

Counselling in
C.i.P.N.
Prisons Network

Charity Number 1159028

Patron: Lord David Ramsbotham

**Promoting Excellence in Therapy
In Prisons**

The 5 -Year Strategy

Updated May 2019

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Chair: Counselling in Prisons Network**

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Foreword.

I am delighted to have the opportunity to introduce this important document which will help us to better understand and therefore better address the complex needs of many of those held within in our prison system.

Seven years as head of prison health and then director of the wider offender health field demonstrated very graphically just how great are the needs of those in the criminal justice system and, despite the great advances in recent years just how much further we have to go to really get to grips with the challenges that this population presents.

Many of those held within our prisons have themselves been victims of abusive relationships in their earlier lives and our prisons would not seem to be the obvious place to start to identify and address those needs. However over recent years, driven by the professional passion and vision of Peter Jones the need to address these issues and the ability to do so have been developing steadily.

This document builds on the early work, started some 10 years ago, which took a major step forward 3 years ago with the development of the Counselling in Prisons Network. It recognises and is founded upon the need to pool expertise and best practice and to develop the research base so as to start to deliver the excellence of service that the needs of this population warrants.

I believe that this strategy, the first in the UK and probably in Europe, will help institutions and their staff to better recognise and be better equipped to deliver the response required to help people understand and deal with what has happened in their lives. In doing so it has the potential to enhance staff skills and thereby their ability to help those in their care. More importantly through that help it offers the likelihood of the system helping people to better address their offending behaviour and adjust their lives to ones, which cause them and society less distress.

John Boyington CBE

Introduction

This document will seek to move forward the work of therapy in our prisons in a constructive, pragmatic and ethical way. Its primary focus is to promote excellence in practice, by providing frameworks that can be easily built into both the custodial setting and the criminal justice arena generally.

It will seek to lay essential foundations that can be built upon whilst providing a more joined up approach to delivering therapy within the context of the Criminal Justice System.

Providing any sort of therapy in the custodial setting is both challenging and problematical. However, it is for these reasons that this strategy is written; to empower both the therapist and the offender alike in their pursuit of excellence and growth.

Peter Jones MA FBACP FHEA FRSA
Chair: Counselling in Prisons Network

Dedication

This Document is dedicated to the people we seek to serve on the margins of our society. This document will seek to bring hope, healing and a purpose to those whose lives are broken.

1. Background.

- 1.1 It is very clear that counselling and psychological therapy have a significant role to play in addressing the complex needs of offenders, ex-offenders, and other groups within the Criminal Justice System, particularly in terms of non –pharmacological intervention. The emotional needs and the existence of pre-existing undiagnosed mental illness and imported distress appear to be frequently unrecognized, under-researched, often under-reported by prisoners and consequently often go untreated. This is particularly so within the context of the Criminal Justice System. Current evidence as to how these prisoners engage with professional staff in custodial settings prior to and following disclosure of pre-existing undiagnosed mental illness or trauma - such as abuse as a child or having been raped as an adult - is scant and requires further study. This document provides a proposed strategy and framework for the instigation of a considered response to the area of disclosed trauma or imported distress in custodial environments and the role of psychological therapy in the engagement of offenders, and the management and treatment of these complex and hidden needs.
- 1.2 It is suggested that what is required is the establishment of an integrated and coordinated approach, which addresses the complex needs of offenders who have suffered some form of sexual violence or trauma. There is a need for the development of a range of informed responses within the institutional setting and within the wider Criminal Justice System. Such a range of services could begin to address the psychological, emotional and therapeutic needs of those offenders who disclose abuse and trauma and other associated mental health issues.
- 1.3 To begin this, process the Counselling in Prisons Network was formed in 2007. In June 2008 the inaugural conference took place at York St John University. In order to support the work of the Network a multi –agency Expert Reference Group will be formed and launched in June 2010, On the 30th of October 2014 the Counselling in Prisons network achieved charitable status. The terms of reference of which can be found in Appendix 1. This will provide a coherent framework to support the development of a range of approaches. It will also oversee the delivery of this 5-year strategy and will seek to form effective partnerships and collaborations to make this possible. This Document was formally adopted by the trustees in 2015.
- 1.4 The establishment of an integrated care pathway whereby prison staff can be informed about how to deal with disclosure in an appropriate way when it occurs is a key element. A variety of training resources have been developed to support such staff, as well as assisting those individuals who disclose abuse and trauma issues. The mapping of pathways that provide access to those staff with appropriate skills to engage with such individuals, both within custodial settings and in the community provides a further tier to the framework. The strategy is intended to be supported by research into the effectiveness and impact of pilot approaches, leading to the further roll-out of the strategy.
- 1.5 This document acknowledges the excellent work of the Listening service in prisons, as well the work of the chaplaincy and Samaritans whilst at the same time recognizing the work of the counsellor / therapist to that end a whole-systems approach will be taken in meeting the complex needs of offenders / ex-offenders. This ethos is outlined in the 3-stage model (Appendix 4) and the integrated care pathway (Appendix 2).

