Some Category B training prisons provide high security wings accommodating men who need to be supervised closely within the prison, and who will not normally be released directly from these wings.

iv. **Open prisons:** These are prisons which house low-risk inmates in open conditions i.e. with no security barrier or locked facilities. Security is maintained by careful selection and ongoing assessment, as well as roll checks, and in many cases inmates are allowed to undertake community service work schemes or college courses as part of concluding their sentences. There are both male and female open prisons.

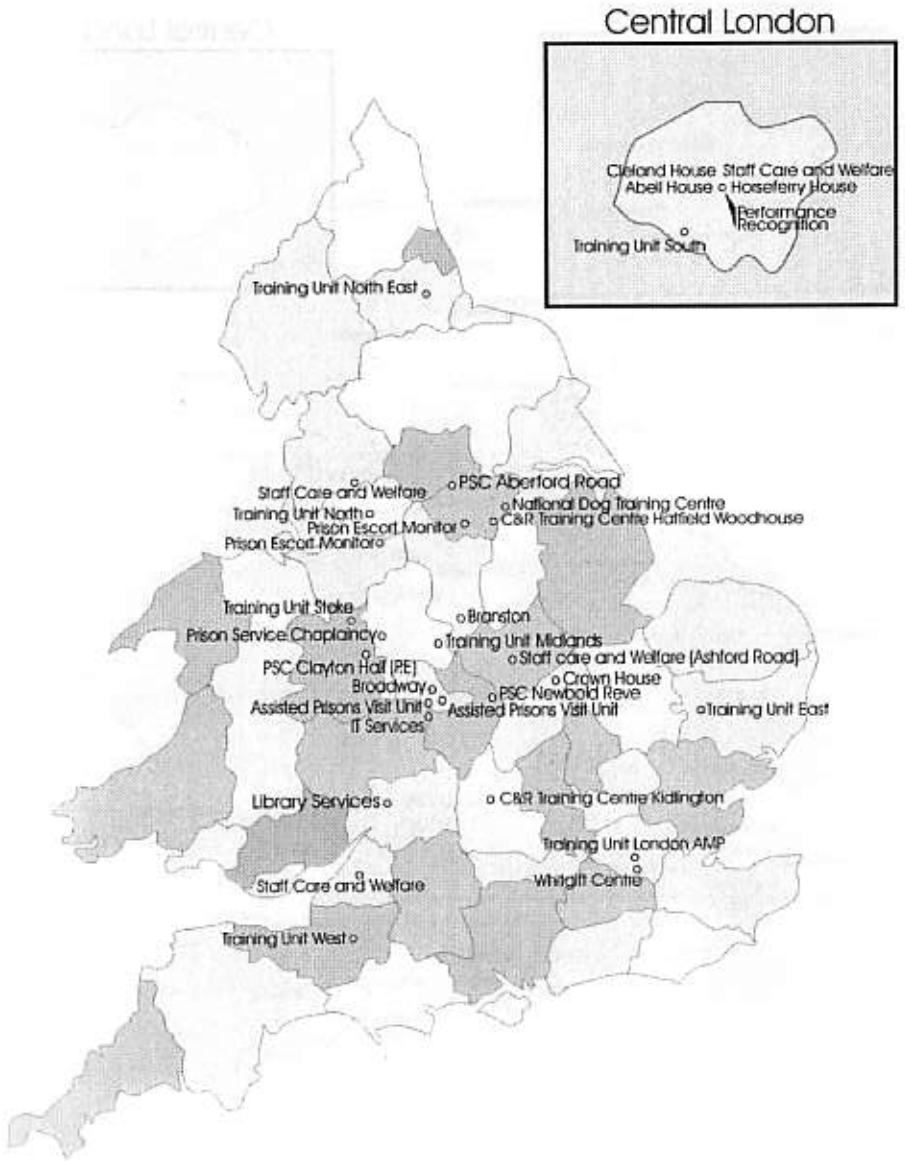
v. **Young offender institutions:** All institutions for offenders under the age of 21, both male and female, come under this heading. They may offer both open and closed units depending on the seriousness of the offence and other risk factors. Juvenile offenders between the ages of 14 and 17 who are committed to prison custody are held in special facilities within the Prison Service under the terms of the Detention and Training Order.

vi. **Prisons for women:** There are fewer places and prisons for women. To which prison, and section of a prison, a female offender will be allocated depends on security risk and availability of space.

vii. **Immigration Detention Centres:** Illegal immigrants can be held in specialist Immigration Detention Centres. Education and other regime activities are provided for those held in such centres, but participation in such activity is not compulsory.

