

HOW RADIO CAN IMPROVE LIVES IN MINORITY COMMUNITIES

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Abstract

This thesis will draw upon radio production, specifically community radio, to examine how the participation of the audience can empower participants and offer a voice to the voiceless. By embedding the values of community radio into community/rehabilitation projects, can radio improve lives for those participating in the production?

This research will explore what is meant by the term *minority community*, and how those within a minority community can be better represented through the medium of radio. Radio produced 'by the prisoner for the prisoner' is beginning to draw academic interest as a means to help prisoners with their rehabilitation process. This thesis will explore the nature of the media within minority communities, and will specifically examine how radio production can be used to connect with the more challenging to reach communities such as prisoners and patients within a high-secure hospital. Are prisoners a minority community? If so, what defines them as such? By focusing on one element of minority communities; those who are incarcerated, this body of work examines the broader implications for other minority communities.

It is necessary to examine the impact that radio has on the producer to analyse how radio can improve lives. By drawing on the theory and practice of media production, as well as the impact on participants, a conclusion can be made on how the lives of those involved are improved.

The DiGi DBT (Digital Dialectical Behavioural Therapy) project will act as a case study to test the theory that radio production can improve lives. Through an observational research approach, the project will look specifically at patients diagnosed with personality disorders, living in a high-secure hospital. By encouraging patients to engage with community radio-based projects, can they be empowered? If empowerment takes place, can this aid the patients' rehabilitation process?

DiGi DBT was initially a two-year project, funded by Knowledge Transformation Partnerships (KTP), which was later extended to three years. DiGi DBT was observed first-hand by the researcher and author of this thesis, while being employed as the Media and Therapy Developer responsible for leading the programme. The project saw the University of Lincoln and Rampton High Secure Hospital come together to use radio as a medium to help patients diagnosed with personality disorder redesign Dialectical Behavioural Therapy (DBT) for future patients through radio production. This thesis uses ethnographic, observational and qualitative research techniques to evaluate the success of the project, the project aims and how this project can be used as a case study to evidence how radio can improve lives in minority communities.

Introduction

Radio is a vital medium for transferring information and can reach many corners of the world.

“Community radio gives community members access to information because it gives them access to the means of communication.” (Tabing, 2005, p.12). What distinguishes community radio from other media? Tabing argues it is the “...high level of people’s participation...” (2005, p. 12). This thesis will draw upon radio production, specifically community radio, to examine how the participation of the audience can empower participants and offer a voice to the voiceless. By embedding the values of community radio into community/rehabilitation projects, can radio improve lives for those participating in the production?

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The DiGi DBT Project

DiGi DBT was initially a two-year project, funded by Knowledge Transformation Partnerships (KTP), which was later extended to three years. The aim of a KTP project is for a transformation of knowledge to occur between two organisations (usually a business and an academic body). The UK government website states that “[a] KTP enables a business to bring in new skills and the latest academic thinking to deliver a specific, strategic innovation.” (Gov.uk, 2020). DiGi DBT was observed first-hand by the researcher while being employed as the Media and Therapy Developer responsible for leading the programme. The project saw the University of Lincoln and Rampton High Secure Hospital come together to use radio as a medium to help patients diagnosed with personality disorder redesign Dialectical Behavioural Therapy (DBT) for future patients through radio production.

Rampton is one of three high-security hospitals in England and Wales. The Hospital's mission is to “...work with commissioners, patients, carers and staff to lead the development and provision of high quality, cost effective, secure forensic health care.” (NHS Foundation Trust, 2020).

Patients are admitted to Rampton if:

They are referred by a health professional and assessed by the Hospital as meeting the criteria for admission. Patients will have been assessed as requiring treatment under conditions within a high-secure environment, meeting the criteria of posing a grave and immediate danger to themselves or the public. (NHS Foundation Trust, 2020).

Working alongside patients, educators, nurses and therapists, DiGi DBT would encourage participants and staff to think more creatively about how they deliver DBT, by making it more engaging and relatable. The researcher had unprecedented access and insight into the high-secure hospital and was able to observe the impact of the project on the participants' first-hand.

What is Dialectical Behavioural Therapy?

DBT is a talking therapy "...originally founded in the late 1970s by Marsha Linehan...". (Vaughn 2020). Marsha Lineham later disclosed that she too was diagnosed with a personality disorder "which involved hospitalisation at the age of 17 that lasted longer than two years." (Borchard, 2018). According to the charity Mind, DBT is "...based on cognitive behavioural therapy (CBT), but it's specially adapted for people who feel emotions very intensely." (2020). The DiGi DBT was closely monitored by David Underwood, Senior Lecturer within Acorn Education at the hospital. Underwood had worked at Rampton for 13 years (Underwood 2020) and spent many years supporting the patients before helping deliver the DiGi DBT workshops. In an interview with Underwood, he describes DBT at Rampton as "...the predominant intervention for patients to help them manage their behaviour traits." (2020). Patients within the Peaks Unit are actively encouraged to engage with DBT during their stay. Patients would have one-to-one therapy sessions with their therapist once a week, where they could talk critically about their emotions and behaviours. Alongside this, patients would come together in a classroom to learn the DBT

skills and carry out activities that contextualise their learning so they can put those skills into action and regulate their emotions.

Many people with personality disorders struggle with suicidal thoughts and self-harm. According to BPD World “[p]eople with BPD often act very impulsive – be it through alcohol or drug abuse, gambling and overspending, or promiscuous behaviour and self-harm is one of the most excruciating expressions of this need for instant gratification.” (2020). Lineham’s work has been “...designed specifically for people who harm themselves, for those diagnosed with borderline personality (BPT), and those who suffer from pervasive suicidal thoughts and/or attempts.” (Borchard, 2018). Linehan uses the process of ‘radical acceptance’ (Lineham 1970) which “...incorporates the techniques of cognitive behavioural therapy meant to change the harmful behaviour of a self-cutter or a person who battles chronic suicidal ideations.” (Borchard, 2018).

The common bond between community radio, prison radio, and DiGi DBT

There is a common bond between community radio, prison radio and DiGi DBT, and that is *social gain*. What is social gain and what does it mean for those involved in the production of radio?

Social gain within the context of community radio is described as “... providing unique content, community radio stations deliver wide benefits to people in the areas in which they broadcast.” (Ofcom, 2010). This includes “... offering training and work experience opportunities, contributions to local education and providing a voice to those who may find it harder to access the media. (Ofcom, 2010).

According to The Community Radio Order (No.1944) it is a characteristic of community radio services that they are local services provided primarily:

(a) for the good of members of the public, or of particular communities, and

(b) in order to deliver social gain

(Great Britain, The Community Radio Order ((amendment)) Regulations 2004)

Social gain within community radio focuses on the objectives of social nature to promote social inclusion, volunteering, participation, and cultural and linguistic diversity. (Great Britain, The Community Radio Order ((amendment)) No. 1944, Regulations 2004). Community radio stations deliver benefits for not just the listeners, but the producers. “This includes offering training and work experience opportunities, contributions to local education and providing a voice to those... who may find it harder to access the media.” (Ofcom, 2010). To summarise “[i]f a radio station is not offering access to voices which are under-represented elsewhere, and if a station is not of practical benefit to its community, it is not a community radio station.” (Fogg, Horbel and Brooks, 2005, p.12).

For a community radio station to exist as a community radio station, it needs to deliver social gain. The same can be said for Prison Radio. shmuFM in Aberdeen was established as a charity in 2003. It is “...one of the core cultural organisations in Aberdeen, and is at the forefront of Community Media development in Scotland...” (shmuFM, 2020). It promotes social gain by supporting residents “...in radio and video production, traditional and online publications, music production and digital inclusion.” (shmuFM, 2020). According to Ofcom it “...has created a full-time training programme for prison inmates including the production of programmes for broadcast on the community radio station.” (2010). Murray Dawson from shmuFM said: “The scheme has provided encouragement, motivation and support to prisoners who continue to

develop their skills, post-release, which has contributed towards a break in their cycle of re-offending.” (Ofcom, 2010). Wilkie of National Prison Radio stated that the programmes are designed “...to help people understand the prison system, the services that are available both inside and after release, and to encourage discussion of the issues that surround crime and justice.” (2020). Community radio and prison radio both exist to promote social gain in minority communities.

DiGi DBT also aims to promote social gain through participation, education, empowerment and representation (explored in Chapter 3). It is through social gain that we can to improve lives within minority communities.

Background

This thesis explores how community radio can improve the lives of those belonging to minority communities through participatory radio development. This study uses the work with patients in a high-secure hospital to examine and analyse their engagement with radio production. To understand how radio production and participation can improve the lives of prisoners, this research looks at the following primary areas of research:

1. Radio production
2. Community radio
3. High-secure hospitals
4. The purpose of prison
5. Life in confinement
6. Prison radio
7. Minority communities.

Radio production

Radio production is recognised as a tool for communication that has a personal link to its audience. Radio production is established around key principles and working practices to reach audiences and communities. As Wilby and Conroy (1994) argue, radio is dependent on building lasting relationships with audiences through intimacy. They argue that “...radio does not demand the virtually exclusive level of audience attention that the press and television require for effective communication...” (1994, p.1) emphasising the intimacy of radio. Radio has the power to create intimacy because it can be listened to anywhere; in the shower, around the kitchen table, whilst driving. Orfanella writes that there is a “...one-to-one connection that nobody can match.” (p.53, 1998). It is through this intimacy that radio “...offers the greatest potential for building up a one-

to-one relationship with each member of its audience.” (Wilby and Conroy, 1994, p1). Orfanaella examines milestones for radio creating connections with listeners such as *The Fireside Chats* and Wolfman’s Jacks various radio shows. Orfanella summarises her research by stating that “[r]adio has the power to individualise its presentation within the mind of each and every listener.” (p.55, 1998). It must be noted that this is a short study, so the examples of radio creating intimacy are not in-depth. However, this article offers a starting point for researching the intimacy of radio, and how the medium has been used to connect its audience on a more personal level – historically.

Similarly, one of the challenges in radio is that it is an ‘invisible medium’ (Lewis and Booth, 1989, p.11), overlooked by visual media. Radio production has developed over the years, from radio being used for maritime and military purposes (Lewis and Booth, 1989, p.11) through to Winston Churchill using radio as a means of communication (1989, p.71). The detailed timeline that Lewis and Booth presents helps to get a deeper understanding of how the medium of radio has developed over the years, and how radio is used as a tool for communication and education.

Radio is now used as an educational tool for developing countries, and in doing so is becoming more accessible to minority audiences. Sarmah (2017) and Guterrez (2011) argue that radio directly affects the social fabric through education and social development. Sarmah presents several case studies examining the effectiveness of radio as an education platform in developing countries such as Benin Republic, India and Ghana. There are many comparisons between Sarmah’s research and the DiGi DBT project. Guterress’ research is similar in theme, though he focuses on the radio production interaction between Radio Sutatenza and Columbian participants. This research highlights how the radio project encouraged social change and development with a focus on the communication and education interface. According to Gutierrez “[t]he implemented model consisted of broadcasting (programmes), radio reception (organised

listening-radio schools), access (by making available radio devices that, unlike the others, only tuned into Radio Sutatenza, and guaranteeing coverage with quality sound), combined media system (radio, primers, books, newspaper, disco-studio, etc.) and leaders training centres.” (2011, p1). Is it possible to build on the research conducted by Sarmah and Guitierrez to explore further how radio can connect with harder to reach communities?

Community radio

As early as 1932, Bertolt Brecht hinted that community radio could play a part in effective communication through participation. “Radio could be the most wonderful public communication system imaginable... if it were capable, not only of transmitting but of receiving, of making the listener not only hear but speak.” (*The Radio as an Apparatus of Communication*, 16th July, Bitter des Hessischen, State Theatre Darmstadt). Community radio is a well-established form of communication media with many researchers and media professionals writing about the processes and benefits of community radio within their given communities (Lewis P.M and Booth J, 1989; Girard, B 2001; Tabing, L 2005; Nafiz A, 2012; Guo, L 2017). Tabing is one of the most cited researchers in the field of community radio. In his book *‘How to Do Community Radio’*, Tabing defines a community radio station as “... one that is operated in the community, for the community, about the community and by the community” which has been widely accepted by media producers all across the globe (2005 p11) and will be the primary definition used within this work. This definition has encouraged debate around how the medium can best serve minority communities. Tabing points out that a high degree of people’s participation, both in management and programme production, distinguishes community radio from any other media with a significant emphasis on the participation of the listener being a central principle. (2005, p.11)

Tabing's suggestion that the production of radio has as much benefit to the producer as it does the listener, links directly to the DiGi DBT project where the aim was to improve social gain for the participants.

Tabing is not the only researcher investigating the benefits of community radio for the community, as many case studies from different corners of the world analyse how participating in community radio can benefit the listener and the producers. Vinod, P and Kanchan, K, M carried out studies on different minority communities to investigate how community radio changes lives. In one study, they examine how the participation of African women within community radio empowers them. Vinod, P and Kanchan, K, M state that the women whose skills and confidence have been enhanced through radio participation "...now act as agents to mobilise other women to participate. This participatory process further helps women in raising their collective consciousness and understanding of their social reality and problems." (p.240, 2007). The community comes together more after the participation in community radio, and individuals feel empowered through that participation. This body of research reinforces the idea that the listeners are the radio producers, and the producers are participating at every level of that media communication.

Another critical role played by the media within minority communities is that of the community communications concept explored by May (1979, p.7). May explains that media to communicate has often been called 'community communications' (1979, p.7) and this also refers to "...identify programming specially designed for particular community groups, such as ethnic or minority groups, groups with special needs or interests." (May, p.7, 1979). How can this model be used within minority communities? May believes "...the community participates, as planners, producers, performers." (May, p.8 1979). She goes on to state that "[t]hey are the means of

expression and the community, rather than for the community.” (May, p.8). Taking this model of participation, where the community can exchange views and news, can community radio help to improve the lives of those belonging to a minority group?

A fundamental hypothesis for this research and broader community radio research is that the focus of the production is not on the end product, but more the process of getting there. In Girard’s book *A Passion for Radio: Radio Waves and Community* he states that “[i]t is not so important that the programming be ‘slick’, but that it is based on the concept of participatory communication, to facilitate their discussion, to reinforce them, and to challenge them.” (2001). This is how community radio stations differ from mainstream radio. Community radio places a significant emphasis on bringing small communities together; a ‘voice for the voiceless’ and a tool for development. For this reason, this research will not focus on the benefit to the listener, but rather the benefit of participating on the producer. What happens when someone takes the values of community radio and brings them to a minority community (such as a high-secure hospital) where patients are segregated from their original community? Can the teaching of community radio still have an impact on those individuals, without a radio station being built, and even if no-one is listening, just as May and Girard hypothesize?

High secure hospitals

To be able to examine how radio production can improve the lives of those living in a secure environment, an understanding of what life is like for those living in prisons and high-secure hospitals needs to be established.

There is little research to suggest what life is like for those who live in a high-secure hospital. Most insights into life inside high-secure hospitals have to be drawn upon from documentaries that are there to entertain before they inform. In 2013, the mini-documentary series *Inside Broadmoor: Criminally Insane* aired on Channel 5. It advertised exclusive and unprecedented access to Broadmoor's archive. (Channel 5, 2020).

Following the show, TV journalist Jonathan Levi and cultural historian Emma French paint a vivid picture of life at Broadmoor in their book *Inside Broadmoor: Up Close and Personal with Britain's Most Dangerous Criminals*, which was released in 2019. Levi and French spent almost a decade observing and speaking to those on the inside, and the book includes interviews and observations of both patients and staff. However, the researchers do not live the same experience as patients or staff. This is only one observation of what life might be like inside a high-secure hospital, specifically Broadmoor. The book is designed to entertain before educating, but when reading their work, the parallels are evident between what they describe of Broadmoor and the researcher's observations in Rampton. Paired with the fact that they are one of the few journalists ever to gain access to Broadmoor for such a period this 'real-crime thriller' becomes essential to this research. There is little analysis within the book as the writing is based on the primary observations by Levi and French.

Both the TV series and the book are an example of the mediated phenomena of life on the inside of a secure hospital. Levi and French are telling their story, and sharing their experiences rather than analysing the environment of the high-secure hospital. Levi and French often hint at the aloofness and mystery of the high-secure hospital and dramatise the patients. At times, *Life Inside* reads like a sales pitch for the documentary series, referencing the television broadcast. However, this text does successfully illuminate what life is like for a patient in a high-secure hospital, from the moment they arrive to their release date (or more likely to the present day, for few ever will be released) from their observations and experiences at least. Unfortunately, there are no other core research projects that achieve the level of insight, depth and accuracy as the *Inside Broadmoor* show and text. Levi and French record the acute details of 'life inside' and interview many different patients whose voices have never captured. The text is beneficial when researching what life is like for a patient in a high-secure hospital, and their day-to-day challenges and routine. Whilst this text has its flaws, it is undeniably the closest insight we can draw upon when considering life inside a high-secure hospital, and of patients as a community.

The purpose of prison

With there being so little research into secure hospital environments, the closest available research to draw upon is the prison system.

There is no clear definition of the purpose of prison, and it is a matter of ongoing debate. Morris acknowledges that “[p]roper use of imprisonment as a penal sanction is of primary philosophical and practical importance to the future of society” (1974, p.116). Two main purposes seem to come from the purpose of prison debate; rehabilitation and punishment, but how did we get here?

According to O'Donnell, two hundred years ago the aims of imprisonment were clearer than they are today:

(i) to contain debtors until what was owed was paid; (ii) to detain accused persons pending trial; (iii) to hold convicted persons pending the execution of the sentence of the court (iv) to punish offenders for periods so brief that ascribing to them a purpose other than incapacitation seems somewhat grandiose – little can really be expected of prison terms that are completed in a matter of days or weeks; (v) to profit gaolers. (2016, p.39).

The focus was on punishment, and punishment still builds the foundation for our prisons today. According to Kann, it was liberal thinkers who influenced the purpose for punishment and penal reformers based their ideas about punishment on 'three grand theories'. "They regularly invoked social contract theory. They often applied abstract norms of natural law and justice. And they commonly promoted utilitarian reasoning in the service of public happiness." (Kann, 2005, p.22). The justification for punishing offenders included "... retribution, restraint, deterrence, and reparations. (Kann, 2005, p.22). When an offence took place, hangings took place for severe crimes, whippings and shameful rituals for the lesser crimes were the main forms of punishment; "... the main purposes of punishment would be to eliminate criminals and exact retribution for crimes." (Kann, 2005, p.43). Later though, public officials decided they could prevent crime by promoting an ethic of self-control, a healthy social environment, and a more effective legal system, and so prisons came into play. (Kann, 2005, p.43). Now, punishment would be teaching the criminal to become a responsible, law-abiding person; "... the process was made palatable by portraying inmates as immature adults who were fortunate enough to receive fatherly guidance from paternalistic keepers." (Kann, 2005, p.43). Garland describes punishments as "... an occasion for the practical realisation of the moral values that make up the conscience

collective.” (1991, p.123). Garland goes on to state that it “... responds to the criminal's attack on morality and solidarity by reaffirming the strength of that moral order, restating its terms, and reasserting its authority.” (1991, p.123). Kann and Garland suggest that the purpose of punishment within prisons is first a response to crime, and to reinstate the moral order. Garland concludes that “ ... no method of punishment has ever achieved high rates of reform or of crime control-and no method ever will” (1991, p.158).