2. Ethical Framework.

This framework exists to provide a touchstone that informs behaviour and attitudes of staff in their interactions with offenders, ex-offenders and other marginalized groups within the Criminal Justice System as applied to the disclosure of sexual violence and trauma. This section sets out clearly the ethical framework necessary for the safe engagement, management, and treatment of offenders and ex-offenders disclosing sexual violence, trauma or imported distress. These ethical principles will permeate the whole of the strategy. The following are predicated on the principles articulated in the Ethical Framework for Good Practice in Counselling and Psychotherapy (BACP 2010).

- 2.1 **Basic Justice.** This principle asserts the need to demonstrate just and impartial treatment of all those within the Criminal Justice System and the provision of adequate and distributed services. The principle re-states the need to respect the human rights and dignity of offenders. It implies attention to legal obligations. It includes the commitment to equality of opportunity, and to avoidance of discrimination.
- 2.2 **Beneficence.** This principle involves a commitment to promoting the offender's well being and to working in his / her best interests based on professional assessment. Ensuring that the offender's best interests are served requires monitoring of practice and outcomes, including thorough research and systematic reflection. There is an obligation to use regular and on-going supervision to enhance the quality of the services provided and to update practice by continuing professional development. The obligation to act in the best interests of the offender may be highlighted by the person's reduced capacity for autonomy, lack of understanding, extreme distress, or any of the range of personal constraints, which are a feature of the custodial setting.
- 2.3 **Non-maleficence.** Non-maleficence refers to the avoidance of sexual, financial, and emotional or any other form of harm to or exploitation of the offender/ex-offender. This involves the practitioner in monitoring any threats to personal competence or fitness to practice. The practitioner has an ethical responsibility to strive to mitigate any harm caused to an offender/ex-offender even when the harm is unavoidable or unintended. The principle includes the responsibility to challenge, where appropriate, the perceived incompetence or malpractice of others involved in safeguarding the welfare of offenders.
- 2.4 **Respect for the autonomy of others.** This principle implies respect for the offender's basic right to be self-governing. The custodial environment places a range of constraints on the offender, who, bearing these constraints in mind, is perceived as having the basic human right to decision-making and self-determination. It is essential to provide accurate information about the therapy provided, including details of the degree of voluntariness of participation in the therapy. There should be clear contracting regarding participation, with limits to confidentiality set out. The principle of autonomy opposes the manipulation of offenders against their will, with whatever perceived justification.
- 2.5 **Maintenance of trust.** This principle implies that practitioners will make every effort to ensure those offenders' expectations of them and of the therapeutic intervention are ones that have reasonable prospects of being met. They should always strive to adhere to contracts and agreements made with offenders and employing organisations. The maintenance of confidentiality is seen as an obligation arising from the offender's trust, meaning that any disclosure of confidential information about

offenders should be restricted to furthering the purposes for which it was originally disclosed.

3. Context.

- 3.1 The scale and nature of imported distress, trauma and historical abuse is unknown and constitutes a form of hidden crisis in the custodial setting and in the Criminal Justice System generally. There is a clear lack of evidence as to exact numbers of offenders who suffer from imported distress or pre-existing undiagnosed mental illness and are resident within the custodial setting and within the system generally. In the light of the Corston Report (2007) and the Bradley Report (2009) this document seeks to address these complex needs in a proactive and ethical way.
- 3.2 Coping mechanisms and maladaptive behaviour appear to include the development of mental ill health, addictions, aggression, and self-injury.
- 3.3 The custodial regime does not generally appear to facilitate disclosure or therapeutic growth in victims of trauma or abuse.