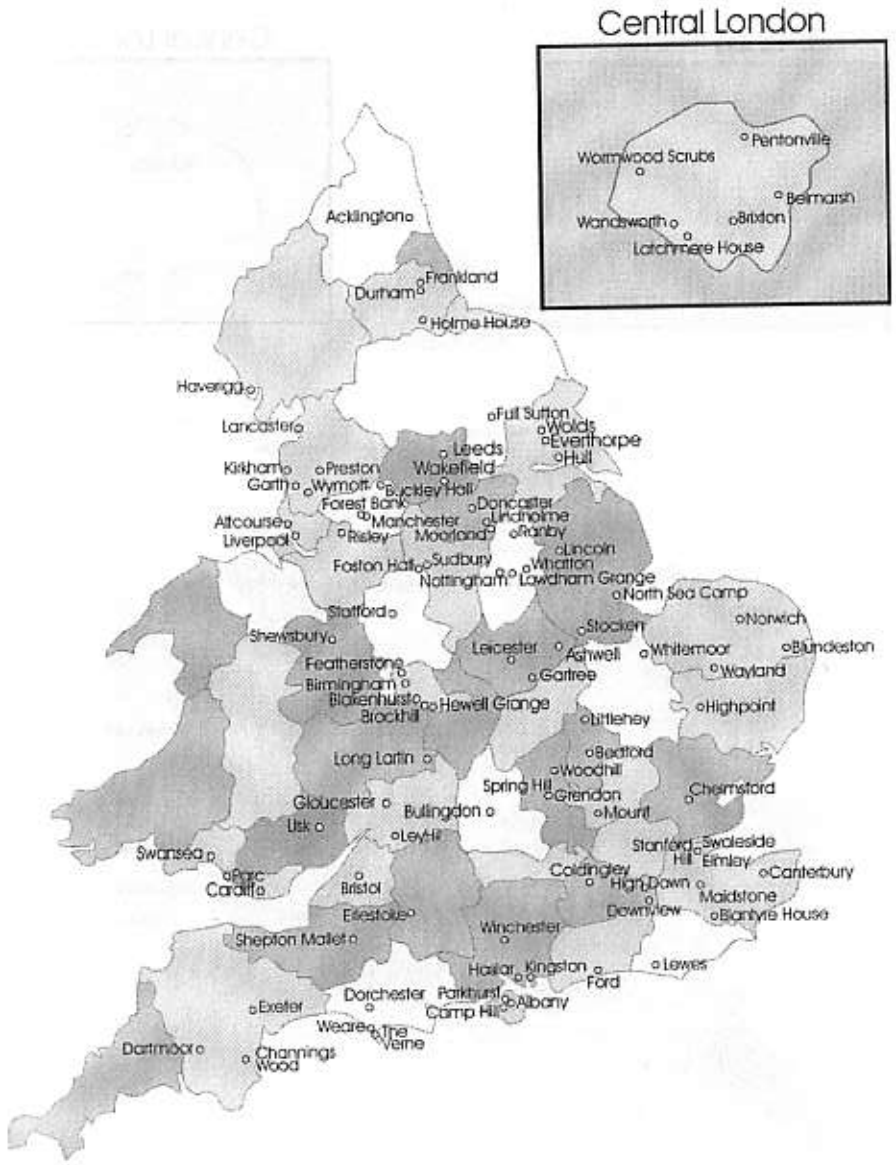
5.6.7. Most prisons have some selectively staffed specialist programmes. For example, some prisons house mother and baby units; some prisons have addiction treatment units; and other prisons provide therapy for behavioural or personality disorders, and rehabilitation projects relating to specific index offences. HMP Grendon is the only prison designated entirely as a therapy unit, this prison being available by mutual referral for men on longer sentences. All Offending Behaviour Programmes have to be accredited by the Service (see *Advice to Governors Order:* AG45 / 1996).