Prisons introduced a new focus; rehabilitation. According to Cullen and Gendreau, since the inception of the modern criminal justice system “... a persistent response to the question what to do with lawbreakers has been to *change* them into law-abiders-that is, to rehabilitate them (2000, p.111). How is rehabilitation being achieved? We have seen an emergence in “...cognitive behavioural programmes, along with more sophisticated approaches to programme design and better measurement of effects...” (O'Donnell, 2016, p.41) which provides a potential for imprisonment to catalyse meaningful personal change whilst improving community safety. However, critics claim that, in reality, “...rehabilitation is not an instrument for encouraging good works but a 'noble lie' - an ideology that allows coercion to flourish behind a mask of benevolence.” (Cullen and Gendreau, 2000, p.112). Indeed, rehabilitation does not always succeed. The Prison Reform Statistics in Chapter 2 demonstrates the high record of re-offenders. Does that mean rehabilitation does not normally work or that rehabilitation must be improved? Clements argues that rehabilitation strategies in prisons are failing “[...suffering from a chronic shorttermism...” (2014, p.117). Morris states that rehabilitation “...must cease to be purpose of the prison sanction...” as they “...must not be seen as purposive in the sense that criminals are sent to prison for treatment.” (1974, p.1172). However, Morris acknowledges that this does not mean rehabilitation programmes should be abandoned, but rather they need expansion (1974, p.1172).

Clements suggests that it is through art and education that rehabilitation will have a better chance to succeed.

By focusing on the purpose of arts education in prison and particularly how in practice it best contributes to reformatory work, this clarifies its capacity to encourage the self-direction, respect and management in a voluntary capacity, which underpins realistic transformation. (Clements, 2004, p.177).

What all contemporary arguments have in common, is that the purpose of prison is to protect society, and to help reform a prisoner, but how we do this is a matter of debate.

The alternative prospect - to do more of the same, to argue that offenders cannot change, to get tougher and tougher-seems an uninviting future to contemplate. By contrast, reaffirming rehabilitation strikes us as a wiser and, we suspect, happier course to follow. (Cullen and Gendreau, 2000, p.162).

As Morris states, we may use education, art and therapy to help the prisoner towards rehabilitation, but we should never "[...] seek to justify an extension of power over him on the ground that we may thus more likely effect his reform. (Morris, 1974, p116).

Life in confinement

Hayner and Ash analyse the prison system and place a considerable emphasis on the effects of a prisoner being taken from their community and put into a new one with new rules and a different hierarchy. "The prisoner comes from a community and, after an average stay of two and

one-third years, will return to a community. If he is to be accepted as a law-abiding person on his return, he must learn in prison to play the role of a citizen” (1940, p.577). They analyse the effects of the new community on their emotional health and newly learned behaviour. They argue that the prison community should reflect that of the main-stream society if they are going to discover the ‘accepted behaviours’ to have a successful release and avoid re-offending behaviour and further imprisonment. They also evaluate the relationships between prisoner/guard, and prisoner/prisoner. They argue that although the guard is in a position of authority, the prisoner will always behave in a way that suits the other prisoners because the prisoner does not live with the guard. “The prisoner does not live with the officers, however but with his fellow convicts. They tell him very definitely what he is supposed to do as a con. Since they are the people with whom he eats, works, sleeps, and talks, he will naturally try to adjust by ‘getting along.’” (Hayner and Ash, p.579, 1940). This may be problematic when rehabilitating prisoners for their release. Hayner and Ash conclude that not only does the prison need to be identified as a community to become successful in rehabilitation, but it should also inform prison policy and procedure; “[f]urthermore, why not make ‘the prison as a community’ the guiding concept for administration?” (1940, p.577).

There is little literature from a UK prisoners’ point of view. There needs to be an element of ‘own voices’ within this body of research to understand what it is to live confinement. How do we know if we can improve the lives of those living in prisons, without considering their day-to-day quality of life?

Erwin James is currently serving a life sentence. In 2000 (almost 16 years after his conviction began), he started writing the column *A Life Inside* for *The Guardian*, which quickly attracted a passionate following. In letters to James, readers of his columns have described his writing as “a fascinating insight into a world which society probably chooses not to think about most of the

time” (Andrew Barnell, Birmingham, 2000). Another avid follower writes “I always read your columns with great enjoyment, and for two reasons. They are very well written of course. But it is the warm perception of other people with whom you have lived under prison conditions for these past years and the insight you offer into their lives and attitudes that are so inspiring.” (Elizabeth Hubbard, Canterbury, 2000). His writing for the column has since been turned into a book, with an introduction by James himself. As there is no substantial literature written by a patient from a high-secure hospital, James' voice is the closest first-hand account available to help represent the general day-to-day lives of those living in confinement. Most, if not all, of the patients involved in the DiGi DBT project, had spent time in prison, and most were serving life sentences before going into the secure hospital. Although this is only the voice of a single inmate (incarcerated in a different setting), many of the experiences James discusses within his columns are likely familiar to patients at Rampton. *A Life Inside* (2000) describes what it is like to serve life in confinement, and the effect on your mental health during that time. Over the 15 years that the articles are written, his opinions and feelings towards his community changes. However, the one constant is that he is still in prison, reflecting on his survival. What are our responsibilities to incarcerated populations as the people with power? Should we do more to help rehabilitation and support mental health? Finally, can projects like DiGi DBT improve lives for those living in confinement?

Whilst James might write his columns in the forms of stories and interactions with other inmates; there is no doubt that he is illuminating a somewhat sheltered part of our society. Having an ‘insider’s voice’ is paramount to investigating what a person in confinement experiences, and how it affects them and their mental well-being. James argues that the prison system should have a balance of punishment and rehabilitation. Whilst this text is a first-hand account of what life is like for a prisoner, James’ work appears exclusively in *The Guardian*, a left-leaning publication. Naturally, we have to assume some level of bias, and there is the potential for his

ideas to have been submitted by *Guardian* editors. As the sole publisher of his ideas and articles, and his position as a serving prisoner, we can assume he may have less control over the presentation of his words than a traditional researcher. This means we do not know how edited they were, and by whom. The articles would also be driven by current affairs and what readers wanted to read, rather than necessarily what James wanted to write. That being said, the pieces come across as raw and honest and often bring into questions the failures of the prison system in the UK. His voice is an essential addition to this research, as it is one of the only sources of prisoners' words (outside this primary research) that can be regularly called upon to support this thesis.

Prison radio

Prison radio is becoming critically acclaimed for the representation it is giving prisoners and is beginning to attract academic interest.

The Prison Radio Association (PRA) is a British prison-based charity that operates National Prison Radio (National Prison Radio), a radio station which broadcasts programmes made by and for prisoners. It was also the world's first national radio station of its kind. PRA productions specialise in producing high-quality, targeted audio content which is designed to make a social impact. It has produced several documentaries and series for BBC Radio 1, BBC Radio 1Xtra, BBC Radio 2, BBC Radio 4 and the BBC World Service. To analyse how radio can help those living in confinement, it is imperative to research the outcomes of prison radio by looking at the work of National Prison Radio.

Is prison radio having a positive effect on prisoners and their rehabilitation? Anderson and Bedford (2012), through a case study of National Prison Radio, argue that prison radio is starting to offer a level of respect to prisoners. They theorise that this is being achieved by National Prison Radio encouraging participation through media production and representing the prisoners themselves alongside prison issues. By doing so, prison radio is promoting accountability and education, and helping prisoners to reform and aid rehabilitation.

Bedford examines the early history of the PRA in her book *Making Waves Behind Bars*, and the formation of the first national radio station for prisoners focusing primarily on the success of prisoners who participate in the production of prison radio. This, and Grimes and Stevenson research (2012), are some of the only studies that give us an insight into prison radio and measure the impact it has on British prisoners' lives. The projects Bedford has overseen and researched in Brixton significantly overlap the DiGi DBT project, with similar aims and values. Bedford's experiences highlight how radio can improve lives in a community not dissimilar to the Rampton high-secure patients. She argues that participation is a crucial part of the process to reduce reoffending and gives 'the voiceless a voice'. While reoffending is not a topic this research focuses on specifically (as many of participants in our project will never be released) the idea of empowering participants to feel like productive members of their society, is an important theme. It is also one of the only academic texts where the researcher demonstrates the world of Prison Radio and gives an account of how it is done day-to-day. Bedford describes prison radio as "...a unique response to the increasing global incarceration crisis, able to support people through their sentences, improve prison communications, and address the causes of recidivism through access to information." (p.1, 2018). Prison Radio began in the UK in 1994, with the establishment of radio Feltham to help keep prisoners "... company at night when they were at their most vulnerable." (Prison Radio Association, 2020). There are now 100 UK prisons that tune into prison radio daily, with an estimated 80,000 potential listeners (Prison Radio

Association, 2020). With prison radio becoming familiar to UK prisoners, could it also have the potential to connect with high-secure patients when they are already familiar with the medium?

What *Making Waves Behind Bars* does not do, is take into account that the prisoners are empowered in other ways. For example, prisoners also attend talking therapy, educational classes, workshops, recreational activities, and carry out work-based duties. Bedford does not attempt to highlight how much ownership the PRA can take, for the prisoners' empowerment and successful rehabilitation. This is probably because that is an impossible task; a problem encountered during the DiGi DBT project. There is no doubt that Bedford's research is an in-depth and insightful review of prison radio and the achievements being made today.

Prison radio outside the UK is also reaching other countries to aid with rehabilitation. Doliwa (2013) explores the characteristics and roles of prison radio in Poland through several case studies. According to Doliwa, twelve prisons were selected at random from a possible list of 157 operating in Poland. In the end, seven prisons participated in his research. The small sample of participants was due to various reasons ranging from the length of time required to obtain permission from the head of the prison or lack of interest from prison staff. Through these case studies, Doliwa analyses the programmes they broadcast, as well as the role they play in the prisoner's community and the rehabilitation process, making a case for radio in prisons.

It is worth highlighting that prison radio, despite its significant limitations, is still the most egalitarian and irreplaceable medium in Polish prisons. Without prison radio, life behind bars would definitely be poorer. (Doliwa, p.133, 2013).

Doliwa conducted interviews over the phone with prison staff representatives responsible for closed-circuit radio systems. Doliwa used a standard questionnaire which included a combination

of open and closed questions to interview the different members of staff representing various prison radio projects. However, Doliwa did not visit all the prisons but managed to visit one prison and speak to two prisoners himself during his research. Doliwa's research could have been more comprehensive if he was able to visit more than one prison and represent the voices of more prisoners to highlight the gains in prison radio. For the seven members of staff Doliwa spoke to, the overriding similarity for all the prison radio projects was the primary goal of participation in the rehabilitation process of prisoners through prison radio.

Research on prison radio is limited, with Bedford and Anderson being the two leading researchers examining the outcomes of prison radio on the prisoners. They have studied women participating in prison radio, made case studies of African Prison Radio and evaluated the outcomes of freedom, empowerment and participation. However, the bulk of the secondary research on prison radio within this thesis comes from the same two researchers, Bedford and Anderson. The limited research available does not offer much scope and diversity, but it does highlight that this is an area deserving of further study.

Despite the limited amount of prison radio research, the analysis that does exist all share the same theme; participation through radio production being the key to aiding prisoner rehabilitation. Can DiGi DBT project, alongside Bedford and Anderson's research, test the theory that radio can improve lives for those living in confinement?

Minority communities

To understand how this project can be transferred to other minority communities, we need first to examine the inner working of minority groups and how we can engage and connect with them.

Block P examines how to *find your community and belong*. In particular, Block looks at shifting our attention from the problems of community to the possibility of community. This is a theory worth testing by looking at the prison community as a minority community. He goes on to state that we often separate minority communities by what they cannot do, rather than what they can do. He refers to labels such as 'homeless', 'ex-offenders', 'disabled' or 'at risk' (2018, p.3), and challenges the way minority communities are often made to feel isolated rather than connected. Block argues that to help support minority communities to live a more connected and enriched life, to give them the same opportunities and to include them, we need to start new conversations and take action where the following are true;

- "The world is shifted through invitation rather than mandate.
- The focus is on the communal possibility.
- There is a shift in ownership of this place, even though others are in charge.
- Diversity of thinking and dissent are given space.
- Commitments are made without barter.
- The gifts of each person and our community are acknowledged and valued." (2018, p. 102).

When individuals are placed in a minority community (a new community), such as 'prisoners', is it possible that these conversations are vital to experience a sense of belonging? Can radio projects, as art in their own right, improve the lives of those living in confinement?

Chapter 1: Radio production - why radio?

Radio production is being used all over the world to improve social gain, connection, and engagement. According to Dagon (2001), radio is the most pervasive and economical electronic medium in the world with the potential to serve as an 'ideal medium for change'. For over 50 years now, radio has been the 'most appealing tool' for participatory communication and development and community radio stations have "multiplied by the thousands" all over the world. (Vinod and Kanchan, 2007, p.20).

Prison radio is fast establishing itself as a 'unique response' to the global incarceration crisis and is "...able to support people through their sentences, improve prison communications, and address the causes of recidivism through access to information." (Bedford, p.1, 2018). In a vast pool of other media, why is it important that the DiGi DBT project used radio production to connect with patients? What are the benefits of using radio in minority communities such as prisoners? This chapter examines the purpose of radio, and why this medium was selected as the basis for the DiGi DBT project.

Radio is personal

Radio, in the beginning, was perceived to be an "...extension of the telephone." (Lewis and Booth, p.12, 1989). Earlier forms of radio were used at sea as a means of "... saving lives and controlling the movements of shipping..." (Lewis and Booth, p.16, 1989). However, from this point onwards, radio was starting to be acknowledged as an imperial communication tool, connecting one person to the other.

On 1st October 1939, Winston Churchill gave his first wartime broadcast, on the recently created BBC Home Service. (BBC, 2020). On 4th June 1940, families gathered around their radio in their homes, as Churchill delivered his famous speech (his fourth speech since becoming Prime Minister) from the House of Commons. Churchill's defiance affected not only his fellow-countrymen "...but echoed around the world..." (James, 2020). During the first weeks of the Second World War "...public entertainment venues closed down. The blackout darkened the streets, and people stuck at home turned to radio as never before." (Baade, 2020). Unlike other forms of media communication "... radio was unusually intimate, speaking to individuals or families in their homes, and to service personnel in camps and on the frontline around the world." (Potter, p.50, 2018). The broadcast of Churchill's speech connected people all over the UK to one another, and their Prime Minister.

The war effort was about a nation working together and the BBC both reflected and encouraged unity...Few people can forget the determined spirit of Winston Churchill when he proclaimed that the Battle of Britain would be the "finest hour" of the British Empire and Commonwealth. (Huard, p.12, 2012).

Lewis and Booth state that during WW2, radio, and the BBC in particular, helped to bring communities together. (1989, p.75). According to Lewis and Booth, the main contribution to this togetherness was derived from the 9 pm News. "If ever a community of sentiment could be claimed for radio programmes, a time when the listeners might feel that they had some sort of common purpose, it was during the news." (Lewis and Booth, p.75, 1989). Radio focused on not only informing those sitting in their living room but providing Britain's soldiers with music and entertainment to keep up morale and prepare them for battle. During WW2, the BBC "...sent one of its former public relations officers, Ryan to tour the camps and billets to find out what the

troops thought of what they heard.” (Lewis and Booth, p.73, 1989). Ryan reported that troops were listening to the radio in the ‘background’ as opposed to ‘listening in’. (p.74, 1989). The troops wanted music and shows to boost their morale. The *Forces Programme* was the result and “... it proved very popular both with the army and the general public.” (Lewis and Booth, p.74, 1989). Lewis and Booth argue that it was the Second World War that popularised the BBC, and it was during the late 1930s when the increased awareness of the importance of radio as a communication tool started to be recognised. (p. 71, 1989). The Second World War “...recreated a sense of community.” (Lewis and Booth, p. 91, 1989).

Meanwhile, between 1933 and 1944, US President Franklin D Roosevelt presented a series of evening radio addresses known as the *Fireside Chats*. According to Goodwin the term ‘fireside chat’ was inspired by a statement by Roosevelt’s press secretary, Stephen Early, who said that the president “liked to think of the audience as a few people seated around his fireside”. (1994). Radio listeners were able to imagine FDR by his own fireplace, speaking directly to them as if they were in his very own sitting room sharing a tumbler of whisky, and this was not an accident. Roosevelt was not actually sitting beside a fireplace when he delivered the speeches, but behind a microphone-covered desk in the White House. Roosevelt took care to make his broadcasts personal and directed his talks to the individual. Many of the night-time chats began with the greeting “my friends”. He referred to himself as “I” and the American people as “you”. “His paternal, colloquial broadcasting style helped soothe a troubled nation’s fears.” (Storm, 2020).

Radio has always had a special power. It has exerted this power from our grandparents gathered in the living room to an FDR fireside chat as it crackled from a big wooden cabinet filled with glass tubes to our own summer nights of making out as Wolf-man Jack howled through the dashboard speakers. (Orfanella, p.53, 1998).

The suggestion here is that radio has a one-to-one connection between producer and audience. Steve Lucht worked in public radio for ten years before becoming an interpreter. He now combines both his interpreting and radio broadcasting experience to produce a series of radio and audio stories. During his ten years in public radio, he produced many short features for a local news and a cultural affairs magazine. He also believes “the audience usually does not gather in groups to listen like they do to watch television.” Unlike war times, radio has moved on to a different sort of personal medium and “[l]istening to the radio tends to be a solitary process.” (p.9, 2010). Wilby and Conroy also agree “people rarely sit round the kitchen in groups to listen to the radio” anymore. Instead of collective experience, radio as a form “addresses each listener as an individual ” (p.1, 1994). Bedford in 2012 interviewed Phil McGuire, the chief executive of the PRA, and put the question ‘why radio?’ to him. He describes radio as an “...intensely personal medium, one which people instinctively understand” (p.22, 2018). The leaders of the DiGi DBT project wanted to capture the personal connotations and emotion from participants and convey that to the listener. The audience for the Rampton radio project would be listening on their own, most likely through an MP3 player as this is what they have access to inside the hospital. But it was also crucial to acknowledge the experience of the *radio producer*. The intentions of the project were that they would draw upon their lived experience to tell some honest and emotional stories. Thus the radio medium suits them and their needs, whilst creating that intimate connection between producer and their listener, and the messages being conveyed.

Tabing argues that “the fact that radio often reaches the listener during his/her situation of solitude and privacy adds to the intimate character of radio.” (p.40, 2005). For the messages the patients were creating with their media production, the ‘radio intimacy’ Tabing talks about fitted perfectly the intention of the DiGi DBT project and was potentially enhanced further by the listeners’ environment. Radio also tells stories through sound, music, audio and voice that will

create imagery, and a unique connection with each listener. Orfanella argues that “radio has the power to individualise its presentation within the mind of each and every listener.” (p.55, 1998). Listeners will picture and connect to that piece of radio in their individualistic way based on their environments and experiences.

Andrew Wilkie, Deputy Chief Executive of National Prison Radio, reports his reasons for choosing radio over other media as being rooted in its simplicity, its immediacy and its intimacy, and the capacity for creating genuine relationships despite the apparent physical distance. “It’s intimate and personal. It’s technically simple. It’s accessible whatever your literacy level.” (2020). Radio is a powerful medium because of its intimacy. The DiGi DBT project was going to be telling deeply personal, raw and honest stories that would suit and be enhanced by the intimacy that radio has proven itself to be. Moreover like Wilkie stated, it is accessible.