4. The Strategy.

- 4.1 The central aim of this strategy is to begin to develop a constructive and therapeutic culture that promotes both psychological growth for the offenders and ex-offenders and offers the opportunity for healthy relationships between staff and inmates to develop, where abuse issues, trauma or pre-existing trauma is disclosed. The training and development component of this document is designed to facilitate this process. Appendix 3 outlines the process. The primary aim is to reduce re-victimization of victims. (Appendices 6 and 7 outline the process and theoretical framework.)
- 4.2 The overall purpose of the strategy is -
 - 4.2.1 To equip therapists and criminal justice personnel to engage with offenders/ ex-offenders whilst providing these individuals with an understanding of offenders' complex needs and perspective in such a way as to encourage and manage disclosures of trauma, imported distress in a health-promoting and appropriately ethical way.
 - 4.2.2 To raise awareness of both staff and prisoners in relation to the complex psychological and emotional issues faced by the victims of sexual abuse within the institutional setting through the introduction of awareness-raising material. The goal of this is to provide a deeper understanding of these issues.
 - 4.2.3 To prepare prison personnel in the effective and safe management of offenders /ex-offenders who have been victims of sexual violence and trauma.
 - 4.2.4 In terms of offenders seeking therapeutic and help and support, the aim is to reduce challenging and difficult behavior and to provide effective therapeutic interventions within the institutional setting by providing a bridge that reduces

re-victimization and facilitates empowerment. It also seeks to reduce related mental health problems. Appendix 7 outlines this process in terms of the re – victimization equation.

5. Focus of the Strategy.

This section outlines the four main areas that this strategy attempts to address. The approach is based on the single aim of reducing re-victimization of the offender and therefore reducing associated mental health problems and maladaptive behaviour's. It puts the victim at the centre of the process. Appendix 4 and Appendix 5 outline this in more detail.

- 5.1 Raising the awareness of Criminal Justice personnel whilst deepening their understanding of offenders/ex-offenders who have suffered trauma or have some form of imported distress, making engagement more effective and reducing barriers between staff and victim.
- 5.2 Creating a constructive and therapeutic regime within which offenders / ex-offenders can disclose their abuse/ trauma /imported distress to Officers on the landing, and within the prison, and thereby potentially reducing the time between suffering as a victim and getting help.
- 5.3 Identifying appropriate care pathways for victims of sexual abuse/trauma /imported distress both inside and outside the prison in order to support the victim in their treatment and recovery. Appendix 2 outlines the pathway.
- 5.4 Providing a clear understanding of the role of counselling /therapy within in the Criminal Justice System and life of the person receiving the therapy.

6. Vision Statement.

- 6.1 To develop a coordinated and integrated approach for victims of sexual abuse/trauma/imported distress. This strategy draws upon inter-agency skills and insights in order to assess the capacity of the person for change.
- 6.2 To train staff in the identification and engagement of offenders /ex-offenders who have some form of imported distress, trauma or historical abuse.
- 6.3 To empower professionals in custodial contexts with the knowledge and skills of a variety of appropriate methods to promote positive change in the life of the offender/ ex –offender and of the staff within these institutions.
- 6.4 To facilitate safe and constructive disclosure of historical abuse, trauma and imported distress within the custodial setting.
- 6.5 To engage with offenders/ex-offenders and trauma, in a way that can promote psychological growth for the victim and positive change within the institution.
- 6.6 To identify effective and appropriate treatment for victims and victim offenders.

7. Training and development.

7.1 Training and development of counsellors and prison personnel in the engagement, management and treatment of offenders who present with complex needs is a cornerstone of the strategy. The primary aim of the training is to educate Criminal Justice personnel through evidence-based interactive training as well as promoting best practice. The tools for change (Appendix 5) outline this intervention in more detail. This will be delivered in a number of ways, including a comprehensive training handbook, video/DVD and CD-ROM in the form of an interactive textbook

7.2 The establishment of Regional Training Hubs. These will be locally driven in order to prioritise and deliver relevant training in the most accessible way.

7.3 The development of a co-coordinated formal U.K wide academic network to provide accredited training and drive local research agendas in relation to therapy in the custodial setting and the Criminal Justice System generally.

7.4 International networks to promote, share and pool best practice in relation to therapy in the custodial setting and the Criminal Justice System generally.

8. Strategic Framework: The Chair Model.

This framework not only provides a summary of the various work streams of the strategy but also illustrates how intrinsically linked the work streams are. The identified streams are:

- Training and Development
- Ethical Practice
- Best Practice
- Relationship
- Regime
- Evidence Base

Appendix 10 illustrates this in the form of a chair. It demonstrates explicitly the interdependence within and between the different work streams. In order to effectively deliver the strategy all, the identified work streams need to be addressed in a balanced and rounded way.