5.7.1 THE DISTRIBUTION OF PRISONS SUPPORT SERVICES IN THE UNITED KINGDOM

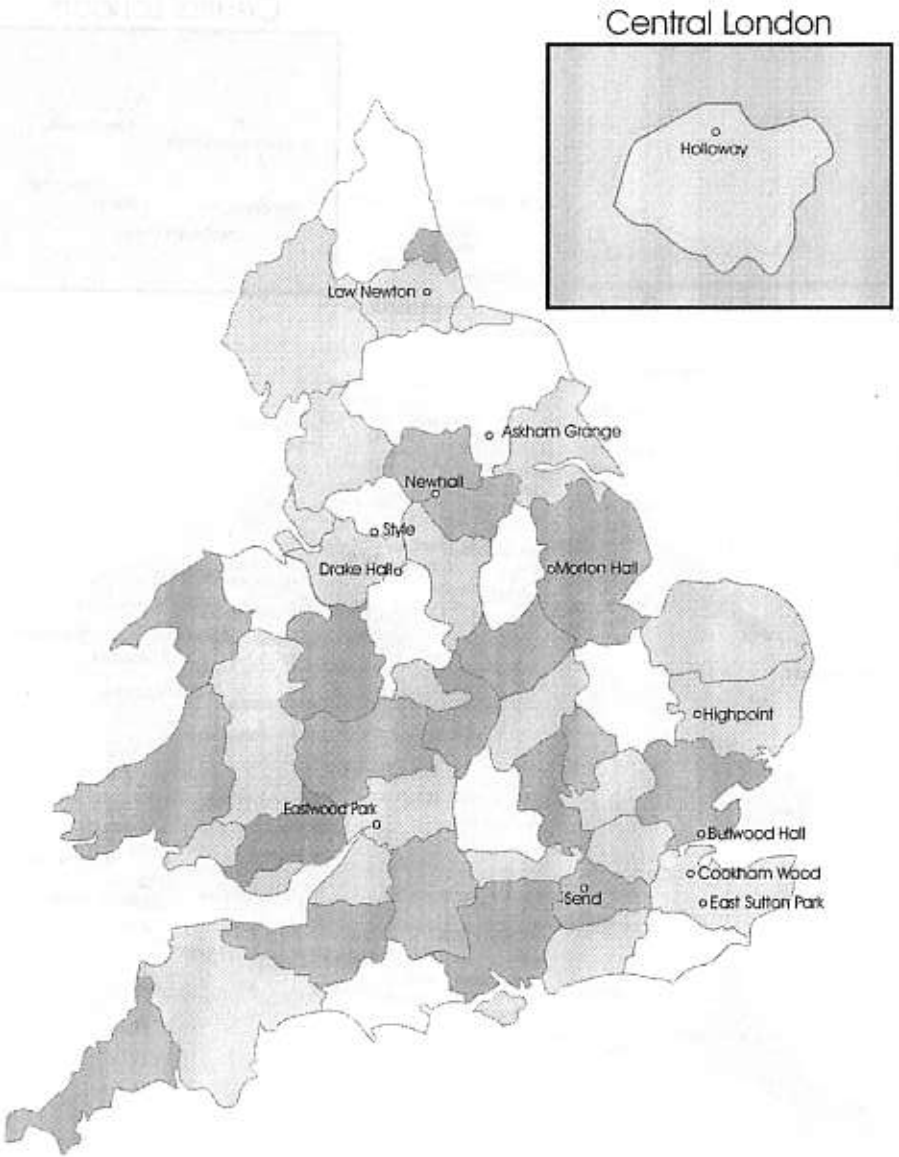


5.7.2 THE DISTRIBUTION OF YO PRISONS IN THE UNITED KINGDOM

5.7.3 THE DISTRIBUTION OF MALE PRISONS IN THE UNITED KINGDOM



5.7.3 THE DISTRIBUTION OF FEMALE PRISONS IN THE UNITED KINGDOM



5.7.3 THE DISTRIBUTION OF JUVENILE PRISONS IN THE UNITED KINGDOM