Radio is cost-effective

There are other more practical factors for choosing radio as our medium. Firstly, it is considerably cheaper to produce than many other digital mediums. “Radio is an affordable medium in terms of production, management, as well as for reception and can reach communities at the very end of the development road—people who live in areas with no phones and no electricity.” (Vinod and Kanchan, 2007, p.17).

When asked ‘*why radio?*’ Wilkie from National Prison Radio also agreed, “It’s also far less expensive – the equipment you need to make high-quality radio is really very simple.” (2020). The DiGi DBT project, like many social education programmes, had a small budget.

The DiGi DBT project was taking place in a high-secure hospital, with maximum security,

restrictions on items such as batteries, cables and technology in general. There is no internet for patients to access. There was no studio, but participants were able to use handheld Zoom recorders. Project leaders had to work alongside security ensuring safety regulations of the hospital were met and keeping the costs within budget, while still capturing the voices and stories of the patients.

The modest budget allowed for the purchase of five H3 Zoom recorders and one video camera. There was a high possibility of the equipment being broken, lost or stolen. Between 2018 and 2019, there were 5,583 incidents reported within the prison system (Gov.UK, 2020), and this figure reflects only those incidents which were reported. The radio equipment used was robust, cheaper than other media equipment (for example, television-quality cameras or top of the range computers) and easier to replace. In an interview with Walker from HMP Nottingham, she stated that replacing equipment in prison can be a “...terribly lengthy process...” which means the prison radio can often not function for a long time, and “...motivation from producers and audience is diminished” (Walker, 2020). Prison radio utilises robust studio desks, while the DiGi DBT equipment was much lower-tech and easier to replace in comparison. As it transpired, concerns about replacing equipment due to an incident were unnecessary, as over the three years there were no incidents. This may have been more than good luck and is discussed in Chapter 3, in the section on *accountability*.

In the UK, over the last seven years, there has been a rapid deterioration of safety within prisons. “Prisoners and staff are less safe than they have been at any point since records began, with more self-harm and assaults than ever before. Despite a brief decline, the number of self-inflicted deaths is rising once again.” (Prison Reform Trust, 2020). Self-harm was a daily occurrence at Rampton, and assaults between peers happened weekly. Sometimes, patients will steal equipment and tools to commit these assaults. For this reason, security measures have to

ensure that tools and equipment are only brought into the hospital when necessary. Having a small handheld zoom recorder, as opposed to say, a video camera and cables minimises that security risk, reducing the time taken to bring in the equipment, reducing the cost of replacements and maximising safety

Radio is accessible

Radio projects are taking place all over the world, and are reaching communities that are less accessible to the mainstream media. According to Sarmah "... the use of Radio as an educational tool has remained prominent in the countries like Thailand, India, Mali, Columbia, Nigeria, Mexico, Kenya, Nepal, Bangladesh, Nicaragua, Sri Lanka, Botswana, South Korea...". (2017, p.1). The first community radio service among developing countries was Radio Sutatenza in Colombia in 1947. (Sarmah, 2017; Gutierrez, 2011). The community radio service was aimed at rural areas "...with the emphasis on rural development, liberation, and literacy." (Sarmah, p 8, 2017). Following the success of Radio Sutatenza, in 1949 tin miners in Bolivia set up their community radio station *La Voz del Minero*. (Gumucio, p318, 2005) which "...served as a radical alternative to the government." (Samrah, p 8, 2017). According to Gumucio, during the 1960's "...every miners' union in the highlands of Bolivia wanted to have its own radio station." (p.318, 2005). Over the next decade, almost thirty community radio stations were created, managed and sustained by the miners themselves, and they volunteered part of the salary to cover operational costs. (Gumucio, p 318, 2005). Sarmah suggests that "[c]ommunity radio is perhaps at its most diverse in Africa: from pastoralist stations in remote deserts, to youth music stations in urban slums." (p.8, 2017).

During an interview with Wilkie, he stated that one of the reasons why he chose to move from the

BBC and commercial radio to prison radio was because of the accessibility to new worlds.

“Making radio can be a very unobtrusive process, and you can easily record the sorts of voices that just don’t get a look-in with the big broadcasters... I’ve stayed there for so many years because the experiment is continuing, and barely a month goes by when it doesn’t take me into exciting new areas.” (2020). If we take a look at Africa, radio is still the dominant mass-medium with the “...geographical reach and the highest audiences compared with television (TV), newspapers and other information and communication technologies (ICTs).” (Myers, 2008, p.5). Community radio is often the only accessible and readily affordable medium within rural communities such as those in South Africa. South Africa now has the largest and most vibrant community radio sector on the African continent (Nell and Shapiro, 2001). Community radio stations in South Africa exhibit the ideals of participatory communication, and to understand how to examine them in context.

By self-acclamation, Bush Radio is the "mother of community radio in Africa." (2020). Located in the heart of Cape Town, Bush Radio broadcasts in English, Afrikaans, and isiXhosa to cater to the diverse population of the target area. Roughly 250,000 listeners tune into Bush Radio's programs daily. According to Gumucio, Bush Radio has “...carefully tailored its programming through the years to serve the community and favour concrete social and policy changes.” (2001). Broadcasts on Bush Radio predominantly include talk shows that provide the community with an opportunity to explore issues ranging from health through gender relations and current affairs to the administration of the radio station. (Olorunnisola, p.135, 2002). They also broadcast music shows, community outreach projects and international programs. One broadcast to mention here is their prison radio program which has won accolades for the material produced. The training program was designed to “...equip young people convicted of various offences with radio station management skills. (Olorunnisola, 2002, p.137). This has parallel aims to the DiGi DBT project. According to Gumucio, the station has accomplished important changes in the

social environment including governmental changes on the running and organisation of community radio; peace deals between gangs; the training of 500 people; new journalists working for newspapers across South Africa; and their Prison Radio show paving the way for therapeutic programmes to help rehabilitate inmates. (2001, p.240). Another important element is that Bush Radio is entirely member-driven, with a handful of staff and many volunteers operating the station.

Another South African community radio station that will help examine how radio is improving minority communities is Radio Zibonele (1993). Radio Zibonele, whose "...original studio was located in an old container truck that also served as a clinic for the Zibonele Community Health Center, had also stolen the airwaves at inception." (Olorunnisola, p.138, 2002). Radio Zibonele had some of the most basic radio equipment available, which consisted of a homemade transmitter, power supply, one mixing console, and a small 'ghetto blaster'; all broadcasting. According to Gumucio, once a week for roughly two hours, 20,000 listeners in the Khaylitsha area of Cape Town received Radio Zibonele's broadcasts. (2001). Radio Zibonele is an excellent example of how a smaller, community radio project can help to build communities where the mainstream media might not be reaching them, much like the DiGi DBT project. In 1995, Radio Zibonele went on-air legally. It currently employs an estimated nine staff members and has a pool of volunteers (up to 100 people from the broader community.) It is reported that many of the volunteers have no formal education, resulting from the legacy of the apartheid era that was fraught with inequities (Gumunio, p.200, 2001) and therefore it is vital that Radio Zibonele consistently provides adequate training to their volunteers to ensure the station remains operational. Gumunio goes on to explain that the result was that a skilled group of broadcasters have been developed and now form a resource pool of skilled people who continue training on an ongoing basis. The trainees have become trainers, and the cycle continues. Radio Zibonele has come a long way from its original aim to reinforce face-to-face communication performed by

the community health workers. Now the radio station broadcasts to the entire community of Khayelitsha as a full-fledged radio station, broadcasting a whole range of programmes, "...from community issues to sports; to music and women's programmes; local and national news; children's programmes; and messages based on Primary Health Care", thus contributing to keeping the community informed, included, and of course, healthy. (Gumino, 2001, p.201). Radio Zibonele was one of the first community radio stations in South Africa and played a significant role in the uprising of community stations to follow after volunteers lobbied and advocated for community radio and its impact on the audience. According to Gumino "Radio Zibonele has shown that communities can become empowered and take responsibility for their own development, using radio as one such means." (2001, p.2020). Radio Zibonele also offered evidence that radio volunteers and producers did not need to be entirely literate to produce high-quality radio and engage their audience. They showed that despite the obstacles anyone is capable of creating radio within their communities for social gain.

These are just two examples of radio in developing countries and within hard-to-reach communities, however hundreds (if not thousands) more examples exist. Radio is being used all over the world to bring about change and educate audiences through community radio. There has been a realisation that "...technology has made radio into a more two-way medium" and that it can help bridge the 'digital divide' by providing a powerful platform for information dissemination and access, especially for those in hard-to-reach communities". (Myers, 2008). Closer to home, Wilkie from National Prison Radio expressed that he felt radio is more accessible because it allows the producer/presenter to talk more openly; "[i]t also feels a lot safer for our contributors to record their voice rather than appear on camera."(2020). Some of the prisoners can be high-profile in the media, and this can be a cause of concern for not only security but also the prisoner (and likewise patients) themselves. They need to feel safe to tell their story, and radio offers that opportunity. There are no images, no video, but just their voice

and their story.

The DiGi DBT project is also an example of radio improving lives in minority communities. Many of the patients at Rampton were serving life sentences. One in six people (16%) in prison are aged 50 or over—13,620 people. Of these, 3,311 are in their 60s, and a further 1,747 people are 70 or older. (Prison Reform Trust, 2019). Not only are patients and prisoners literally a hard-to-reach community because of the high walls and thick gates, but these patients are hard to reach as many have never seen media technology like smart devices or computers before. There is a substantial digital divide between ‘us on the outside’, and those incarcerated. Some of the patients involved in DiGi DBT did not know what an app is, and most of the media consumed by patients are prison radio or live terrestrial television; “[t]elelevision, available in the cell for many ... is a lifeline for many inmates.” (Johson, 2005). Communication media is limited and “[i]n a world that relies on a host of communication technologies to maintain almost constant communication with others, inmates, especially those serving long or life sentences, are increasingly left behind...” (Johnson and Hail-Jares, 2016, p.284).

Additionally, providing patients and prisoners with technology is often considered a security risk. (Jewkes, 2008, p.140). It was clear that radio would be more accessible to patients as they are already familiar with radio as a medium; “[r]adio is the most democratic of media both in providing easy access to citizen participation and in being widely available.” (Siemering, p.373, 2000).

According to the Prison Radio Association audience figures (listed below), prison radio is very popular among inmates and patients in confinement. In many ways, it is often an incarcerated person’s only connection to the outside world. 99% of prisoners have heard of National Prison Radio (National Prison Radio, 2020), 76% of prisoners listen to National Prison Radio, and 37%

of prisoners tune in every day. (PRA, 2020). Anecdotally, all the patients participating in the DiGi DBT project had spent time in prison, and all of them had heard of prison radio. Most patients in a high-secure hospital get transferred from the prison system; “958 people were transferred from prison to a secure hospital in 2018” (Prison Reform Trust, 2019). These patients already had a connection to radio, and more importantly, a radio station that represented them, that acted as their friend during some lonely times. Bedford, who worked for National Prison Radio and studied the benefits of prison radio on the prisoners, explains that radio can be a comfort to prisoners during their sentence “...it builds a sense of community by being a friendly and human voice in an environment that can be isolating and aggressive.” (Bedford, 2018, p.8). During an interview conducted by the PRA, an inmate said, “National Prison Radio saved my mind and soul at the start of my sentence. My hope is that more and more prisoners are able to tune in and that the programming continues to ascend to ever greater heights.” (Adam, HMP Brixton, 2016). With the familiarity of radio, DiGi DBT had a common language from which to build a new project.

A third of people (34%) assessed in prison in 2017 to 2018 reported that they had a learning disability or difficulty.” (Prison Reform Trust 2019). “According to a report produced by the National Literacy Trust, 60% of the prison population is said to have difficulties in basic literacy skills (Clark and Dugdale, 2008), which correlates to the research carried out by the Prison Reform Trust where they found that “[m]ore than three in five (62%) of people entering prison were assessed as having a reading age of 11 or lower.” (2019). Patients involved in DiGi DBT similarly had a multitude of learning difficulties and disabilities. Some patients were perturbed by the thought of any writing task and would be embarrassed easily concerning their spelling. At the start of the project, one patient refused to do any writing, but by the end of his two years on the project (he left to go to a medium secure unit after making good progress) he would take work back to his room and return to the workshop with scripts and poetry. Vinod and Kanchan suggest

that “[r]adio reaches people who cannot read or write” (p.17, 2007), and we hoped that would prove true in Rampton. The Far East Broadcasting Co (FEBC) aim to reach “the least, the lost and the forgotten...” (2020) by using radio to connect to the 793 people living in Australia who cannot read. They believe that “[f]or many who cannot read or write, radio is a key means of communication.” All you need to create radio is a story, a voice and a little guidance from someone with the right skills. The patients have the stories and voice; our role was to provide that little spark of expertise. At its core, “radio is simply people talking with people” after all. (Tabing, 2005, p.14).

Radio offers a voice to the voiceless

Tabing defines community radio as a station “... that is operated in the community, for the community, about the community and by the community.” (2005, p.11). The regulatory body, Ofcom, states that community radio should “[...] provide a new voice for hundreds of local communities across the UK.” (2019). However, research suggests that community radio has a more significant impact than that. As Vinod and Kanchan have said, “[t]he historical philosophy of community radio is to use this medium as the voice of the voiceless, the mouthpiece of oppressed people and generally as a tool for development.” (Vinod and Kanchan, 2007, p.13).

It is through the participation of radio that gives the unrepresented a voice. Meadows, Forde, Ewart and Foxwell refer to participation in community media as ‘a site of empowerment’ (p.13, 2007). This is the most significant reason radio was chosen as the medium for the DiGi DBT project. “People need to feel able to express themselves without fear of reprisals or the expectation of not being listened to or taken seriously” (Cornwall 2008: 278). Not only can participation have a positive effect on the producer’s well-being and improve their skills, but what

authority do workshop leaders have to tell a patient's story? Or as Bedford states "...who better to talk about the issues that matter to prisoners than the people who have experienced it themselves?" (p.9, 2018). At the beginning of the project, the staff at Rampton were wary of allowing patients to be the ones to voice the radio. They were fearful of high profile patients being recognised by other patients, and this recognition having a detrimental effect on both the producer and listener. Whilst stringent security measures are necessary in a custodial environment, or an environment designed to keep staff and patients safe, it can sometimes have a detrimental effect on the radio being produced. In an interview with Walker, she stated that security "...make prison staff fearful of 'what may be happening' in a radio studio and the worries of what may be broadcast makes the process of getting a show to air extremely slow. Participants may have left before their show is transmitted which can be demotivating." (2020). Rampton faced similar safeguarding issues. There was a constant fear about what was being recorded, and where it was going to be broadcast. For example, permission had to be gained to play audio at conferences and came with a list of rules for broadcast. Rampton's security was also wary of the project lead (a new staff member in Rampton) being the one to record the voices of patients for broadcast (albeit aired only inside Rampton) for the first time. However, when we played the audio (voiced by an actor) to the patients and staff, they were all in agreement that the patient was not represented. One patient described the actor as sounding "too posh", and another said, "they don't sound like they've done five minutes in prison, let alone six years". Eventually, the ethics board gave permission to use patient voices as long as safeguarding precautions were followed. The patients were to be the voice of the project. The patients were to be represented.

Participatory radio has the ability to empower; to allow radio producers to share their stories and in doing so, to teach the participant that their voice matters. Prisons are one of the most closed, silent institutions in the justice system. (Doyle and Ericson, 1996; Roberts and Hough, 2005).

Prisoners and patients are rarely are permitted a voice beyond what they want for dinner that day. Decisions are made for them and about them at every single point of their journey through the criminal justice system. Bedford writes about her experience with the justice system:

As well as structures of physical separation, prisons are spaces of information isolation. Mobile telephones are strictly banned, newspapers are a luxury, telephone calls are restricted and costly, television and radio sets are an earned incentive for good behaviour, and efforts to introduce controlled internet use have only just begun. (2018, p.21).

High-secure hospitals are the same in this sense. Former prisoners, now patients, get very little say in their treatment and day-to-day life. They have a voice in the literal sense, but they are rarely given the opportunity to use it. Cornwall explains that “[p]eople need to feel able to express themselves without fear of reprisals or the expectation of not being listened to or taken seriously.” (2008, p.278). Not only did the DiGi DBT project need to ensure patients were given a voice, but that participants had to feel it was safe to use that voice. Community radio is built upon representing the unrepresented voice. Backhaus explains that voice represents meaningful participation within community radio. That voice has “...variously been associated with ‘personhood’, ‘individuality’, embodiment and the right to engage in social and political discourse.” (Backhaus, 2019). By choosing radio as the medium, it is possible to give a voice to the patient, creating a space for their voice heard.

Echoing the values of community radio

It is crucial to clarify that the intention of the DiGi DBT project was not to create a community station within Rampton. There were two cornerstone elements of the DiGi DBT project. The

first was to bring together a group of individuals within Rampton that would represent their community. This research uses a broad definition of community;

...community can be territorial or geographical - a township, village, district or island. It can also be a group of people with common interests, who are not necessarily living in one defined territory. Consequently, community radio can be managed or controlled by one group, by combined groups, or of people such as women, children, farmers, fisher folk, ethnic groups, or senior citizens. (Tabing, 2005, p.11).

The DiGi DBT group was made up of a community of patients who lived together, but none of them would describe Rampton as their 'home'. They came together after being diagnosed with a personality disorder. They spent every hour of every day together, and many had done so for years. If we define a community as having a common goal, what was theirs? The patients' goal was not to merely leave Rampton one day but to also add *meaning* to their stay. When one of the patients was asked why he was still involved in the DiGi DBT project three years on, he said "I want to make the most of my time in Rampton, I don't want to feel like it was for nothing. And, if I can help a new patient make the right decisions instead of the same wrong ones, then I have done my job here." Beyond finding their own meaning, patients were driven by the need to tell their story in the hope that it might one day encourage another patient to think about the decisions they are making. They wanted their community to be able to live a better life, not just inside Rampton, but on the *outside* too.

The second element of the DiGi DBT project was to see if the values, teaching methods and the ethos of community radio is effective in improving lives in minority communities. Several community radio principles must be defined and established to evaluate the effectiveness of this goal.

Tabing suggests there are a few principles of community radio operation. These are access, participation, self-management, community and accountability (2005, p.11).

Access

According to Nafiz, “access refers to the ability of the community members to obtain media infrastructure to communicate with the local community.” (2012, p.28). Having access to *anything* as a patient within a high-secure hospital is difficult. Patients are allowed out of their rooms at specific times, and allowed off the ward once in the morning, then once again in the afternoon. They are assigned certain slots for social time, to go to the gym, to engage with education. They have to request visits from family members and friends in advance, and request gym time or access to education from the timetable. Access and participation to the DiGi DBT project had to be carefully managed around the hospital’s timetable. Tabing describes access to the radio as a primary step towards the full democratisation of the communication system. He explains that people should “[...] have access not only to the media products but also to the media facilities. The feedback channel is always open and full interaction between the producers and receivers of messages is maintained.” (2005, p.11). The DiGi DBT participants met under strict conditions in terms of space and time, efforts were made to make the project as accessible as possible to maximise participation and empowerment.