9. Concluding Remarks.

This document provides a concrete, tangible and ethical response to a hidden crisis in the Criminal Justice System. Working with victims of sexual violence and trauma within the custodial setting will always be perceived as problematic. However, failing to take appropriate action is no longer an option. The response needs to be more than just rhetoric. The interventions proposed in the strategy document are practical and realistic and as such provide a sound basis for development and a foundational framework for progress.

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Chair: Counselling in Prisons Network.

For further information and copies
www.cipn.org.uk

Appendix 1. Terms of Reference.

Working Therapeutically in the Criminal Justice system.

Chair: Peter Jones MA FBACP FHEA FRSA

Regional Leads

North East, East, South East, North West, South West, Wales, Scotland, Northern Ireland

Vision

To pool expertise and best practice, to identify research agendas and develop excellence in working with offenders, with a view to pushing back the boundaries of understanding and practice.

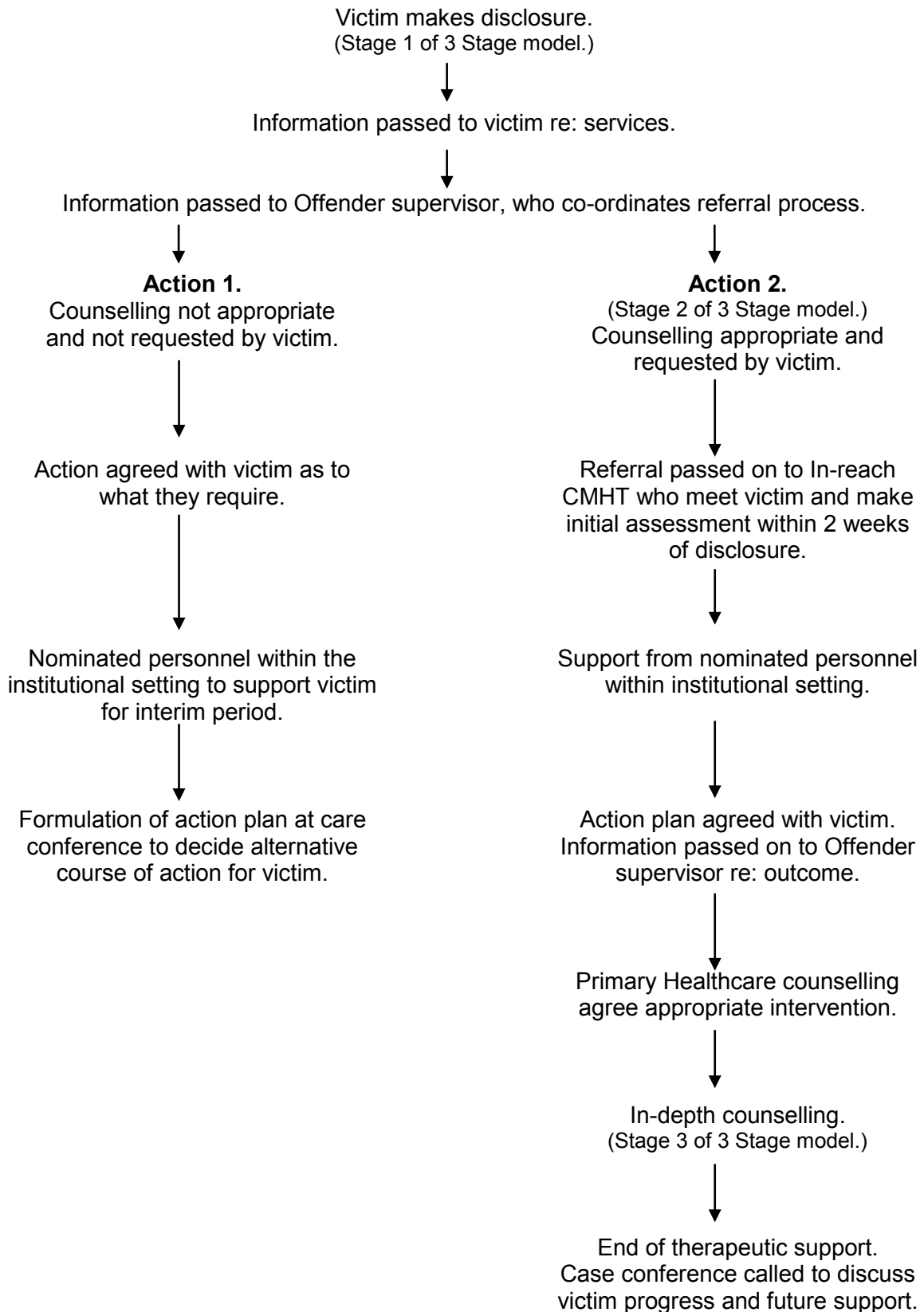
Aims

1. To monitor and deliver the 5-year strategy – Promoting Excellence in Therapy in Prisons.
2. To develop and agree best practice for the engagement, management and treatment of female and male offenders who are resident in the custodial setting and other marginalized groups within the Criminal Justice System.
3. To deliver relevant and appropriate training in relation to female and male offenders who are resident in the custodial setting and other marginalized groups within the Criminal Justice System.
4. To identify and promote best practice in working with male / female offenders and other marginalized groups within the Criminal Justice System
5. To identify, develop and produce research agendas in relation to the engagement, management and treatment of female and male offenders
6. To conduct research in the engagement, management and treatment of female and male offenders who are resident within the custodial setting.
7. To develop and identify expertise and a strong knowledge base in relation to the engagement, management and treatment of female and male offenders who are resident within the custodial setting

Objectives of Group.

1. To pool expertise; share knowledge through networking, conferences and a virtual learning site.
2. To provide support to members of the Network in their counselling and therapeutic practice
3. To conduct relevant research in order to inform practice and development.
4. To develop international networks through appropriate organisations

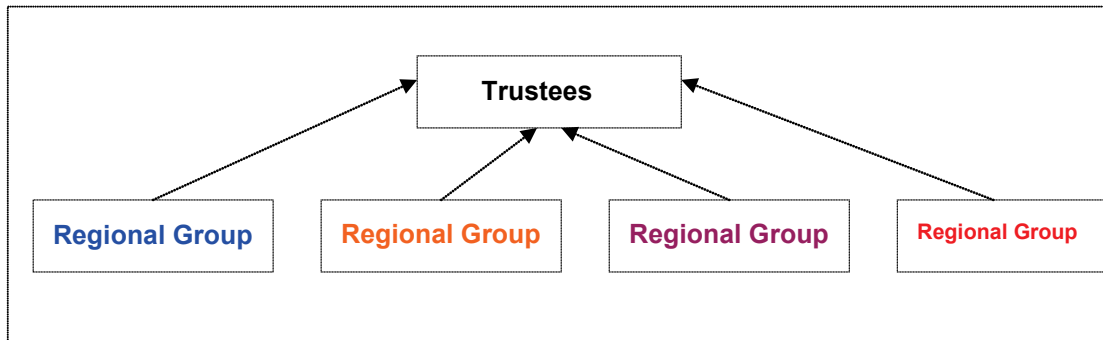
Appendix 2.