Project leaders worked hard to ensure that the patients within the Peaks Unit could have access to the radio project. DiGi DBT participants met in a classroom, three times a week, for roughly 18 hours every week. Invitations were sent out to all patients welcoming them along. DiGi DBT was listed as a ‘workshop’ on the educational timetable, and patients could choose if they wanted to

attend DiGi DBT on a particular day at a specific time. The invitation stayed open, meaning if new patients arrived, or a patient changed their mind, they could join after the project had started. It is critical to be flexible in approach in this setting, as many of the patients have complicated lives. Sometimes they are in seclusion. They were sometimes being moved from ward to ward. Some were banned from the education unit due to an incident. Some patients could not mix with other patients due to safety restrictions and previous incidents. Leaders had to ensure that any of those patients wanting to join could do by scheduling conflicting patients so they would not meet in the same workshop. Inevitably some timetable clashes were unavoidable for some of the patients who wanted to participate, but these were worked around where possible. When they could not physically be in the workshop, they could write scripts and stories from their rooms, and work with some of the individuals would be carried out on their wards between workshops.

Participation

Community radio is passionate about participation, with Backhaus going as far as to say it is “Community radio has traditionally been a bastion of participation.” (2019, p.252). Community radio could not function without participation being at the centre of production. Furthermore, individual community members and local institutions are the principal sources of support for its operation. (Tabing, 2005, p.11). Returning to prison radio, the PRA aims to reduce offending for prisoners, and they believe they cannot achieve this without effective participation. Bedford explains “...participation is equally important for the National Prison Radio aim of reducing offending.” (2018, p.9). Patients involved in the DiGi DBT had the chance to participate in the project as much as possible. Participation was championed in several ways.

Firstly, as in traditional community radio settings, the Rampton patients participated in every stage of production. Community radio ensures that program producers and station operations are volunteers from the community. The volunteers take on the day-to-day operation of the station.

They serve as producers, announcers, hosts, scriptwriters, news gatherers, technicians and administrative personnel. Under the leadership of the designated senior manager, they prepare programs, operate the equipment, and handle the administrative responsibilities of the station. (Tabing, 2005, p.13).

Community radio stations are built on their volunteers, as experienced when working with Siren Radio and Takeover Radio. Not only do volunteers operate the day-to-day, but they drive the content and build relationships between the producer and the listener and the community member (because, after all, the volunteer represents all three).

DiGi DBT needed to echo the same values of participation if it was going to have any positive influence on the patient and their lives. The patients formed a production company ironically called 'Breakthrough Productions' (a negotiation after 'Breakout Productions could possibly cause conflict with security). Patients were responsible for designing a logo and writing the aims of their company. They chaired meetings and carried out individual roles typical of a radio production team. They created company values; values to adhere to within the workshops which centred on respect and community. The patients were responsible for producing the radio, the voiceovers, the presenting, the creative direction and the physical recording.

Secondly, the patients were involved in lesson plans for the workshops, idea development, planning and pre-production, from scriptwriting through to recording, and execution. "Citizen's

participation in radio is allowed at all levels – from planning to implementation and evaluation of the project.” (Tabing, p.11, 2005). However, it must be noted that due to restrictions around access the hospital places on all projects, the patients could not access the internet, nor could they edit their radio as the software had to be connected to the internet weekly. Backhaus acknowledges this exclusion as a common problem; “participation in community radio is often limited by the structures of the medium as well as the socio-economic environment in which it takes place.” (2019). DiGi DBT worked around this as much as possible by teaching the patients how to ‘paper edit’. This is where they created wavelengths and timelines of what the audio should sound like, and the edit would be carried out externally based on their paper descriptions. It was vital for the project that participants were able to participate in the editing of the radio as much as possible (even if they could not physically sit in front of a laptop) as a lot of the creativity and ownership comes from the editing process.

Participation is key to the success of community radio as it can empower the volunteers producing the radio. Now that audiences can participate more in radio programmes and even produce their own content, “...the potential for empowerment and enrichment is greater.” (Myers, p.38, 2008).

Participatory communication for development envisages, among other things, democratised and decentralised media systems as key agents of empowerment for those who have traditionally been marginalised socially, culturally, economically and politically. (Vinod and Kanchan, p.210, 2007).

The patients are not used to this level of participation. Alison Tennant, the lead nurse consultant on the project who had been working at the hospital for over 15 years, stated that the average

stay at Rampton is seven years (2015). Many patients will also have served part or all of a sentence in prison before their stay in Rampton. As a direct result, they are frequently institutionalised in many ways, such as being used to having minimal participation within their community. Whilst challenging, most saw it as a welcome change to be given full participatory rights and ownership of a project taking place within their community. As May describes it, the patients were "...the means of expression and the community, rather than for the community." (May, 1979, p.8).

Finally, community participation does not focus on the final produced output of the project, but rather on the process of getting there. As with community radio, the focus is on the enhancement of the skills being taught, as opposed to the final cut of a radio product. As mentioned earlier, the focus is not on the programme being "slick" but rather that it is based on participatory communication. (2001). The project was never about creating 'BBC ready' smooth sounding audio for the listener. Rather it focused on the development of the producers, as this is where we have the scope to change someone's life - through participation.

Self-management

In community radio, the volunteers will eventually become the producers, station managers and other radio-practitioner roles. Tabing states that "[o]nce the community members gain the necessary experience and assimilate the required skills there is no reason for preventing them from managing and owning the radio station." (2005, p.11). As stated previously, the intention of DiGi DBT was not to create a radio station. However, it was crucial to encourage some elements of self-management within the project.

Patients would manage themselves and how much they chose to engage with the project. For

example, if a patient has an 'incident' within the workshop, depending on the severity of that incident, the patient might lose their access to the education centre. Personal responsibility meant that the patients had to engage actively in the project and act appropriately at all times (which is often easier said than done in a place of confinement). Rampton has many different patients, all with varying backgrounds, living together in one small communal space. Incidents were a weekly occurrence at Rampton, and self-harm was almost routine, but the patients had to manage their behaviour, so they could carry on participating in the DiGi DBT project. Project leaders had to trust patients to share if they needed to step away from a workshop instead of staying and having an incident occur. The patients adhered to this etiquette and were able to express themselves when they needed to, demonstrating how self-management can work in a high-secure hospital setting.

Like any radio production, the patients were given deadlines for their work, and project leaders were not always there to coach them through the radio production, thus embedding agency and independence into the project. Patients would take work out of the workshop and back onto their wards to finish in their free time. They were also expected to bring work in on time to ensure the success of the radio being produced within the timescales of the project. If they failed to do the work, they were not punished or asked to 'do better next time'. It was made clear that it only impacted their work and their production team community. They were expected to self-manage and did so very successfully. Despite all of their distractions and their complex needs, they self-managed relatively easily, exceeding all expectations.

Community

What is community? Why does community matter?

Community offers the promise of belonging and calls for us to acknowledge our interdependence. To belong is to act as an investor, owner, and creator of this place. To be welcome, even if we are strangers... To feel a sense of belonging is important because it will lead us from conversations about safety and comfort to other conversations, such as those about our relatedness and willingness to provide hospitality and generosity.... This will not occur in a culture dominated by isolation and its correlate, fear. (2018, p.4).

To understand how the DiGi DBT project could represent the community element of 'community radio' it is crucial to understand the Rampton community. Tabing explains "Community Mandate is the inevitable result of the process of democratising the communication system. Community mandate encompasses not only management but also ownership of the radio." (2005, p.11). Scholarly attention to communities within high-secure hospitals is sparse; even scarcer is the scholarly literature on how high-secure hospitals are organisationally run. One of the only studies exploring communities inside a high-secure hospital was written by Levi and French who also produced *Inside Broadmoor* on Channel 5 in 2013, and their book takes the same title. They do not particularly examine Broadmoor as a community, though it is acknowledged "[m]any staff and patients talk of Broadmoor as a village. Calling it a village gives Broadmoor a sense of community for both patients and staff, makes it less threatening, less judgmental, a better place in which to administer and undergo treatment" (Levi and French, 2019 p.223). Levi and French go on to describe the day-to-day workings of Broadmoor. Moreover, as a companion book to the television series, the book struggles to achieve the critical distance required by scholarship. Therefore, this thesis also uses research from the prison system to help understand communities within secure environments where more research has been developed into the prison society.

Caldwell describes the prison community as “[...] a relational system in which a number of persons, inmates and personnel, interact overtly and covertly with one another according to specially prescribed rules of behaviour.” (1956, p.649). The prison (and patient) community is unique in the way the members of the community are brought together. To draw upon the point mentioned earlier in this essay “[t]he prisoner community is a social group developed by the outcasts of the larger society.” (Hayner and Ash, 1940, p.369). Patients are taken from their society because they failed to act in an appropriate manner deemed by their community members, and placed into a new one, one that has its own rules and regulations that are comparatively different to the community they were taken from. They might be locked together and find themselves in a new society, but this does not mean they do not have to identify with the rest of the population. Is it possible they see the commonality in their lives and that of their fellow prisoners and might want to join them in this new community?

Patients in a high-secure hospital are often seen as outsiders, and can be made to feel like ‘monsters’. Levi and French interview a patient about their time in Broadmoor and their public perception:

The public perceive this place as just being rapists, murderers and paedophiles. But some of us are in for self-harm, burglary and then we get ill in prison....and the public think we are all monsters. - Broadmoor patient (Levi and French, 2019, introductory page).

A high-secure hospital is an individuals’ last chance for rehabilitation. The prison and secure patient communities are unique. The patients in the DiGi DBT project represented the community of patients within Rampton, who were diagnosed with a personality disorder. They all live together under one roof. They came together in the classroom, as a community, to work towards

a common goal; to create meaningful radio that helps give their time inside meaning.

Communities are human systems given form by conversations that build relatedness. The conversations that build relatedness most often occur through associational life, where citizens show up by choice, and rarely in the context of system life, where citizens show up out of obligation. (Block, 2018, p.29).

Whilst the patients are obliged to be at Rampton, they voluntarily decided to participate in DiGi DBT, week in, week out, for three years. The patients involved in DiGi DBT were the voice that represented their broader community within the high-secure environment, and other unheard high-secure environments around the world.

Accountability

To ensure the patients would feel empowered through the DiGi DBT project, they needed to be given responsibility and accountability; “[t]here is no sense in having the opportunity to operate, control and manage the station when accountability is not in the hands of the managers and broadcasters.” (Tabing, 2005, p.11). For the project to echo the values of community radio, accountability for the patients was paramount. Patients were held responsible for all audio made. If it was not completed, it would not get executed, and their audio piece would never come to fruition. They were held accountable for their decisions and actions, both in terms of their attitudes towards the radio being produced and the production of that radio. They chaired weekly production meetings, made decisions about the radio and the values of the group. Within the workshops, patients that usually refused to write, creating 100-word scripts. Patients who usually refused to engage in discussions presented debate shows about mental health and therapy. The

reason for this was the accountability of the group.

Incidents within Rampton and other high-security environments such as prisons happen every week. According to the Prison Reform Trust, assaults and serious assaults are at the highest levels ever recorded. (2019). It was impossible not to be aware of incidents happening around the hospital, and lockdown occurred numerous times during the project. However, not once was there an incident during a DiGi DBT workshop. The DiGi DBT project placed a considerable amount more accountability on the patients than their other workshops such as the gym, woodwork, and agriculture. To carry out the radio project as a production company, a level of trust was required. The patients needed to work to deadlines, act professionally at all times, work together and be responsible for their audio. The patients agreed to this level of responsibility. They were not creating radio for themselves, but instead for their community. Their peers depended on their input to 'get the job done'. To do this, they had to be accountable for their actions and behaviour.

Ownership

Whilst Tabing does not mention ownership as one of the main principles that coordinate community radio, he does mention this in his chapter about community (as stated above). Ownership has been widely acknowledged in many community-based radio projects across the globe. Vinod and Kanchan point out that "[...] community radio may be owned and managed by one group or by combined groups." (2007), or in our case, patients. Ownership deserves to be highlighted as one of the principal purposes of community radio and ownership was central to the DiGi DBT project. "In terms of meaningful participation though, ownership is not only about property, but rather encompasses 'individual identity, agency and well-being – including what

Gandhi described as swaraj (self-rule or self-reliance)' (Tacchi et al. 2012, p.533). Ownership as a manifestation of meaningful participation throughout this research where patients were sharing their lived experiences and stories, using their voices to share them. Not only did they 'own their stories' but they owned the process of telling those stories from planning, through to pre-production and finally in the execution and paper editing. The project ensured that as much accountability could be given to the patient as possible, within the environment. They had formed their production company; Breakthrough Productions. They were responsible for the audio and its success. Without the patients, the DiGi DBT project would not exist, no radio would have been produced, and no stories would have been heard. Vinod and Kanchan emphasise that "[i]t should be made clear that community radio is not about doing something for the community but about the community doing something for itself, i.e., owning and controlling its own means of communication." (2007, p.13).

With a greater understanding of the benefits of radio production as a medium, it is possible to evaluate how radio has the opportunity to change and improve lives within minority communities.

Chapter 2 - Minority communities in incarcerated settings

In this chapter, the definition of a minority community will be ascertained, as well as how participants in DiGi DBT can be defined as such in their own right as patients. This definition will then underpin our understanding of how radio can be used within minority communities to improve lives.

Having established these minority communities exist, it is then crucial to understand why they exist and the purpose of their enforced settings. By understanding the specific needs of incarcerated populations, this thesis can then investigate how best radio can improve lives within these minority communities.

According to the United Nations Human Rights 'Minority Rights: International Standards and Guidance for Implementation', a minority community is:

A group numerically inferior to the rest of the population of a State, in a non-dominant position, whose members - being nationals of the State - possess ethnic, religious or linguistic characteristics differing from those of the rest of the population and show, if only implicitly, a sense of solidarity, directed towards preserving their culture, traditions, religion or language. (2020).

This description of minority communities is relatively broad, and the concept of what a minority community is can be approached in many different ways. In a study conducted by Burton, Nandi and Platt, they explain that they can be approached as "...commonalities within a group or as differences from 'other' groups..." (2008). They go on to state that "[i]ts multifaceted nature

makes its measurement using a single measure almost impossible.” (Buston et al, 2008). The broad description written by the United Human Rights International Standards makes no mention of communities which are forced together to live in the same environment. However, if we use Burton et al’s analysis of a minority community, then the prison community falls into “differences from other groups”. (2008). Blakey, Pearce and Chester acknowledge a different set of margins for minority groups. “Minority identities might relate to sexuality, mental health, disability, gender, generation and socio-cultural origins.” (2006). This definition comfortably fits high-secure communities within its definition as they share an identity relating to mental health and socio- cultural origin (being incarcerated together because of criminal and mental health background). Sometimes, what defines a minority community is not who they are or what they can do, but who they are *not* and what they *cannot do*.

Defining a minority community by what they cannot do indeed seems to apply when thinking of incarcerated populations. They cannot leave a room when they want to, or watch TV when they want to. They need permission to go to the gym or the library. They cannot choose their ward or their room or their cellmate. They cannot choose which prison will be their *home*. Decisions for their well-being are made about and for them. Decisions on prisons are made for them, without consultation. Perhaps this lack of choice is necessary as part of their punishment? Some argue that they should not have gym or library access at all, and are horrified by the idea of communal televisions or pool tables - never mind a radio station. But if we are to teach a prisoner how to function in society; how to be accountable and belong; how to act in a way that is deemed acceptable by their peers; should their current community not reflect that of their society outside the walls? Or at least, resemble the values of that society? Block argues that to create a community of accountability and belonging we need to “... speak of invitation, possibility, ownership, dissent, commitment, and gifts...” (2018, p.102) and is it only then that transformation occurs.

Patients become confined within what Auge describes as a 'non-place' which both is and not is part of a given community. "If a place can be defined as relational, historical and concerned with identity, then a space which cannot be defined as relational, or historical, or concerned with identity will be a non-place." (Auge, 1995 p.77). The patients are mentally outcast, but often physically incarcerated in the heart of the city. The removal from one dominant society to a 'non-place' suggests they exist within a minority community.

The participants in the DiGi DBT project were forcibly removed from general society, and put into a secure setting as they could not live by the rules set by the dominant society they were born into. They are held in a secure hospital, further marking them as a minority of criminals deemed mentally unwell. Participants belong to an even more niche group; those with personality disorders. They are criminal patients with mood disorders; a minority of a minority of a minority. It seems self-evident that our participants should be considered a minority community. To accept that patients are a minority community, and in doing so, understand the confines of secure-hospital wards, it is possible to begin to imagine how this project could be applied in other minority communities.

Rehabilitation in incarcerated communities

To help understand how radio can improve the lives of those living in high-secure communities, the purpose of prison needs to be defined. If prison's sole purpose is punishment, then there is no space for projects such as DiGi DBT. However, if prison holds the possibility of rehabilitation, a space for projects to help achieve this aim can occur. In 1952, Lionel Fox wrote that "whatever prison is for, it is not for one clear and single purpose" (p.15). Why is there no clear purpose?

The declaration of purpose from Her Majesty's Prison Service (HMPS) states that "[w]e keep those sentenced to prison in custody, helping them lead law-abiding and useful lives, both while they are in prison and after they are released." (2020). How are prisons helping those incarcerated become law-abiding citizens?

In a speech made by David Gauke on the 6th March 2018, Gauke stated that the prison system has three aims; to protect the public, punishment and rehabilitation. Gauke goes on to explain that "[i]t is only by prioritising rehabilitation that we can reduce reoffending and, in turn, the numbers of future victims of crime." (Gov.UK, 2018). Do prisons protect the public and stop further crimes? The only ways in which this would be possible would be either through rehabilitation or by locking someone away forever. Even then, this only protects the unincarcerated community from crime.

There is an assumption that by placing a criminal in prison, for the duration of their imprisonment, they can no longer commit further crimes. However, crimes are still committed during incarceration. According to the Prison Reform Trust, there were "...three homicides in prison in the year to March 2019 and another five the year before." (2019). Recorded sexual assaults are on the rise in prisons as they have "...quadrupled since 2012. There were 469 recorded assaults in 2018." (Prison Reform Trust, 2019). Whilst prisoners might not be committing crimes within the general community, they are still regularly offending in prison. Prison has merely prevented them from committing further crimes to the *public*. In this regard, they are protecting the public during the period of incarceration, even if they are not protecting everyone. However, what happens when the prisoner is released? Should there be more emphasis on rehabilitation to protect the public?

In 1966, Leopold acknowledged that one purpose, one value to society that is achieved through imprisonment is “rehabilitation of the prisoner”. (Leopold, 1966, p.34). Leopold argues that the value for society by rehabilitating the prisoner is ‘self-evident’:

The criminal harms society by his activities; the ideal way in which to safeguard society is so to change the offender that he will cease harming society, that he will conform to societal norms instead of contravening them. (Leopold, 1966, p.34).

How are prisons responding to the need for rehabilitation and reform today? If, as Gauke stated, the primary function of a prison is to protect society, the prisoner must learn, during his period of incarceration, how to live in society he was outcast from. How can this be achieved?

O’Donnell suggests that the only way to bring rehabilitation to prisoners is to “... reconstitute the prisoner’s spatiotemporal world without causing avoidable collateral damage.” (2016, p.39).

O’Donnell goes on to state that to achieve rehabilitation without collateral damage, we need to “... acknowledge that all prisoners, no matter what they have done, possess the capacity to redirect their lives.” (2016, p.39). O’Donnell suggests that there should be three aims for our prison system. The first is that prisons should aim to have a ‘null effect’. In other words, “... strenuous efforts should be made to ensure that their occupants are no worse off at the end of their sentence than at the beginning.” (O’Donnell, 2016, p.45). O’Donnell’s suggested second aim is that prisons should ... “involve the deprivation of liberty.” (2016, p.45). “Devoid of hope, prison is pointless pain.” (O’Donnell, 2016, p.45). O’Donnell is suggesting that for prisoners to learn new behaviours, to be ready for release, hope needs to be active within prison community for them to want to look towards their future. “There is something to be said ... for accepting that prisoners are not entirely defined by their pasts. Like all of us, their life stories can be re-narrated ... Hope is the state of remaining open to the possibility.” (O’Donnell, 2016, p.46). For effective

rehabilitation to occur, the prisoner needs to be in an environment that offers hope for rehabilitation and a different future.

As the declaration from Her Majesty's Prison System suggests, the prison system is striving to, at the very minimum, equip prisoners with the tools necessary for self-improvement and provide a safe environment for them to do so. How this aim is achieved is still a matter of debate. Does the prisoner go to prison as the punishment, and then there can begin a process of rehabilitation. Or is the punishment continued throughout their sentence?

Punishment

Does punishment work? "The political justification and common sense purpose of prisons is that they play an integral role in keeping people safe from those among the general population who have proven their dangerousness ..." (Drake, 2016, p.103). According to Garland, punishment can be seen from a penological perspective or from a philosophical perception. (1991, p.115). The first understanding concerns itself with 'what works' while the latter focuses on 'what is just'. (Garland, 1991, p.116). A third question permeates either of the two views; what is the purpose of punishment? (Garland, 1991, p.119).

The criminal justice system defines punishment as depriving "...offenders of their liberty and certain freedoms enjoyed by the rest of society and acts as a deterrent." (Gov.UK, 2018). The notion of punishment can be understood and defined in many ways. "Punishment may be considered synonymous with sentence or legal sanction; a state-imposed response to a crime." (Ginneken, 2016, p.3). However, in the Criminal Justice Act (CJA) 2003 it is regarded as one of the purposes of a sentence, hinting at its retributive value. Punishment can also be considered vitally important in reducing crime and protecting society. Is it possible to punish and rehabilitate

simultaneously? "... it is highly questionable whether an institution fundamentally founded on principles of punishment and less eligibility can ever provide a genuinely rehabilitative or restorative function." (Drake, 2016, p.105). Is prison an effective method of punishment for crime, or are other methods more effective in reducing crime rates and changing harmful behaviour?

Tullock argues that there are traditionally three arguments for the punishment of criminals.

"Punishment:

- is morally required
- deters crime
- may rehabilitate the criminal" (Tullock, 1974, p.103)

Punishment is part of our society. Often, when someone has been wronged, punishment is an expected response, but does it deter crime? Many are released from prison, only to return the year after. "Nearly half of adults (48%) are reconvicted of another offence within one year of release." (Prison Reform Trust, 2019). Between 2016 and 2017, 124,886 adults reoffend after release (Gov.UK, 2019). The figures show that, at best, prison only deters crime half the time.

Punishment is what most of us do. . . We are virtually surrounded by punishing strategies used to influence our behaviour: From overdue library books to dogs without licenses; fines, penalties and reprimands whirl around us like leaves in a storm. For many of us, to give up punishment as our primary tool with which to influence negative behaviour is to leave us empty handed." (Friedman and Brinker, 2001, p1).

According to Tullock, imprisonment (a form of punishment) is "...necessary for the community to feel morally satisfied." (1974, p.103). It is in the public interest. Therefore once the criminal has

been sent to prison in an act of punishment, how can they learn new behaviours? Is there a space for rehabilitation to take place during imprisonment?

James, a prisoner serving a life sentence who writes a column for The Guardian, talks about his experience of his punishment/rehabilitation in the criminal justice system:

Prison is designed to disempower. Everyone in jail is vulnerable to a greater or lesser extent. Prisoners live at the mercy of those who are in charge, and of each other, and dignity is a scarce commodity. If the regime is characterised by an attitude that undermines a prisoner's confidence and self-esteem, then all the stated good intentions will be worth nothing. (James, 2013, p.77).

Can punishment and rehabilitation live cohesively? Can a prisoner community be truly rehabilitated whilst at the same time having many of their rights stripped from them?

When James was first sentenced to prison, he was placed in '23-hour-bang-up'. This is when a prisoner spends 23 hours in their cell and is allowed out for one hour a day. James remained there for a full year. "The cell door was opened four times a day: three times for meals and to be collected, toilet buckets to be emptied and washing water to be collected and once for a walk on the exercise yard – so long as the weather was not 'inclement". Due to security requirements, he was not allowed to use the gym, do any work or use the educational facilities. (James, 2003, p.xiv). If what James describes is an accurate representation of other prisoners on entering the prison system, then this would suggest there is not a lot of time, space, or provision for rehabilitation to happen in that first year.

According to the Prison Reform Trust, reoffending rates within a year of release are considerably high with 48% of those reoffending. For those serving short sentences of less than 12 months the rates are even higher at 64%. The reoffending rates of children and teens who have spent less than a year in prison reoffend at a rate of 70%. (Prison Reform Trust, 2019). This raises two questions, are the prison sentences too short? If a prisoner gets a sentence of a year or less, would they achieve any rehabilitation to help prepare them to re-enter society?

James goes on to write about 'survival' after his year of '23-hour-bang-up'. 'Survival' is also a word used by patients at Rampton. "Within a few weeks I had established a way of living that was almost ritualised: sleep, eat, read, exercise, wash, eat, read, and sleep. I had no idea how long this experience was going to last, but I knew that through it all my first priority was going to be survival." (2003, p.xv). Often survival is the prisoner's only goal. To make it out alive and as unscarred as possible. The prison population has risen by 69% in the last 30 years. (Prison Reform Trust, 2019). According to the Prison Reform Trust, suicide rates in prison are at an all-time high (2019). In the year of March 2019, there were 317 deaths in prison. Over a quarter of those were 'self-inflicted'. (Prison Reform Trust, 2019). The Prison Reform Trust states that self-inflicted deaths are 6.2 times more likely in prison than in the general population." (2019). Rates of self-harm are also at the highest level ever recorded. 55,598 self-harm incidents happened in the year of 2018, a huge jump from 2012 when 23,158 were recorded.

Suicide and self-harm are not only damaging to the individual committing those acts but to those living in the same space and witnessing it first-hand. Finding meaning and purpose beyond punishment can often be a struggle for prisoners. Prison may be a necessary punishment, but does it have to be harmful? The balancing punishment and rehabilitation might be difficult; however, very few would argue that a system that makes someone 6.2 times more likely to kill themselves is a humane form of punishment. If a prisoner's primary goal is survival, how much

room does that leave for rehabilitation? Are prisons helping to prepare prisoners for release, or are we creating more victims?

Rehabilitation

Rehabilitation is not a new idea. In 1779, the British Government passed the Penitentiary Act, ensuring that the rehabilitation of prisoners was a function of all prisons. Rehabilitation, as described by the criminal justice system, is to provide "...offenders with the opportunity to reflect on, and take responsibility for, their crimes and prepare them for a law-abiding life when they are released". (Gov.UK, 2013). Rehabilitation is a term that is broadly accepted to mean a planned intervention to help the prisoner change in a positive way; to adopt new behaviours and new ways of thinking, such as attitude, cognitive processes, personality or mental health (Cullen and Gendreau, 2000). Gov.UK states that "A rehabilitative prison culture supports hope, change, progression, and desistance. Desistance is how people with a previous pattern of offending abstain from crime." (2019). At Rampton, rehabilitation is conducted in the form of recreational activities such as woodwork, agriculture, art and sometimes, functional skills such as Level One mathematics and English alongside talking therapies such as DBT. However, the intention and drive to rehabilitate a prisoner might exist, but on many levels, rehabilitation in prisons is failing. As cited earlier in this essay; "Prison rehabilitative strategies in England and Wales are failing, suffering from a chronic short-termism, which is ironic since rehabilitation is a long-term objective. (Clements; p.177, 2014). James states, "[t]he average time a prisoner spends locked in his cell has never really changed during my time inside: up to fourteen hours and longer on weekdays and up to seventeen on a weekend in many jails." (2013, p.119).

Can prisons help rehabilitate a prisoner when they spend most of the time in their cells? Staff shortages can make their time in their cell even longer. James explains that staff shortages

“...usually means extra bang-up, as do staff training days and ‘incidents’ (knives going missing from kitchens, tools going missing from workshops, serious assaults, surprise ship-outs, cell barricades, hostage situations). (2013, p.119) Similarly, during the time of the DiGi DBT project in Rampton, many workshops were cancelled, outside time was cut short, and at least once a week, a lockdown would occur. The amount of time a prisoner/patient spends inside a workshop designed to help rehabilitate is relatively short. At Rampton, a workshop usually lasts two to three hours. A patient might attend three of those a week, depending on individual circumstances. Do we allow enough time for the person incarcerated to adopt the skills and learning needed for effective rehabilitation?

National Prison Radio’s primary aim is to reduce prisoners reoffending, and they claim to achieve this through rehabilitation. “Our programmes are designed to help people understand the prison system, the services that are available both inside and after release, and to encourage discussion of the issues that surround crime and justice.” (Wilkie, 2020). Whilst offering prisoners a chance to have a voice through discussion, they are also giving them the chance to develop an understanding of the decisions and actions that put them there in the first place and challenge their behaviour and thinking. In an interview with Wilkie, he also stated that they focus heavily on portrayal. “We value honesty and openness, and we encourage people to speak their minds and not be afraid of talking about issues that affect all of us. Our theory of change is that a better-informed audience, engaged in a discussion about these issues, will be better equipped to navigate the turbulent experience of release from prison.” (2020).

The prisoners are not merely having discussions in a classroom. They are physically producing radio shows that demand understanding and open-mindedness to be effective for their audience. In this way, radio helps the prisoner in their rehabilitation.

In an article written for the *Guardian*, the former director-general of the Prison Service, Sir Martin Narey, told the International Corrections and Prisons Association conference in Buenos Aires that focus should be on treating inmates with decency and dignity as opposed to different rehabilitation schemes. “The things we did to prisoners, the courses we put them on, the involvement of charities, made little or no difference...” Narey believes that when prisons provide prisoners dignity and respect, that they will grow and develop into citizens ready for society. “Indecent, unsafe prisons allow no such growth and further damage those who have to survive there.” (The Guardian, 2019). Currently, UK prisons are falling very short of dignity and respect. Haynes and Ash’s metaphor of prisons and guards captures the problematic relationship perfectly:

...treatment of men in prison reminds us of the relations between lions and their trainer. The function of a trainer is to make his beasts respond to the crack of a whip. Although the lion goes through his set of tricks every day, the trainer has found that he must always be on the defensive. (Hayner and Ash, 1940, p.577).

Likewise, when imprisoned people are treated as ‘beasts’ (i.e. without dignity and respect), it is possible they will “...either sink into apathy or stir up rebellion.” (Hayner and Ash, 1940, p.577). In an interview conducted between Ginneken and Lance (a prisoner), Lance stated that “[t]his [prison] doesn’t rehabilitate; it just makes you angry, makes you upset, resentful.” (2016, p.9). Ginneken states that “currently, interventions aimed at rehabilitation is something done to people, rather than with them.” (2016, p.9). The workshops in prisons and high-secure hospitals were designed *for* prisoners rather than alongside them, despite the best interests of staff to promote rehabilitation. They are asked to attend, and then they follow a lesson plan designed by the educators, therapists, nurses or guards. Perhaps prisons need to work *with* the prisoner, as opposed to *for* the prisoner, and in doing so, adopt a level of dignity and decency for prisoners?

The DiGi DBT project let the patients be active participants rather than a captive audience. Space was created inside Rampton where the patient could be respected, heard, and exert control over their story. An atmosphere of dignity and decency was cultivated.

That is not to say that the DiGi DBT staff were the only ones inside Rampton treating patients with respect and dignity. Nor is it reasonable to think that in many other incarcerated communities the staff do not cultivate these values. Many staff invariably care for the well-being of patients and prisoners, working tirelessly to help them with their mental health and rehabilitation. However, could be done in settings such as Rampton to give patients (and by extension prisoners) the same respect and dignity expected by any other colleague by making them an active participant in their rehabilitation rather than passengers.

The PRA is an advocate of representation and prisoner ownership. In an interview with Wilkie, he spoke about the importance of the prisoner being the one to produce the radio;

I've been working in prisons for more than 13 years, so I know prisons very well. But I've never been locked in a cell the size of my bathroom with a stranger, with no handle on the door. I've never been found guilty in a courtroom. I've never experienced the mixture of guilt, anger, resentment, regret and humiliation that comes with a criminal conviction.
(2020)

There are not many individuals who have personally felt what it is like to be sectioned under the Mental Health Act (1983), or to be fearful of the strangers in their own home, or to have all important life decisions made for them. It is obvious why prison radio can only be effective with ownership and participation being at the core. It gives the patient/prisoner a voice, and from

there, they can take responsibility for their own decisions and well-being.

Michelle Walker, a former ITV and BBC Creative Practitioner, works with prisoners at HMP Nottingham to develop radio and video to tell their stories to the prisoner population; to encourage social cohesion and help prisoners develop their skills ready for employment on release. Since then, Walker has started a community interest company known as Get Wise. The project has received funding for radio production to continue at HMP Nottingham despite the closure of their radio studio (Walker, 2020). Get Wise is made up of a qualified team of teachers, counsellors, performers and media professionals with industry experience spanning ITV, the BBC and independent radio accustomed to working in both custodial settings and the community. (Walker, 2020). When Walker was asked about the purpose of Get Wise, she answered: “we specialise in reducing self-stigma through the delivery of engaging digital storytelling projects that facilitate the development of employability, personal, social and digital skills in preparation for life and work.” Perhaps addressing self-stigma is one of the first steps to creating a space of dignity and respect; a space for prisoners to learn. There is a clear common thread between Get Wise, Prison Radio and the DiGi DBT project in that all three of them use a participatory media model to visibly transfer agency to those most obviously denied a role in the decision-making process. This can only be achieved with respect for that participant. If radio is creating such a space, can our projects beat the reoffending statistics and enter the realms of rehabilitation?

Haynes argues that prison exists to reform prisoners to help them learn to live in society when they are eventually released back into their community. Prison should therefore teach the “accepted principles” of their communities through education. However, if we accept that a prisoner is being removed from a dominant society to be educated on these ‘accepted principles’, then we must accept we are creating a new (supposedly temporary) minority

community, at least in the interim.

There are no clear lines for where punishment, retribution and rehabilitation start or end in the UK prison system. However, it is clear that without the rehabilitation aspect of incarceration, the system merely creates two victims for the same crime. Reoffending and suicide rates suggest that prisons are failing to navigate the balance between punishment and rehabilitation. With radio projects like DiGi DBT, patients and prisoners are given a space to share their stories, their voices, to learn new skills, to challenge entrenched ways of thinking, to educate and be educated, and most crucially, they are empowered through participation. They enter a room where they are not only respected but also valued for their time, effort, input and stories.

Despite the effectiveness of rehabilitation programs, the UK has seen significant cuts to the criminal justice system. Many of the workshops, projects, opportunities and programmes put in place to support prisoner rehabilitation are disappearing. (Slade 2018) and with another recession looming, it may only be a matter of time before projects like this are a thing of the past. Whilst the purpose of prison is clear (punishment, retribution and rehabilitation), the lines are blurred when it comes to prioritising the aims and funding cuts will only add more pressure.

Research suggests that poor mental health and well-being is on the increase in incarcerated communities, with self-harm and suicide rates on the rise (Prison Reform Trust, 2020). It is now more crucial than ever to adopt new approaches to prison rehabilitation if prisoners (and society) are going to benefit from their stay in prison. Could radio projects like DiGi DBT help with their rehabilitation and help build community, even in a time of austerity and cuts?

Chapter 3 - Breakthrough Productions, are we breaking through?

Using DiGi DBT as a case study, this chapter examines how taking the ethos and values of community radio can be transferred to a high-secure environment to improve the lives of patients. If we can improve the mental wellbeing of those living in confinement, can we also replicate the similar projects in other minority communities to have a positive impact on the participants' lives?

The DiGi DBT project

The DiGi DBT project used the values and ethos of community radio as a platform for patients to share their stories and lived experiences, whilst connecting these to the skills of DBT. DiGi DBT was a small project, and DBT is particularly time-consuming and involved practice. Therefore the project focused on one crucial area of DBT; mindfulness. Allison Tennant is the Nurse Consultant who co-managed the project is clear that mindfulness underpins all DBT teachings. Later, when Allison retired, Meagan McNaney became the Nurse Consultant, and also spent time working on the DiGi DBT project.

DiGi DBT workshops in Rampton would take place every week, three times a week, in the educational department of the Peaks Unit. During the DiGi DBT workshops, patients would come together to design, create and produce radio. The patients told their stories using their experiences and their day-to-day practice of mindfulness to coach listeners how to engage with

DBT on arrival at the high-secure hospital. Each workshop would focus on a different theme. The earlier workshops taught radio production skills such as recording, editing, voice-overs, how to make voxpops, interviewing techniques and using your voice for radio. Later sessions explored radio genres such as dramas, debates, quiz and talk shows. Once the patients learnt the basic principles of how to create radio, they could then start developing scripts and recording their audio. By the time they were recording their own radio, the requirement for a teacher had diminished, and the project leader became the facilitator providing support only when needed. This is the point in which *enhanced learning* has taken place, and the *experiential* process of learning began; the patients were learning by doing. Soon after participants were teaching others how to produce radio.

Six months into the project, a new patient joined the project. Within ten minutes, one patient was teaching the other how to use a Zoom recorder. The patient clearly explained how far away to hold the microphone and was demonstrating how to use your voice to create meaning. This group no longer needed a teacher; they needed a coach.

Aims of the project

By analysing the core aims of the DiGi DBT project, it is possible to scrutinise if the project had a positive effect on the mental health of the patients. The collaboration of two organisations (The University of Lincoln and Rampton High Secure Hospital) meant that there were two different sets of aims which ultimately came together to improve the lives of patients through "...their engagement and storytelling". (Roys, 2020). The Hospital's aims were derived from that of mental health and psychological objectives, whilst the University came from that of an educational background. Rampton was more focused on an 'end product' compared to the

University, which had more of an appreciation for the journey.

In an interview with Dylan Roys, the co-founder of the DiGi DBT project, he talks about the initial aims of the project. Roys stated that “[t]he hospital was keen on a physical artefact while the university saw the process as being more important. Improving lives through interaction and team building. Improving confidence through access to technology.” (2020). Rampton wanted to create an app that patients could access from their rooms in times of distress or need. The University wanted to focus on how participants' emotional wellbeing improved as they developed their radio and storytelling skill sets. Roys summarises the University (because of previous research) advised on developing *a process* while the hospital (because of external pressures), wanted *a product*.” (2020).

Underwood explains that, to him and the Rampton, the primary aim of the DiGi DBT project was “...to provide a platform for patients to continue learning and development of skills in the privacy of their own rooms.” (2020). What Underwood is referring to here is the television system via which the end product would be accessible. The idea was that patients were going to access an internal app with the DiGi DBT radio from their cells. The app would allow listeners to navigate through the audio, and they would then access ‘immediate audio’ when in times of distress. This audio was made up of safe space soundscapes and mindfulness exercises like guided breathing.