Referral Care Pathway for Victims of Sexual Violence and Trauma.
A co-ordinated and integrated approach to managing disclosures.



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Appendix 3.

Proposed Structure.



The strategy document will consider the following framework in terms of training, supervision, monitoring and evaluation of the 5-year strategy, and within a regional context.

Regional leads to be appointed in relation to each group/region within the Counselling in Prisons Network. These would provide supervision, support, training and monitoring for the regions, and would report and form the core membership of the Expert Reference Group, thus providing coverage, feedback and networking for progression and development in this area over the next 5 – 10 years.

These will be focused within local multi-agency reference groups, driven by local need and local agendas. The Chairs of these regional groups will attend the trustee's meetings when required and be linked up through the Virtual network.

One of the functions of trustees the will be to receive feedback from the Chairs of the Regional Reference Groups, sharing best practice and delivery and progress of the national strategy. The group will also identify research agendas and priorities with a view to developing and acquiring a stronger and more robust evidence base for practice and service development.

Appendix 4.

A 3-stage client-centered model.

| <i>Depth of Relationship.</i> | CLIENT NEEDS. | INTERVENTION. | QUALITIES OF HELPER. | DESIRED OUTCOME. |
|-------------------------------|--|---|---|--|
| STAGE 1. | Client requests advice. Stage is practical and task orientated. | Prescriptive task, assessment of task. Refer on to the appropriate agency. | Listening skills, awareness of agencies and information and pertaining to msa needs aspirations. Basic counseling qualifications. | Client / partner receives appropriate information on agencies pertaining to their needs. Develop action plan. Agree way forward. Problem solving approach. |
| STAGE 2. | Wishes simply to engage professional to tell story. Requires healthy therapeutic relationship. | Rogerian conditions of unconditional positive regard, unconditional acceptance, and a safe environment. | Mental health practitioner, RMN. No specialist training in abuse. | Client recounts story and ready to move on. Develop action plan. Agree way forward. Problem solving approach. |
| STAGE 3. | Requires in-depth counselling and therapy. Complex psychological and emotional problems. | In-depth therapeutic work. Treatment. | Qualified counsellor / therapist. Specialist training in msa. Preferably registered with UKCP / BACP. | Recovery. Client is able to adjust to their psychological problems and move on. |

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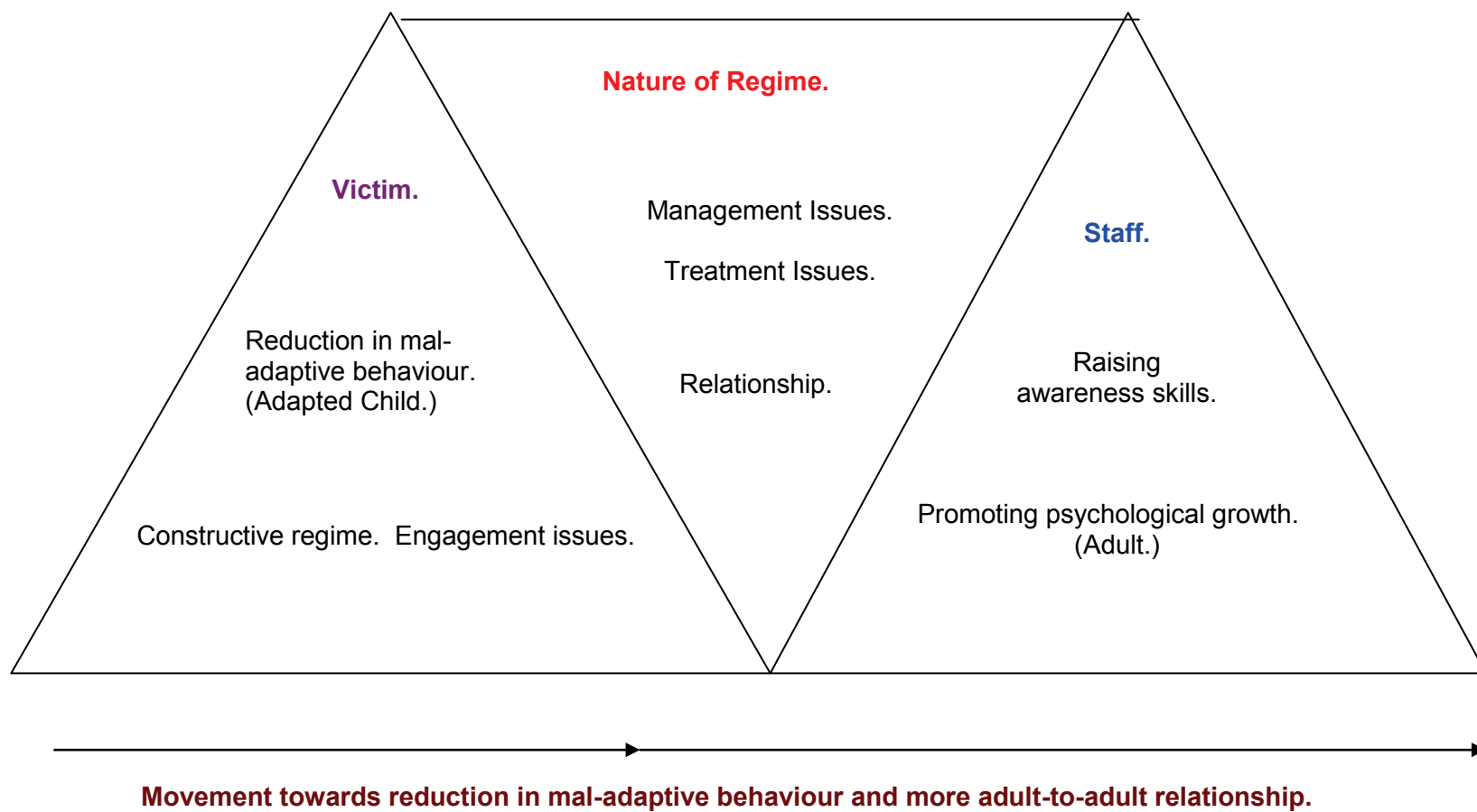
Appendix 5. Tools for Change.