Not only did the Hospital want to produce an end product, but they also hoped to reinforce their learning and understanding from DBT, through the process of enhanced experiential learning. The leading nurse consultant on the project was not available to be interviewed for this research due to inclement health. However, David Underwood, a senior lecturer at Rampton working on the DiGi DBT project stated that one of the main aims was “to use the production of media content to reinforce therapeutic learning and understanding of DBT”. (2020). The project was to

examine the effect of a patient engaging with storytelling through radio products and measure any improvement in their ability to use DBT. Through the process, the hope was that they would develop a deeper understanding of themselves. McNaney commented on the patient's DBT skills development that "they continued to learn about therapy in a different way" (2020). Despite the slightly different aims from the two organisations, both the University and the Hospital wanted to improve the lives of the patients. This provided a platform for the project; our shared point of reference.

The process was a balancing act, working to deadlines to complete the app for Rampton whilst also supporting the participants to practice their DBT skills. Beyond the project aims, as a practitioner, it was essential to impart radio production skills to enable the participants to tell their stories better, whilst encouraging other staff to adopt new delivery methods of therapy. The work needed to focus on helping to improve their confidence, to provide a platform for their voices and stories, to create a space where they could feel empowered; thus improving their mental health. An environment needed to be created in which it mirrors community radio (albeit without being able to broadcast anything).

Findings - Did the DiGi DBT project improve lives?

To improve the lives of the patients taking part in DiGi DBT, some core aims needed to be achieved; reduce self-harm, improve mood, enhance collaboration, to add meaning to their stay at Rampton and to give patients a sense of worth and purpose.

Did the DiGi DBT project deliver on its aims? Through radio production, was there an improvement in the mental wellbeing of patients which aided their rehabilitation?

Giving a voice

An element that contributed to the improvement of mental health for the patients was the act in giving them a voice. Radio production being used as a 'voice for the voiceless' (Vinod and p.13, 2007, p.13) to improve confidence for its participants. However, at the start of the project, the plan was not to give patients a *literal voice* by allowing them to present radio. Rampton worried that vulnerable patients might be recognised, putting them at risk. Initially patients were asked to write scripts which would then be recorded by professional actors. A trial piece of audio was recorded where participants' scripts were voiced in a studio by a team of actors. After some editing, the audio was played back to the participants. They fed back that they felt misrepresented in the audio, that even though it was their words being spoken; it did not sound like them. One patient described the audio as "too posh" where another patient said, "it doesn't sound like me or how a prisoner would talk." The staff in the room agreed, and therefore ethical approval for the scripts to be recorded by the patients was sought. Post-approval, all recordings were then voiced by patients. This added enhanced ownership of the projects for the patients and meant they were better represented in their radio. When asked why Roys felt the project had a positive effect on the patients he said "... this was because they were being given a voice. That voice was being reflected in the material they produced..." (2020). To begin with, most patients were fearful of being recorded and felt they did not have much to offer in terms of telling their story. Some flat out refused to be recorded. For many it took several months of working for them

to be ready to have their voices recorded. One patient said that he did not want to share his story in a recording because he would be laughed at, and he did not believe he had a good voice for radio. That patient later went on to record a piece of audio around a mindfulness exercise about brushing teeth. He was notably nervous, and kept saying, “don’t laugh at me”. When the piece of audio was shared in the next workshop, he received positive reinforcement from his peers and from then on, he would always volunteer to be the one to voice a recording. There was a noticeable change in his demeanour. He appeared more confident when presenting. He went on to be the quizmaster in a radio gameshow and voiced some therapeutic audio walks. He went from refusing to be recorded, to wanting to be the star of a show. The positive reinforcement aided his learning and in turn, boosted his confidence.

Two years after the project had started, one patient had moved to a medium secure unit. When he reflected on his involvement in the project, he said that he felt people cared about what he had to say. He said it gave him the confidence to speak up more in workshops and speak up more about his care. He wanted to be able to share his stories with young offenders, “to prevent them from taking the same path” that he did.

We cannot attribute this solely to his time on the DiGi DBT project. Patients were involved in other activities such as art, football, woodwork and cooking alongside their therapy. However, this patient did have a noticeable improvement with his confidence, and after that initial recording, was open to more recording. He also went on to teach fellow peers how to use their voice for recording and would often tell them to “just be yourself, and you’ll be fine”. Many patients seemed to ‘find their voice’ in DiGi DBT workshops, however this patient very clearly seemed to want to take his learnings into other aspects of his life.

Not only did the patients get a voice in the literal sense (by being recorded), but they had some autonomy in how the project operated. In the earlier stages of the project, patients were asked to contribute to the lesson plan development and were part of the decision-making process.

Patients made decisions on how long a piece of audio should be, or what the theme of the work should be. They chose the best style for that piece of radio and what plot-points it should include. They were actively encouraged to take ownership of the production process.

Giving the patients a voice showed a level of respect for them, their stories, and their experiences. It also encouraged patients to work with staff in a new way; as production colleagues rather than nurse/patient. “The project allowed patients to interact with staff in a different way and feel more equal and empowered.” (Maegan McNaney, 2020). By listening back to their work patients reflected on their journey, and the teachings from DBT inside Rampton. Underwood stated, “[t]here were times when staff witnessed patients with tears in their eyes as they listened to some of their work. Triggering positive emotions in this way reinforces the learning and understanding.” (2020). The DBT based audio they were creating, reinforced their learning back to them. They were acknowledging how far they had come and reflecting on how they might improve their lives with what they had learnt.

Improving confidence by developing radio production skills

Part of the radio production programme included debate shows. In one session, patients were to debate ‘should patients engage in DBT therapy?’. A staff member was the debate host, and the patients were split into two teams; for and against. Initially, all the patients wanted to be on the ‘against’ side, as they said they had found all the excuses in the past to not engage with their therapy. They felt this was the easier side to argue (despite the fact they had all had DBT)! The

team arguing that patients should engage in therapy were reluctant to participate, but with some encouragement from the rest of the team, they did. Both teams had to plan their arguments and wrote bullet points of things they wanted to bring into their argument. One patient arguing for therapy was struggling in the beginning to air his opinions. It was not until he was addressed by the host to share his thoughts that he did so. As the debate progressed, he slowly became more comfortable and engaged in an active debate with the others in the room. He began to challenge his opposition constructively and concisely. At the end of the recording, the patient said that despite finding it challenging, he felt the exercise helped him to express his opinions in a way that was not aggressive or hostile and that he would take this learning with him back to the ward.

In another exercise, patients used a video camera and a Zoom recorder to take it in turns directing a drama. This piece of work was not going to be used in the app as the project did not have permission to show the patient faces in a recording. However, it was important to allow patients to learn how transferable media skills are and encourage creative thinking. They had control over the actors, camera angles and idea development. To succeed they had to listen to their peers and themselves in a group setting. One patient found it hard to work alongside others and would often opt for tasks that meant he could work alone. He had lots of ideas but was not forthcoming with them to the rest of the group. When it was his turn to direct the audio and visuals, he began quite nervously, and the patient's feedback indicated that he needed to be more direct. Later in the day, he began to share ideas; "why not try walking in from this angle" or "try using your voice like this" and he started to gain more confidence in his direction and ideas. At the end of the workshop, he confided how challenging he found the day. He did not realise he was capable of working with others or being heard by them. He spoke fondly about his role as director; he "surprised himself". He later went on to write scripts that included audio direction and sound effects and sent a script home to his family. Roys reflected on this patient's journey,

saying:

Patients who lacked confidence were helped to find that confidence. I can think of examples where a patient who considered their voice not important came to realise their views were respected and valid. A patient who was suspicious and reluctant to cooperate found themselves enthusing others. Patients with skills they thought unworthy realised they were part of a useful creative team. (2020).

The patients recognised that they were valuable to the production team. With a bit of confidence, they were able to collaborate and contribute. This is an example of radio production improving lives through effective collaboration.

Part of the project process was reflecting on the edited audio a week after it was recorded. The patients provided critical feedback on the productions and suggested improvements for how to create a better edit. They were encouraged to be producers throughout the production process. They had their contributions celebrated by their teammates, which enabled their confidence to flourish more.

Reinforcing DBT skills through radio production

One of the aims of the project was to help embed the taught skills from DBT into the everyday lives of patients. The theory was that if patients were sharing their stories, whilst applying DBT into their storytelling, the skills would be reinforced. This reinforcement was done in many ways, including by the creation of a radio drama.

Using radio drama, patients scripted and acted out scenarios which they found challenging whilst living inside Rampton. The group regularly discussed what the most challenging situations are for themselves whilst living in confinement, and a common theme was room searches. Room searches at Rampton take place weekly, and it is something that a patient will go through on numerous occasions during their incarceration. During this particular workshop, the patients voiced their hatred towards room searches, as they felt it was an invasion of their privacy. The patients chose to create a radio drama that would have two endings; one where the patient 'acts out' against the room search, and one where the patient chooses to use their DBT skills to accept the inevitability of the room search. The patients wanted to show their listeners how a volatile situation can be avoided but what was also happening here, was that by creating this audio, the patients producing the audio would be reinforcing their use of DBT skills to deal with tough situations.

The patients wrote the script for the drama over several workshops, then later recorded the drama in the classroom. The patients themselves acted in the drama, with one patient playing a patient, one patient playing a nurse conducting the room search, and the third patient being the internal monologues of patient and nurse. While recording the audio, the patient playing the patient going through the room search, became visibly angry (beyond the skill of his acting). After a break, he was asked why he thought he was experiencing such an intense emotional reaction. He said it was because acting it out brought back 'flashbacks' of past room searches, and it was always a negative experience that resulted in a confrontation. He said he knew how he was supposed to react, but always experienced an intense feeling that his privacy had been invaded. After calming down, the participants successfully went back to playing out the scenario for the recording.

Weeks later, that patient shared how he had a room search, and for the first time, he did not “kick-off”. When asked to reflect on why this was, he explicitly cited the role play he had participated in for the radio drama. He said he remembered the ‘good ending’ and wanted to achieve that rather than the alternative - being locked in seclusion. He used the skills from DBT (acceptance and mindfulness) to deal with the scenario. The room search was over fairly quickly, and then he “got on with his day”. This is one example of how embedding the DBT teachings inside the radio drama helped participating patients develop their understanding of behaviours and their ability to use the newly learnt skills in their day-to-day lives, and is one example of how the aims of the project were being achieved. The reinforced learning was recognised by McNaney too, who observed, “the patients also saw outcomes as part of the project which they felt was important. They continued to learn about therapy in a different way and were enabled to teach others about this too.” (2020).

It is important to remember, however, that these are specific instances and examples of positive effects rooted in anecdotal, rather than quantitative and statistical, evidence. Indeed, the room search case is one example which occurred soon after the radio drama had taken place. To obtain better evidence that role-playing and story-telling can embed the teachings of DBT, it would have been beneficial to examine their behaviour over a longer period with a more significant time difference between the drama and the event. Due to time constraints of the project, and the original scope of it, this longitudinal study was not feasible.

Underwood reflected on whether the DiGi DBT project reinforced desirable behaviours, concluding “[t]here were noted differences in behaviour. Their engagement resulted in better understanding of the therapies resulting in better management of their behaviours.” (2020).

Whilst this might be the clearest example, it is fair to assume that other more subtle behavioural changes may have resulted from the participants work in a radio studio. Destructive behaviours

can be changed, and good behaviours reinforced through the development of radio and have a beneficial effect on the patient.

“There’s normal time, and then there’s Rampton time”

The DiGi DBT project had the potential to create even more impact with the patients if we were not under the given time contractions and strict security restrictions that come with working in a high-secure hospital. There is a saying in Rampton repeated by patients, nurses, teachers, psychologists and practitioners: “there is normal time, and then there is Rampton time.” It means if something takes one day in the ‘outside world’, then expect it to take at least a month inside Rampton. The DiGi DBT project experienced this first hand during the process of getting radio editing software into the classroom. The computers could have been set up in preparation for the project so participants could have learnt how to edit audio on Adobe Audition. Unfortunately, the editing software was still not installed three years later when the project came to an end. Three years of meetings were not long enough to overcome the problem that the machines needed to be connected to the internet to update the licensing agreement. Without that, it was impossible to log in to the software. There is no internet access allowed in patient areas of Rampton.

Computers could not be moved to an area with internet access, because they had to be bolted down to tables for security. This limited the effectiveness of the project considerably, as editing audio is a substantial part of the creative process and enhances the ownership of that work.

Not to be beaten by bureaucracy, we came up with an alternative solution, and introduced ‘paper edits’. Patients would imagine their audio and draw a timeline of where they wanted audio cutting, or what sound effects they wanted adding where, and for how long. They would draw

down fades and music beds. They then had to entrust the editing process outside of Rampton and could provide critical feedback during the listening back process. They would review how diligently their vision was captured through the edit, and suggest improvements and changes. The Hospital in principal was all for patients being able to edit their work. In practice, this was the editing process for the full three years.

Another example of 'Rampton time' was organising guests for interviews. In a standard radio station, radio interviews can be organised, recorded and edited in less than a day (especially with modern radio where the process relies on speed). In Rampton, things take much longer, and guests had to be approved by security, who then had to go through a vetting process before they got anywhere near the Hospital. They had to be escorted everywhere they went (including the bathroom or cafeteria), and this had staffing and time implications, therefore the process took a lot of planning and paperwork. To plan, record and edit an interview could take upwards of four weeks. During this lengthy process, patients would get agitated, annoyed and sometimes lose interest altogether. Interviews aside, many pieces of audio could be enormously complicated by the high-secure setting. It took eight weeks to get clearance to enter a patient's bathroom to record the sound effect of brushing teeth.

'Rampton time' is not unique to Rampton hospital, and there are similar stories in many other high-secure institutions. Levi and French write about a similar experience during their time in Broadmoor. "Inside Broadmoor, you have the feeling that time has slowed right down... the lives and aspirations of the patients have slowed down too." (p.14, 2019). The processes move slowly. Decisions on care are made slowly. It is entirely possible that the pace of change decreases the hopes of patients and hinders the rehabilitation process. When achievements take such a long time to happen, it is plain to see why some would lose hope.

This was true in the DiGi DBT project. Some patients left or moved to a different hospital before they were able to complete their radio work. They did not get the satisfaction of seeing their work come to completion despite their efforts. The pace of the process threatens the effectiveness of the project. Not only do we physically record less, but it reminds the patients that they are not functioning under normal societal rules. Despite them entering the workshop room as a producer, the cumbersome administrative processes constantly remind them they are incarcerated patients, undermining the empowerment that comes from producing radio.

Importance of celebrating achievements

At the end of the project, there was a graduation event for the patients. The aim was to celebrate their achievements and encourage them to take the learnings from the project into their everyday lives. It is easy to underestimate the value in celebrating achievements, however there is evidence that in an education setting, celebrations can increase "...self-confidence and self-esteem." (Spowage, 2020). In an interview with Leo Spowage, a teacher with experience of primary, college, and prison education, he said:

...the use of positive feedback and praise is evident in all aspects of education. This also goes hand-in-hand with a sense of achievement for learners and is what will drive them on in the future and help shape their personalities. It is also what encourages them to continue with learning when times get hard or they are faced with failure or self-doubt. (2020).

The DiGi DBT participants' graduation lasted for half a day, and each patient got to wear a gown and received a certificate. There was a buffet (a rare treat in Rampton which only usually happens at Christmas), and the patients said that this made the celebration feel 'important' and

'special'. During graduation, patients were allowed to make a small speech and carry out a question and answer session with the audience. This encouraged them to share their achievements and reinforce their self-recognition. McNaney who has been working at the hospital for 18 years, and has been in the role of Nurse Consultant now for four years, attended the graduation. She said, "I remember this day very clearly, and it was so evident the sense of pride and achievement the patients felt during their ceremony." (McNaney, 2020). After the ceremony, a patient confided that they never thought they would be able to achieve something like this. Another patient reported that it made him believe that one day he could go back and have an education; 'I'm not as stupid as some people think!'. All the patients said they would keep the certificate in their record of achievement files, as they felt it would contribute to their future journey in some way. The ceremony, alongside the speeches made by the patients, made a noticeable improvement to their confidence. This echoes what Jordan Hunt, a primary school teacher working in London, stated during an interview about celebrating accomplishments "... it provides an intrinsic motivation to want to learn, as the process becomes desirable due to the outcome." (2020)

A member of nursing staff who was in the audience shared that they had never heard one of these patients speak with such confidence and openness before, and remarked "it was like seeing a brand-new patient"; although it could be argued that we were instead seeing who the patient really was, albeit with a bit more confidence. During the project, two patients moved on from Rampton to a medium secure unit, and both used the DiGi DBT project to evidence their recovery journey to their psychologists. Primary school teacher Hunt states that achievements can be celebrated in either a 'micro' or 'macro' version. Hunt gives an example "...work and effort are celebrated through positive praise from my position as the class teacher" (micro). "... as a whole school approach, where a 'standards star' is chosen each week during an assembly, and the child's parents and carers are invited in to hear about their work and celebrate their

achievements.” (2020). By celebrating achievements, either through a large graduation-style celebration or the small appraisals given by tutors, patients gain more confidence in their learning, and how they can apply this confidence in other areas of their lives.

Can radio improve the lives of those in minority communities?

It is crucial to acknowledge that the patients were engaging in many activities over the three-years. They had development programmes beyond the DiGi DBT project. Patients also attend therapy, educational workshops, horticultural activities, sports and the gym. They interact with their peers and support networks. Most are on prescribed medication. They might also attend one-off activities such as a choir performance at Christmas or attend a guest speaker’s motivational workshop. Due to the nature of this research study, it is not easy to present qualitative evidence that the DiGi DBT project is a significant contributing factor to the participants’ improved mental health. However, based on first-hand observations, staff interviews and patient interactions, it is right we claim that the DiGi DBT project did contribute to their improved mental health by providing them with a voice, improving their confidence, and through empowerment.

McNaney summarised why she believed the project was able to play a part in improving the lives of patients. McNaney stated that it had a positive impact on their lives “... due to the sense of purpose and meaning, and being involved in something as a group and team. Feeling empowered and able to make decisions and work equally alongside staff.” (2020) Roys also comments on the outcome “Did we improve lives? Yes, I think we did. Patients engaged with the project and showed enjoyment and commitment. They felt part of a professional team.” (2020).

Did the DiGi DBT project reduce self-harm? The data on self-harming amongst participants does not exist as it could not be measured during the project. With the patients attending other development projects, therapy sessions and recreational activities, it would be impossible to determine whether self-harm was reduced as a direct result from this project alone. Were patients more open and honest about their self-harm during the project? At least some were. One patient who had a history of self-harm had many scars across his arms. He tried to hide these scars, and his family members were not aware of his history of self-harm. During a radio workshop, the patient decided to tell his story of self-harm through a piece of radio production. Shortly after he told his aunt about his scars in a visitation. His piece of radio has been the most played piece of radio from the DiGi DBT project at educational and media conferences across the country. This piece of radio always provokes the strongest reactions in audiences, psychologists and patients alike. "Self-harm is not what you are, or who you are; it's part of your story." (Patient, 2015). This project did not definitively reduce self-harm, but it provided a platform to share stories of self-harm and gave those struggling a voice. It might be impossible to prove if projects like DiGi DBT reduce self-harm, but by encouraging debate, and by encouraging participants to take ownership of their stories, it can improve their self-worth, add meaning to their lives and in turn, improve their lives.