| Tools for Change. | Content. | For whom and when. | Aims. | Outcome. |
|--|--|--|--|--|
| <p style="text-align: center;">Novice.</p> <p>Video.</p> <p>Exposure to the issues.</p> | <p>20-minute video.</p> <p>A victim's story.</p> | <p>All staff.</p> <p>For all prisoners at their induction.</p> | <p>Increases awareness for both staff and prisoner.</p> <p>Develops sensitivity to some of the issues.</p> | <p>Safe management of disclosures.</p> <p>Appropriate referral within the prison.</p> |
| <p style="text-align: center;">Intermediate Level.</p> <p>CD-Rom Interactive Textbook.</p> <p>Consolidation of knowledge.</p> | <p>Interactive textbook.</p> <p>Theoretical and practical.</p> <p>Users can work through in their own time.</p> | <p>All staff wishing to find out more about sexual violence and trauma.</p> <p>For prisoners wishing to inform themselves of the issues.</p> | <p>Develops further expertise.</p> <p>Increases depth of knowledge of working with sexual violence and trauma.</p> <p>Provides assessment of developing knowledge.</p> | <p>Safe management of disclosures.</p> <p>Further develops insight and understanding of working with sexual violence and trauma.</p> |
| <p style="text-align: center;">Practitioner Level.</p> <p>Training Handbook.</p> <p>Development of skills.</p> | <p>Training tool explores the values necessary for effective engagement and the values of the individual.</p> <p>Provides opportunities to explore self-awareness and skill acquisition and application.</p> | <p>All staff wishing to engage more effectively with victims of sexual violence and trauma.</p> | <p>Skill acquisition and increased knowledge base.</p> <p>Application of skills and self-awareness within the therapeutic relationship.</p> | <p>Safe management of disclosures.</p> <p>Further develops insight and understanding of working with sexual violence and trauma.</p> |

PW Jones

**Appendix 6.
Theoretical Framework. Reducing Victimology.**

Reducing Maladaptive Behaviour.



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Appendix 7. Re-victimisation Equation.

Reduction in victimology

=

Reduction in maladaptive behaviour / symptomology

=

Reduction in mental ill-health and offending behaviour

- **A key aim is to reduce the victimology.**

**Appendix 8.
Work Programme, Counselling in Prisons Network 2015 - 2020**

| Identified Work Programme. | What needs to be done? | How? | Who? | Criteria. Success. | Targeted and Completion Date. |
|---|---|-------------------------|---------------------------|--------------------------------|-------------------------------|
| Writing 5-year strategy. | Produce 5-year strategy outlining milestones and future direction for therapy in the criminal justice system / prisons. | Write Document | Trustees. | Document published | 2015 |
| Publications. (Therapy Today) Systematic literature review of the research into counselling in prisons. | Develop formal academic links with academic institutions / departments to promote research and development projects. | | Trustees & Regional leads | | Ongoing |
| Counsellors directory. | Produce directory | Consult with membership | Regional leads | Directory published | Ongoing |
| Produce Several toolkits for counsellors: <ul style="list-style-type: none"> • Self-harm. • Pre trial therapy. | | | Trustees & Regional leads | Publish Documents and toolkits | Ongoing |