Did the DiGi DBT project add meaning to patient lives? When asking patients why they were attending DiGi DBT, the most common answer was because they wanted to make their time at Rampton mean something. What is *something*? Some patients wanted to 'give back' and share their stories with new patients, to hopefully encourage patients to make decisions that will have a positive impact on their future. Some patients wanted to encourage patients to practice DBT. Other patients wanted to tell their stories and share their lived experiences. The patients achieved all of these goals. The patient audio was played to new patients, and when the project came to an end, it was still available on the TV systems in the patients' rooms. Rampton will

always have access to this audio; however, it depends on the staff if the audio continues to be shared with patients. Patients were able to encourage others to participate in DBT. Patients were encouraged to learn about DBT, through the DiGi DBT workshops. Active participants helped their peers who had not come across DBT before to engage with the project and the therapy.

The most significant meaning made by the patients was their sharing their own stories through radio. When speaking to McNaney four years after the project had ended, she stated that the project was successful "...due to the sense of purpose and meaning..." (2020). This meaning was evident during the graduation ceremony when the patients were reflecting on their work. Their speeches at the ceremony were testament to the project; DiGi DBT contributed positively to their time incarcerated in Rampton. Comments were made such as "I'll never forget this project", "thank you for letting me be a part of this project", and "I feel really valued". The sense of purpose and meaning significantly contributed to the patients' mental wellbeing, at least in that moment.

Through a sense of belonging, improved confidence, the embedding of DBT skills, and a platform for their voice provided by the radio medium, patient lives were improved by the DiGi DBT project.

Conclusion: How we can use radio to improve lives in other minority communities

Radio is a personal medium and one that is accessible to many minority and hard-to-reach communities. “In rural areas from subsistence farmers in Mozambique to nomadic herders in Mongolia, radio is the only medium.” (Siemering, 2000, p.373). Radio produced by the community, for the community, is having a measurable impact on not only the listeners but the producers too. The historical theory of community radio is to use the medium for representing the unrepresented; a voice of the voiceless and as a tool for development. In this way, radio can empower “...those who have traditionally been marginalised socially, culturally, economically and politically.” (Vinod and Kanchan, 2017, p.210). Radio, and prison radio in particular, “...provides hope, distraction, entertainment and education.” (Walker, 2020).

The DiGi DBT project as a case study demonstrates how radio has the power to improve lives in minority communities. By taking the teachings from community radio and focusing them on a minority group as a producer, space is created to have a positive impact on minority communities through participatory methods of engagement. When participants get involved in the process of producing radio (in all aspects of producing radio), it is then they can feel empowered through the representation of their voices.

The DiGi DBT project is one of a kind in that it is the first project to work with patients with personality disorders, with whom the participants are serving long-term (in most cases, lifelong) sentences. These patients have been removed from society, and are in a high-secure environment because they could not act under the rules of an un-incarcerated, ‘outside’ society; their original community. They are in that setting to be rehabilitated, and will not be allowed back into their community until a team of experts say they are fit to function in society. The

patients are in their own right, a minority community. This research highlights the poor mental health of those who live in confinement; the high suicide rates and the even higher records of self-harm. This is a community that needs new intervention strategies to help improve their mental health and contribute to their rehabilitation. Incarcerated populations are by no means the only at-risk communities that need their lives improving. Can radio production help improve the lives of those living in high-secure settings? Can we replicate projects such as DiGi DBT to empower communities and bring about social gain?

The DiGi DBT project at Rampton encouraged patients to participate in the production of radio programmes to create an app. When the patients entered the workshop room, they were no longer treated as patients, but as producers. They worked under the name of Breakthrough Productions, had individual production roles, learned and developed production skills and most crucially, they shared their stories. The patients were valued for their knowledge and lived experiences. They were shown respect by facilitators and their peers for what they had to bring to the table. They were included at all stages of the production process; despite the constraints of their secure environment. Through this approach, the patients' confidence was improved, their DBT skills were refined, and their voices were heard, which all contributed to improved mental health and wellness.

However, we must also consider the effect a project like DiGi DBT can have on a patient's mental health if and when the project comes to an end. After three years, the DiGi DBT project came to a close when the funding ran out. Patients often expressed that they did not want this project to cease as they had come to very much look forward to attending each week. Most of the patients involved were attending at least twice a week, for six to ten hours a week. They spent more time in these workshops than in any other organised activity or intervention at Rampton during that time. The project was part of their weekly routine. When the project was

close to its end, patients organised a petition and wrote letters to the head of the education department to ask for the project to be extended. However, the funding was not there. Whilst this highlights the importance of the project for the patients, and how well they had connected with the project, it brings into question the detrimental effect it could have when a project that aims to improve their mental health and wellbeing, comes to a close. The closing of a project must be considered when setting up and delivering projects to minority communities. How can harm be reduced when inevitably a project will run out of money?

Despite the project coming to a close, there was significant value for the patients, and the learning they gained has not been lost. The achievements made by the patients are not diminished after a specific time, and their improved confidence stays with them through other areas of their lives. At least two patients used the DiGi DBT project to demonstrate their progress in their journey towards better mental health. Patients showed signs of improved confidence and were able to debate and talk openly. They enhanced personal and interpersonal skills through radio workshops. How well these lessons have stood the test of time is hard to tell, however there is evidence that DBT can enhance lives long-term. Miller describes DBT as the 'gold star standard treatment' for individuals who are suicidal alongside a diagnosis of borderline personality disorder. (2015, p.92).

This treatment continues to capture the attention of researchers, clinicians, and consumers alike, largely due to backing by sound research, and because it is a multimodal, principle-based treatment that conceptualizes emotional dysregulation based upon the biosocial theory (Linehan, 1993) that engenders compassion among clinicians and others in the clients' environments (Miller, 2015, p.92).

We can be somewhat optimistic about the DiGi DBT graduates, and their involvement with the production of radio to embed their DBT skills.

It must also be acknowledged that DiGi DBT was a small pool of patients within one secure hospital. The project existed within the personality disorder unit populated only with male patients. Whilst these patients represented their larger community, there were less than 20 participants. If same project was repeated with a group of female participants in a high-secure setting, would the results be the same? Would the project have the same impact in a low-secure hospital? What if we moved to a high-secure unit in another location? The research studies cited throughout this body of work suggest that involvement in radio production projects will always improve the lives of those involved, and their larger community through active participation. (Lewis and Booth, 1989; Girard, 2001; Gumucio, 2001; Myers, 2008; Gutierrez, 2011; Meadows and Foxwell, 2011; Grimes and Stevenson, 2012; Nafiz, 2012; Doliwa, 2013; Sarmah, 2017).

Further work in this field might examine similar projects being carried out with women in the high-secure environment; or a radio project to help the rehabilitation process when the patient is being integrated back into their primary society; or a project set up outside of the secure environment where the participant makes the time to attend the project not because it is merely there, but because they want to attend.

This study shows that, through active participation in radio projects, individuals can experience long-lasting positive effects. Projects based on community radio initiatives deserve to be encouraged for facilitating confidence, a sense of belonging and development. If more projects use the community radio model, there is the potential to engage with some of the hardest to reach communities, to provide a voice for the unrepresented, to improve confidence, to

encourage collaboration and to improve the lives of those living in minority communities.

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Appendix A: David Underwood interview, 2020

Can you tell me a little bit about your role at Rampton and how long you had worked there for?

I worked in the Peaks Patient Education Department at Rampton Hospital as a Senior Lecturer. The Peaks Unit, previously known as the “Dangerous Severe Personality Unit, (DSPD) was a separately financed unit within Rampton Hospital. My main role was teaching and developing patients learning using IT as the main delivery method.

Can you tell me how you were involved with the DiGi DBT?

The DiGi DBT project was born from an idea I had developed whilst working with patients on their homework which they had to complete for some of their therapy homework. Whilst we assisted patients with other therapeutic interventions, Dialectical Behaviour Therapy (DBT) was the predominant intervention for patients to help them manage their behaviour traits.

Some of the IT work allowed them to use alternative ways of expressing themselves to their therapists as well as helping them understand the concepts being taught them via more traditional therapeutic teaching methods.

I was also involved in developing and managing content for a distributed television system into patients’ rooms. The combination of these led to more demands on me to produce content which was additional to my normal duties.

Following discussions with my managers and a recent visit to Lincoln University Media Department. I wrote to the university with a proposal for exploring opportunities of collaborating with the Universities Media department to further develop media content to enhance the

therapeutic interventions.

My initial role was bringing the University together with the therapeutic and IT, and Education teams together.

What were the aim(s) of the DiGi DBT project?

The initial aims were as stated above.

- To use modern media ideas in a therapeutic environment for patients with limited and complex learning needs.
- To use the production of media content to reinforce therapeutic learning and understanding.
- To provide a platform for patients to continue learning and development of skills in the privacy of their own rooms
- To monitor and measure, engagement, understanding and personal development of patients' therapeutic journey

Do you think the project achieved its aims? Why/Why not?

I believe the project achieved some great milestones. However, I think the full potential was never achieved for a number of reasons.

Rampton Hospital is a High Secure Mental Health Hospital. The security constraints are extreme, which makes it a very difficult environment to implement what could be considered "normal" day to day technologies. Computers, Cameras and Phones and other associated communication systems.

Budget and Finance, like every project funding is required. The NHS has limited funding. The budget for the project was difficult to acquire and maintain, through politics and inter department rivalries battling for the same purse.

As the project started to take shape. Other departments and therapeutic teams wanted to become involved with the project some leveraging political sway in some of the decision making also internal battles for kudos of the project.

Whilst many of the individuals where leaders in their field, few of them had the skills to integrate the technologies required to deliver the project to its full potential.

In my view professional ambitions from a few individuals made the process more difficult than it should have been, sadly putting personal ambitions beyond the potential of creating something which could have been more beneficial to even more patients in the long term.

Do you think the project had a positive or negative affect on the patients? Why?

For the time I was involved in the project from what I witnessed I believe the project had a very positive affect on the patients. There were noted differences in behaviour. Their engagement resulted in better understanding of the therapies resulting in better management of their behaviours.

Sadly, I was moved away from the project midterm so not in a position to comment on the overall effects of the project as it came to its conclusion.

Do you think the DiGi DBT project improved the mental health and well-being of patients?

From what I witnessed during my involvement, Yes, without hesitation.

Do you think the DiGi DBT project helped patients to develop DBT skills?

Yes, Allowing the patients to develop their ideas and understanding through the chosen media, Radio, there were multiple stimulants of understanding through the process of, planning, creating content, delivering content and hearing content. Critical self-analysis from hearing themselves was also a key component.

Did the patients learn any other skills within the DiGi DBT project? If so, what were they?

Absolutely Yes,

As mentioned in previous questions, the whole process of developing a concept, creating and producing content, impart so many different skill development opportunities.

Education Perspective: Reading, Writing, Timings, Listening, Speaking, Technical IT skills are all developed.

Personal Development:

Self Esteem, Confidence, Appreciation of others, Team Building, Camaraderie, Personal Fulfilment

Radio production was a huge part of the DiGi DBT project, why radio?

Whilst it could be argued that Audio and Video (AV) in general has its place. It became evident early on in the project that audio had the least distractions, enabling a focus on the message being delivered. It was felt that radio was the most productive method of creating a “temporary”

escape for the patients being treated in a high secure environment. It allows them to listen in their own space with their eyes closed to let the audio paint their own visuals in their head rather than being influenced by someone else's vision. There were times when staff witnessed patients with tears in their eyes as they listened to some of their work. Triggering positive emotions in this way reinforces the learning and understanding.

Do you think the patient would benefit from similar projects?

I have no doubt patients or anyone could benefit from the skill development using the tools, ideas and principles employed in this project.

Do you think DiGi DBT improved patient life?

Categorically, Yes

Appendix B: Andrew Wilkie interview (2020)

Why did you choose to move to prison radio after working as a radio producer for the BBC? And what has kept you there for so many years?

I stopped working for the BBC in 2005 to work in commercial radio, and then left that to join the PRA in 2007. I felt that radio has the ability to be very close to its audience, more than in television, and that radio producers could get into the corners that mainstream broadcasters were ignoring. Making radio can be a very unobtrusive process and you can easily record the sorts of voices that just don't get a look-in with the big broadcasters.

At this stage, YouTube was only a year or two old, but the technology that allows non-professionals to produce media was starting to develop.

Meanwhile, the PRA charity was founded in 2006 and I joined shortly afterwards – with the opportunity to set up the radio station inside HMP Brixton. This sort of opportunity is rare, and it felt like a chance to put this theory into practice. I've stayed there for so many years because the experiment is continuing, and barely a month goes by when it doesn't take me into exciting new areas. We're small, dynamic and independent.

What were your aims for National Prison Radio when you first started? Have these aims changed?

Broadly, to reduce reoffending. People in prison are denied the usual information sources – there's no access to the internet, no mobile phones, even printed newspapers are hard to come by. But virtually everyone has access to a television and so we decided to broadcast as a

channel on the in-cell TV systems.

Our programmes are designed to help people understand the prison system, the services that are available both inside and after release, and to encourage discussion of the issues that surround crime and justice. We also focus heavily on portrayal – we value honesty and openness, and we encourage people to speak their minds and not be afraid of talking about issues that affect all of us. Our theory of change is that better-informed audience, engaged in discussion about these issues, will be better equipped to navigate the turbulent experience of release from prison.

We wanted to have very high production values – we wanted to produce radio that would be a great listen, so that the benefits were being felt not just by the small number of people who get to work on the station, but on the tens of thousands of people who were listening.

So we developed a way of collaborating between our group of people serving sentences, most of whom had no experience at all, and professional radio producers who understood about how to format the station, how to target the audience, how to structure a programme, scripting, recording, editing and post-production.

We targeted radio industry awards, like the Sony Radio Academy Awards and the Audio Production Awards, to cement this reputation and establish ourselves within the industry.

What is unique about working with the prison community?

The community is like any other community, though it's characterised by a particular concentration of deprivation. Our listeners will commonly have had bad experiences in education, will disproportionately be affected by poor mental health, are more likely to have been victims of crime, and countless other measures of disadvantage. They also have the fact of temporarily living in prison, and mostly of having been through the experience of being judged and found guilty by a jury of their peers in a courtroom.

These facts allow us to tailor our content very specifically to those sorts of needs – although within that, there's a real diversity of viewpoints and experiences.

The physical and institutional environment is a particular challenge – we're working in institutions whose primary purpose isn't the production of media, and whose staff are largely driven by the notion of public protection and rehabilitation. So we've had to gain the trust and respect of our colleagues in the prison service, and we've also had to learn how to make radio within the exacting parameters of a high-security environment.

It's not easy, but it works.

Is it important that prisoners are the ones to produce the radio content for their listeners? Why? I've been working in prisons for more than 13 years, so I know prisons very well. But I've never been locked in a cell the size of my bathroom with a stranger, with no handle on the door. I've never been found guilty in a courtroom. I've never experienced the mixture of guilt, anger, resentment, regret and humiliation that comes with a criminal conviction. I have colleagues who have these experiences, and they're much better placed to front our programmes. It means what we broadcast is credible with the audience.

How much ownership do prisoners have over the content produced? How do you promote ownership and to what extent?

We encourage people who work with us to come up with their own ideas for programme formats and subject focus. If we happen to have someone working with us who's really into classical music, we'd create a slot for that programme on the schedule. People living on prison wings know what the hot topics of conversation are. As staff, we can support this with professional technical expertise, and by lending the perspective of people on the outside looking in.

The Prison Radio Association states that it aims to reduce reoffending within prisoners, is NPR achieving this? How? Do you have evidence to support this?

It's virtually impossible for any organisation, no matter how large, to prove causation with something like 'reducing reoffending'. Any organisation that claims to do this is probably being a little disingenuous.

What we can demonstrate is how many people listen to the service, how long they listen for, and what action they take as a result. We aim to encourage 'active listenership' – so that we're not just a service that provides entertainment, but that people respond to what we broadcast. That action may be something like signing up for a course or talking to your offender manager about something, or it might simply be thinking about yourself differently.

We also measure this through the amount of interaction our audience has with us. They can't email or text, but they can write letters or call our freephone line which is available to all prisoners. Last year we received over 10,000 items of correspondence from our listeners. In the first 3 months of the coronavirus pandemic we received the same number of phone calls –

demand for our service has dramatically increased in this situation, which coupled with an analysis of our activities makes for strong evidence to support the value of our work.

We publish our evidence annually in our Impact Snapshot. Our latest one is here:

<https://prison.radio/who-listens-to-national-prison-radio-and-why-the-numbers-are-in/>

What skills are the prisoners learning that is benefiting them and their daily lives (in prison and when back in the community)?

Working in a radio station requires teamwork, communication skills, timekeeping skills, IT skills, literacy skills, numeracy skills, empathy, attention to detail, reliability, and so much more.

When people start working with us, we're very clear with them that this is not necessarily a ticket to a career in the media – although a number of our people have gone on to work in the media and related fields.

Instead, we talk about employment history, skills and ambitions, and try to support people to develop in the direction they want to.

Does prison radio improve mental-health and well-being for the prisoners taking part in the production of prison radio? Can you give any examples where a prisoner's well-being has benefitted from producing radio?

I don't think I'd be brave enough to claim this for sure, but we have worked with several people who have experienced mental ill-health. The routine, creativity and simply being occupied off the prison wing is healthy, and our staff take great care to support people who are struggling with

mental ill-health. We were working with one man in the months leading up to the coronavirus pandemic who had quite complex mental health needs. He thrived with us, and it was extremely painful when we had to pull out of prison.

What advantages does radio have over other mediums in prison (print, television, film)?

It's intimate and personal. It's technically simple. It's accessible whatever your literacy level.

Any form of media is a security risk for prison authorities, and the absence of pictures makes production much more straightforward from that perspective. It's also far less expensive – the equipment you need to make high-quality radio is really very simple. It's also far easier to edit audio into something that's extremely polished – as soon as you add pictures, there's an added layer of complexity.

It also feels a lot safer for our contributors to record their voice rather than appear on camera. We do occasionally make videos, but we find people open up a lot more readily when there's no camera in front of them.

What are yours and the association's main challenges for prison radio right now?

The coronavirus outbreak has been a massive challenge for the entire criminal justice sector, and many service delivery charities and organisations are really struggling. We are in an extremely fortunate position in that we're available in prison cells, and we can therefore continue to reach our audience.

Our staff team have taken over production from home, and we've drafted in producers and presenters who have previously worked with us in prison and have since been released. As an organisation, we've been very well-placed to deal with this disruption and very resilient.

There's a particular need for accurate information and also diversion during these times of 23-hour lock-up. So, a lot of the sector has looked to us to help them deliver their interventions in new, innovative ways using the power of radio.

There was a high-profile disturbance in an Italian prison in the early stages of the lockdown, in which several prisoners died. The Secretary of State for Justice, Robert Buckland, told us the main cause of this disturbance was prisoner anger due to poor communication between the authorities and the prisoners. They were learning news second hand via television newscasts and from loved-ones, whereas they should have been the first to know that prison visits were going to be cancelled. In response, HM Prison and Probation Service were very quick to make use of our channel, allowing us to maintain editorial independence but ensuring we were receiving key information about changes to prison regimes first. They also continue to put senior managers up for interview every week, making them available to answer questions from prisoners.

As a charity, you're always living on a financial knife-edge, and the economic position of the country in the coming years is an unknown quantity – but we have a very strong and supportive Board of Trustees, a highly experienced and inspirational Chief Executive in Phil Maguire, and an extremely competent senior management team managing our operations, finances and our relationships with the rest of the sector and beyond.

What is the future of National Prison Radio?