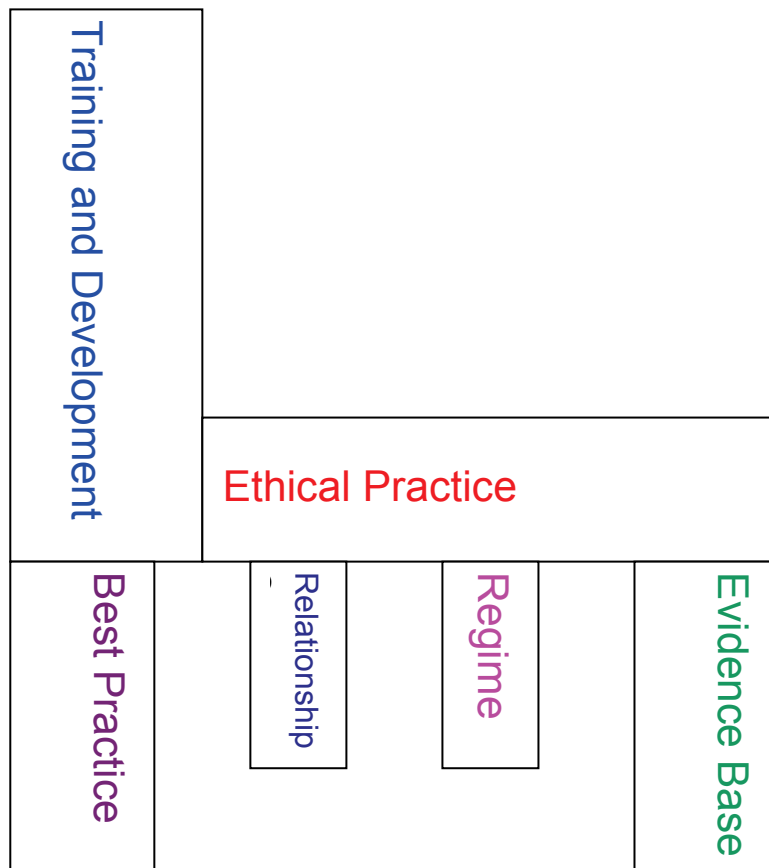
| | | | | | |
|--|---|--|---------------------------|--|---------------------------------------|
| <p>Working therapeutically with specialist groups within the criminal justice system:</p> <ul style="list-style-type: none"> • Learning disability. • Armed forces personnel. • Older people. • YOI • Female. | | | Trustees & Regional leads | | |
| <p>Produce an Ethical Framework for Practice for therapists in the Criminal Justice System.</p> | <p>Develop standards and criteria for services in the management, engagement and treatment of Offenders and others in the CJS</p> | | Trustees | | <p>Ethical framework 2016 Ongoing</p> |

Appendix 9.
The Work Programme Expert Reference Group, 5-Year Strategy 2015 -2020.

| Identified Work Programme. | What needs to be done? | How? | Who? | Criteria for Success. | Targeted and Completion Date. |
|---|--|--|---------------------------|--|--------------------------------------|
| Regime / Environment. | Identify factors that discourage disclosure and hinder engagement with victims. | Reference GP, Research. Whole system approach | Trustees & Regional leads | Reference GP, Research. Whole system approach | Ongoing |
| Staff. Induction / Training / Support / Supervision. | Develop induction. Identify training needs and nature of support that staff require in order to engage and manage victims. | Research. Whole system approach. CD.ROM Video, Reference GP. Locally driven | Trustees & regional leads | Research. Whole system approach. CD.ROM Video, Reference GP. Locally driven | Ongoing |
| Prisoner-focused interventions. | Elicit views of prisoners in relation to environment and experience of relationships in the prisons. | Video, induction, Counselling Network | Trustees & regional leads | Video, induction, counselling network | 2011 |
| Integrated care pathway. | Develop integrated care pathway. Identify routes. Identify responsibilities and interventions within the context of a whole systems approach both inside and outside the prison. Identify protocols, if required. | Referral Pathway, whole systems approach, strategy document, Process Map | Trustees & Regional leads | Referral Pathway, whole system approach, strategy document, Process Map | Ongoing |
| Engagement / relationships. | Identify engagement issues. Look at key worker, roles, responsibilities and support of staff and support of victims. | Workbook. Integrated Care pathway. T.F.C Counselling Network P.O training | Regional leads | Workbook. Integrated Care pathway. T.I.C Counselling Network P.O training | Ongoing |
| Assessment tools / Single holistic assessment. | Develop a single assessment tool that is holistic and sensitive to the needs of victims. | Share best practice Conferences | Trustees | | Ongoing |

| | | | | | |
|-----------------------------------|--|--|---------------------------|--|---------|
| Treatment issues / Interventions. | Identify treatment issues and interventions for victims that is evidence-based and sensitive to the needs of the victim. | Three stage model, CD ROM, Handbook | Trustees & Regional leads | Three-stage model, CD ROM, Handbook | 2011 |
| Documentation. | Develop documentation required in the form of a passport (asset form). | Leaflet | Regional leads | Leaflet | 2015 |
| Other agency issues. | Identify role and responsibilities of other agencies in the engagement, management and treatment of victims of abuse. | Consult with membership, locally led | Regional leads | | |
| Support networks. | Identify appropriate support networks and develop for the victim and detail these within information leaflets. | Personal officer, Prison Counselling/CMHT Community services | Regional leads | Personal officer, Prison Counselling/CMHT Community services | Ongoing |
| Standards. | Develop standards and criteria for services in the management, engagement and treatment of victims of abuse. | Consult with membership and Regional leads | Regional Leads | | Ongoing |

Appendix 10. Strategic Framework: The Chair Model.



- Training and Development
- Ethical Practice
- Best Practice
- Relationship
- Regime
- Evidence Base