At the moment we are adapting to the ever-changing situation with the coronavirus pandemic. Right now, our over-riding ambition is to get back into prisons to make programmes with our teams in Brixton and Styal. We're also planning a new podcast series called The Secret Life of Prisons, which is a reboot of a pilot project we did last year. We received really strong download figures for this series and we're hopeful to be able to shine an honest light on prison life for the benefit of wider society, in a media landscape which has the unfortunate habit of demonising those who end up behind bars.

Appendix C: Michelle Walker interview, 2020

Could you tell me a bit about your work history and how you came to work in prison radio?

I began my media career working in ITV drama on location then transferred to studio-based Press Office and ITV News. After taking redundancy from ITV I freelanced at the BBC and worked as a Creative Practitioner delivering media projects to support education topics in schools throughout the East Midlands. A school governor who was HMP Nottingham's Education Manager saw the benefits of media approaches to the curriculum and asked me to deliver script-writing sessions on their Radio and Media course which also produced shows for National Prison Radio. I really enjoyed this role and gradually increased shifts, progressing to course leader where I incorporated a short Performance Skills course to expand learner engagement and skills. Two colleagues at HMP Nottingham who were developing a 'through the gate' provision asked me to join them in establishing 'Get Wise', a community interest company which I joined full-time when HMP Nottingham decided to close the studio to make space for construction workshops. I still support HMP Library recording and editing their 'Storytime Dads' projects.

Can you tell me more about Get Wise?

Get Wise are a community interest company, a qualified team of teachers, counsellors, performers and media professionals with industry experience spanning ITV, the BBC and independent radio accustomed to working in both custodial settings and the community. We specialise in reducing self-stigma through the delivery of engaging digital storytelling projects that facilitate the development of employability, personal, social and digital skills in preparation for life and work. Targeted at socially excluded individuals with multiple and complex needs, Get Wise

have developed a highly-commended, inclusive approach that provides a diverse, calming space for members to learn how to engage respectfully with one another, helping to change people's perceptions of themselves and recognise, without judgment, where they must take responsibility in making changes to their attitude, behaviour and environment. Get Wise implement media projects in custody and the community.

What are the aims of the Get Wise projects?

Get Wise have a proven track record of raising levels of employability skills, self-esteem, self-awareness and self-confidence with our project-based course delivery approach developed over 20 years' combined experience of teaching and extensive research with offenders and individuals with severe learning disabilities. We recognise that flexible, 'transitional' provision is the solution to relieving the anxieties that individuals with complex needs usually have about engaging in mainstream education and the labour market. A project-based approach to the delivery of our courses lends itself to the development of social skills including mutual respect and tolerance. When the emphasis is shifted from academia to vocational, participants discover unrealised talents; that they can commit to a routine, support peers, be reliable and make decisions democratically as a team to create a final concrete product. Collaborating on projects such as video CVs, radio podcasts and short films that showcase their skills will enable learners to have something tangible and recent to talk about at interview – particularly beneficial to those who have scant employment history.

Why prison radio?

Prison radio is fun, creative, challenging, educational and satisfying for both staff and learners

Do you think radio has the ability to improve mental-health and wellbeing for prisoners?

Why/Why not?

I think radio is extremely beneficial to the mental health and well-being for prisoners. It can reassure and signpost those new to the custodial environment to services which may help i.e. substance misuse team, mental health team, peer listeners, how to enrol on an educational course or simply where to get fresh bedding, toiletries etc.

Radio helps relieve anxieties when the presenters discuss issues and feelings which occur often in prison but due to the bravado /macho culture prisoners often feel they cannot discuss openly i.e.: homesickness, sentencing worries, transgender provision - the list is long and diverse...

Radio provides 'company' and a friendly supportive voice which may just be what a prisoner need. Simply listening to music can lift mood and remind prisoners of happier times and a life outside with which they can re-engage if they comply and rehabilitate. Radio provides hope, distraction, entertainment and education.

What do your participants get out of radio production in prison?

Radio Production helps learners discover or develop their creative skills, improve their confidence and presentation skills. Learners improve vocal production and projection, develop an awareness of audience and how to structure a programme which complies with Ofcom and NPR guidelines.

The course includes a 'news broadcasting' unit which develops writing skills, including 'accuracy, brevity and clarity' as well as sentence and report structure, grammatical and spelling skills. News writing introduces ethical considerations, empathy and balanced representation.

As the course is so reliant on digital skills, learners have to develop to participate, as they will almost certainly will when working in any job on release. Due to stringent security measures, prisoners' access to technical equipment and development is extremely limited so they often leave prison severely disadvantaged in the contemporary workplace. The Radio Production course gives them confidence in their ability to learn software and operate technical equipment safely and competently.

Learners develop the transferable 'soft skills' of employability without even realising it – commitment, strong communication, adhering to a routine etc. are all essential to meeting a tight deadline – and don't all deadlines become tight in broadcast?

Participants gain a sense of achievement on completing a show and pride at hearing it on National Prison Radio. Judging by the laughter and enthusiastic attendance, they have fun too. Learners often say that they forget they're in prison as we aim to simulate the professional environment and standards as much as possible.

Based on your experience within Prison Radio, do you think radio has the ability to improve lives in minority communities? Why/why not?

Prison Radio provides a comprehensive range of programmes in its weekly schedule which not only entertains but raises awareness and the profile of minority communities; highlighting the advantages of diversity hence promoting inclusion – even if simply having a diverse playlist

opens ears to the positive effects different cultures have on the creative arts.

I think the audience respects the authenticity of programmes made by people like themselves; they appreciate the representation and are more likely to engage. The short dramas and podcasts we made often addressed challenging subjects of race, disability, sexuality, gang and drug culture.

Collaboration with different departments within the prison can help break down barriers; i.e. making podcasts for the Equality and Diversity team for BLM initiatives, HMP Library to promote and maintain strong family ties through Storytime Dads, Get Wise projects to highlight the potentially devastating effects of bullying and hate crimes.

What are the challenges of prison radio?

Whilst stringent security measures are necessary in a custodial environment, they make prison staff fearful of 'what may be happening' in a radio studio and the worries of what may be broadcast make the process of getting a show to air extremely slow, participants may have left before their show is transmitted which can be demotivating.

Prison Radio staff have to balance the 'fun' aspects with the serious implications of broadcasting offensive / dangerous material; learners seem to find it amusing when staff are constantly having to keep abreast of 'street language' – although not so amusing when they have to edit a neatly timed show to comply with regulations!

There are financial implications too; dedicating a number of staff to maintain vigilance over the equipment, monitoring output to ensure compliance and teach can be costly, as can repair work – which can be a terribly lengthy process too which means NPR often does not work for a long

time and motivation from producers and audience is diminished.

There can be misconceptions – both inside and outside the prison estate - that radio production is 'too much of a treat' for those who have committed offences – some with devastating consequences.

How do you overcome these challenges?

Prison Radio staff must retain a professional relationship with their team to reassure security staff that Ofcom and NPR guidelines are strictly adhered to. The security department will hopefully relax once trust is established.

Prison Radio staff must be confident in their knowledge of the Equality Act and broadcast guidelines as they will face challenges from the learners who are natural risk-takers. The n-word was a constant battle for me and my class.

Collaboration with different departments within the prison can help break down barriers; i.e. Equality and Diversity to create programmes for BLM initiatives, Safer Custody to create awareness of self-harming, Drug Strategy programme to highlight the dangers of NPS, DWP interviews explaining their process etc. will raise the value and diminish the 'mystique' [hence fear] of prison radio.

Producing shows of a high quality will raise the profile of prison radio; prisons should be proud to be a part of it, but they only will be if high standards and craftsmanship are maintained.

Prison radio staff can host 'open days' to show prison staff and external visitors how hard the prisoners have to work to make engaging well-crafted shows to fill time slots. - it takes a lot of hours and talent to make a half hour programme. Open days also give people a chance to meet prisoners who are determined to reform; those who are genuinely remorseful and are serious about rehabilitation. Open days enable prisoners to show themselves at their best, and if this behaviour extends to other areas of their lives – the wings, improved communication with family, positive diversions etc. then people will understand the value of prison radio.

What is the potential of prison radio?

- To give prisoners an insight into the broadcast industry and a possible career– not all jobs are 'front of house' but all are equally important to get a decent programme to air
- To give prisoners a voice, but also increase empathetic skills
- To demonstrate how to get a point of view / issue across in a considered, balanced style – whilst adhering to rules and guidelines
- To break down barriers and create awareness – of communities, issues, individuals
- To provide information, possible solutions and signposting services
- To give less academic, creative and vocational learners a chance to flourish
- To develop creative and digital skills
- Provide a gateway to further opportunities i.e. education courses
- To support the development of transferable employability skills such as commitment and routine
- To show the value of working hard to achieve results, have a legitimate place in society, earn a legal wage whilst working within guidelines and procedures, make sound and lasting relationships and have fun in the process!

Appendix D: Dylan Roys interview (2020)

Please can you give a bit of an overview of the DiGi DBT. How did it come about, and when?

The project was initiated by Rampton Hospital and was originally through an informal contact rather than the formal KTP route. However, this was by necessity formalised and through a range of meetings we sourced funding and expertise to move it forward. The idea of Digi DBT was something which came out of a meeting of minds and took some formulating. It was about a year from the original approach to the start of the project proper as was the nature of the working environment.

What were the aim(s) of the DiGi DBT project?

This is an interesting one in that the word AIMS is right rather than aim. Rampton and the university had different aims which I suppose came together to a much larger purpose. Our approaches were different, but the overall aim was to improve the lives of patients through their engagement in storytelling.

The hospital was keen on a physical artefact while the university saw the process as being more important. Improving lives through interaction and team building. Improving confidence through access to technology.

In short, the university because of previous research, advised on developing a process while the hospital, because of external pressure, wanted a product.

This conflict of aims was something which dogged the project throughout and from an organisational point of view was not ideal.

Who worked on the DiGi DBT project?

There were staff from the University of Lincoln and from Rampton Hospital. This offered a lot of opportunities for cross pollination of ideas. Without the hospital staff the engagement with the patients would not have been possible as they already knew about working in a secure environment and had an existing relationship with the patients. That given I also consider the patients to be a vital part of the team. We provided the hard structure, but they “worked” on the project being the creative drive. The hospital staff had varying degrees of input some had a light touch and some were more involved. The same with university, there were collaborations on different levels. Some staff were active in the hospital and others offered support outside.

Do you feel the DiGi DBT project achieved its aims?

This is a problematic question since you can achieve something totally or partially. And, there are other benefits which were not part of the aim which have come out.

Did we produce a product? Yes, we did. Was it of the professional standard the hospital wanted, No. However, the product was to the satisfaction of the patients who worked on it. They saw and listened to the product and were proud of what they achieved.

Did we produce a process? No, we didn't which I remain disappointed by. From what I can tell the hospital took on none of the recommendations of the project and as soon as the KTP associate left the project closed.

Did we improve lives? Yes, I think we did. Patients engaged with the project and showed enjoyment and commitment. They felt part of a professional team. The issue of how much the lives were improved and how long term that effect was is a problem but at that time patients were showing signs of improved mental health.

Do you feel the DiGi DBT had any effect on the patients? If so, how were they effected?

From my observation's patients were positively affected by the project. Probably this was because they were being given a voice, that voice was being reflected in the material they produced also they were given access to equipment and techniques which were normally restricted.

Patient who lacked confidence were helped find that confidence. I can think of examples where a patient who considered their voice not important came to realise their views were respected and valid. A patient who was suspicious and reluctant to cooperate found themselves enthusing others. Patients with skills they though unworthy realised they were part of a useful creative team. For want of a better way of putting it they found that in the most unusual of situations they could function in a normal way. They recognised there were able to collaborate and contribute. Most importantly they had their contribution celebrated by their teammates and in turn celebrated the success of others.

Were there any findings from the DiGi DBT project?

The findings from the project in some ways are not allied to the aims. However, we did find that patients were enthused and encouraged by their work on DiGi-DBT. The long-term effect is not

clear and to be honest was never going to be. Patients were and are subject to many different therapeutic interventions and pinning down one as being the “cause of cure” is difficult without a firmer research process, a process which would in all probability need the removal of certain therapies. Such a withdrawal would be ethically problematic and its unlikely approval would be given by the hospital.

The other findings are institutional. Working in the hospital was very challenging. Not because of the patients but the nature of the institution itself. Approval for work was slow the local management hostile and obstructive. The lesson or finding from this is that working on such project requires a much greater level of commitment and firmness of aims.

Has the DiGi DBT project influenced any further research or projects?

The project directly impacted on some work I am doing with victims of the Rwandan Genocide. The success in dealing with patients in a challenging situation meant that our work was able to attract interest from the UN and the British council. At the moment we are facilitating collaborations between Rwandan and UK Poets. The transference from written to audio productions means that the collaborations are much closer as there is editorial discussions around the sound as well as the poetic conversation which was originally envisaged.

Appendix E: Meagan McNaney interview, 2020

Please can you explain your job role within Rampton and how long you have worked there for?

Nurse Consultant, I have worked at Rampton for 18 years and been in my current role almost 4 years.

Can you explain what Enhanced Personality Disorder means?

Enhanced personality disorder is not a diagnostic label, the enhanced referred to (no longer used) the services provided for this patient group.

How is enhanced personality disorder treated at Rampton?

PD at Rampton is treated as a whole pathway approach, due to patients in the environment having offending histories the treatment pathway takes these into consideration also. For the PD aspect specifically, patients are offered DBT, RO-DBT and schema therapy, some patients are also offered EMDR if there is trauma linked to their presentation.

How were you involved in the DiGi DBT project?

I initially got involved in the project by supporting the Nurse Consultant that was in post at the time, my role then was clinical nurse practitioner

What is day-to-day life like for a patient within the Personality Disorder Unit?

Day to day life can vary depending on the presentation and motivation of the patient, we have some active patients who will access activities off the ward such as the gym, education, woodwork, horticulture, and then occupy their time on the ward with games and individual therapy or named nurse sessions. Some patients attend less of ward activities, some patients need a lot of motivation and spend most of their time based on the ward, other patients are in long term segregation and require a program of activity unique to them.

What is the average stay of a patient at Rampton?

The average stay is approximately 7 years

Do you believe the DiGi DBT had a positive effect on the patients who were involved in the production of the audio?

This project had a huge positive effect, I had a patient speak to me about this last week and the drawing he did for the project and how much he enjoyed this.

If yes, what do you feel the patients gained from being involved in the project?

The project allowed patients to interact with staff in a different way and feel more equal and empowered. The patients also saw outcomes as part of the project which they felt was important. They continued to learn about therapy in a different way and were able to teach others about this too.

If no, why don't you think the project had a positive effect on patients?

N/A

Do you think the DiGi DBT project had the ability to improve patient lives?

Yes, the sense of belonging and achievement is very important to patients, particularly due to many of them having experienced stigma or exclusion in the past.

Do you think the patients would benefit from more projects like this at Rampton?

Absolutely.

Did you personally learn anything from the DiGi DBT project?

Yes, a different way of working and balancing power dynamics.

Do you think the DiGi DBT project helped patients to learn DBT skills?

Yes, direct patient feedback identifies this, and patients were not excluded on the basis of having not done DBT, other patients could teach each other different skills.

Has the DiGi DBT project influenced the way in which DBT therapy is taught at Rampton?

I think more creative ways of teaching the material are now considered.

During the graduation ceremony for the patients involved in DiGi DBT, do you think the ceremony improved the patient's outlook on their stay in Rampton?

I remember this day very clearly, and it was so evident the sense of pride and achievement the patients felt during their ceremony.

A lot of the patients involved in the project said they remained involved for the whole 3 years because they wanted to add 'meaning' to their stay at Rampton, do you think they succeeded in adding meaning?

Yes, the fact that patients still talk about this project is testament to the impact it had
Do you think projects like DiGi DBT have the ability to improve the lives of participants?

Why/why not?

Yes, due to the sense of purpose and meaning, and being involved in something as a group and team. Feeling empowered and able to make decisions and work equally alongside staff.

Appendix F: Leo Spowage interview, 2020

Are there any benefits to celebrating achievement within education?

There are many benefits to celebrating achievements within education; most important of which being self-confidence and self-esteem for the person or child involved. By acknowledging learners' successes, this allows them to know that they are heading in the right direction with their learning and making small steps to success which lead up to achieving bigger goals.

Acknowledgement of success could be through certificates, merits, stickers, or simply small passing comments which boost self-esteem and give people further confidence to tackle tasks which they face not only immediately but in the future. Learners are also able to recognise their own successes by using success criteria or self-assessment which if guided by the teacher are also able to serve as a positive boost to their self-esteem. It's not hard to think back to remember the small pieces of praise we have all had in the past which stick with us throughout our lives; possibly a comment made by the teacher, peer, or by having your work displayed on the wall or establishment website.

This said, unless the learner is in a positive psychological state and is receptive to learning (possibly according to Maslow's hierarchy of needs) positive comments can sometimes be overlooked and even dismissed as the learner lacks self-confidence to take these on-board and use them in a positive way.

Celebrating the accomplishments of learners also has a positive impact on those around them as it allows them to see what their peers are capable of and what they can strive to achieve in the future. It can also give clues to those unsure how to achieve success and allow them to self-set targets or goals to reach similar aspiration points. On the other hand this can also be

discouraging for some who feel that they cannot reach the same level and so educators need to be aware not to overpraise high achieving learners, whilst also not just focusing on learners who struggle to achieve as this can cause disenchantment for those who need to be stretched and challenged; a careful balance needs to be struck overall to ensure everyone's strengths are acknowledged and that our differences are what make us unique.

On the flipside, I also strongly believe that recognising, and also sometimes celebrating people's mistakes (where appropriate!) can also have a positive impact on learners' resilience if harnessed well. By acknowledging the effort that has been put into a task or project, and identifying the positives along the way, a project can go from feeling like a complete failure to a great teaching moment if broken down well by a teacher. Mistakes are not only proof that learners are trying but also amount a great lesson in what to do (or not) next time.

After working in both primary, college, and prison education, the use of positive feedback and praise is evident in all aspects of education. This also goes hand-in-hand with a sense of achievement for learners and is what will drive them on in the future and help shape their personalities. It is also what encourages them to continue with learning when times get hard or they are faced with failure or self-doubt.

A couple of short anecdotes which may help:

After completing a project at with a prison learning setting based around Gamelan alongside the Good Vibrations charity, the main praise for the learners came not only from other inmates, but also prison staff and their families who were able to receive a recording project. This had long lasting positive impact upon those involved and prison staff noted a boost in confidence for some of the main participants.

Also, after creating and broadcasting a series of radio shows within the prison sector, called Universally Challenged (a name decided by the learners taking part in the project!), the main source of praise again was from the other inmates, staff and families and this drove others to want to be involved in arts and humanities-based learning within the setting.

Appendix G: Jordan Hunt interview, 2020

Does celebrating the accomplishments of learners have a positive impact on their education, and why?

I believe that celebrating the accomplishment of learners inevitably has a positive impact on their education. From my experience as a primary school teacher, it provides an intrinsic motivation to want to learn, as the process of learning is then associated with a positive experience, therefore the process becomes desirable due to the outcome. In the school I currently teach in, this is demonstrated in a 'micro' version, where work and effort are celebrated through positive praise from my position as the class teacher, as well as encouraging children to peer assess and provide positive feedback to their classmates, therefore further empowering them within the learning process. This is also done on a 'macro' scale, as a whole school approach, where a 'standards star' is chosen each week during an assembly, and the child's parents or carers are invited in to hear about their work and celebrate their achievements. From my experience, children actively seek out these experiences, and I often use them explicitly as an incentive for them to engage in their learning.

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