Researchers’ Handbook

A Guide for Researchers in Prison Health

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Foreword

The Prison Health Research Network was established in 2004. It is funded by Prison Health at the Department of Health and is a collaboration between the Universities of Manchester, Sheffield and Southampton, and the Institute of Psychiatry. Our aims are to support the research agenda in prisons, encouraging and supporting work that will contribute to the NHS/HMPS clinical improvement partnership.

Since our inception, we have developed as a multi-agency network of researchers and clinicians and have a membership of nearly 350 people to date. Through our website (www.phrn.nhs.uk) we provide regular updates on policy developments, publications, conference and training events, and funding opportunities relevant to prison health, and we send a monthly round-up of these in an e-newsletter sent to members. We have worked towards building research capacity in frontline prison staff and have undertaken several reviews and demonstration projects in key areas. We have also held a number of regional, national and international events promoting our work. Our continuing work involves the support of regional initiatives, and in widening our remit to encompass the research and development work needed across the whole of the offender health care pathway.

One of first priorities was to clarify the often perplexing world of approvals for prison research. Several researchers have had the experience of coming up against difficulties getting their project through the various ethical and governance approvals systems, resulting in their project taking far more time to set up than expected. We have attempted to clarify the approvals system in our ‘Go Directly To Jail’ flowchart, which is reproduced in this handbook. The Researchers’ Handbook itself has been written as an introduction to research in the prison setting, suitable for both frontline staff and academic researchers. It has been compiled by researchers with current or recent experience of
conducting prison-based projects, and is full of advice on designing and running research projects in prisons.

We are always open to suggestions for future work, and do our best to answer queries on any aspect of prison health research. Please see our website for details of the best way to contact us.

**Professor Jenny Shaw**  
**Academic Lead, Prison Health Research Network**  
**February 2007**
Introduction

The Researchers’ Handbook has been written primarily for those new to conducting health research in prison settings; not only academics, but frontline clinical and discipline staff who want to get projects off the ground. There may appear to be a lot of red tape not only in gaining approval but also procedurally, in the set up and conduct of prison research. We hope this handbook will be of practical use both to researchers with little or no experience of the prison system, and to those with prison experience but who are new to research. Some sections of the book will therefore be more suitable to those new to research but with a good understanding of the prison service, and vice-versa.

The handbook begins with an introduction to prisons, for those new to this environment. We run through the organisation of the prison system, and briefly describe some of the main areas in an establishment, and an example of a normal day.

In Chapter Two we turn to some of the fundamentals of research. This is not intended as a textbook, but to highlight some of the most important issues to consider when designing research projects, with specific relevance to prison health. The chapter is meant for clinical staff that may have good ideas for research, but limited experience in designing a project to test those ideas.

Those with experience of research in other settings may read Chapter Three which outlines some of the issues around conducting research in the prison environment. In particular, this chapter gives practical advice on areas of importance for prison health research, active collaboration with prison staff, how to involve service users in your project, and the importance of peer review.

There are many more good research ideas in the world than there is funding available. The funding application process can seem daunting, and it can be hard to keep up to date with the full range of funding opportunities available. Chapter
Four, therefore, provides advice on locating relevant funding, and making an application.

There is then a chapter on ethics and governance, with advice on how to get your project approved by all the relevant bodies. This area has been a particular area of difficulty for prison researchers in the past. The Prison Health Research Network conducted a project to clarify the procedure for the approval of prison-based health research, resulting in the “Go Directly to Jail” flowchart and guidance which are reproduced here.

Chapter Six is a very important section for external researchers working in prison settings. It provides advice on how to set up your study, engage with prison staff and conduct the project with maximum efficiency. The safety of researchers and participants is also discussed.

Chapter Seven is a case study, written by a health professional new to prison research. The reality of getting a project off the ground is described, with helpful tips and lessons learned from the experience.

Finally, Chapter Eight concerns what happens once the project is completed. Dissemination is vital for all research, and tips are provided on how to get your results to the most relevant audience.

The Prison Health Research Network aims to encourage more studies in this important field, both from those working at ground level and established academics. We hope you find this handbook useful, and please do use our website (www.phrn.nhs.uk) as a further resource for past literature, policy and funding opportunities, as well as new developments in the world of prison health. Sign up as a member to receive our monthly updates, and submit details of your ongoing and completed projects. We hope to create a national, and eventually international, collaborative network of clinicians, researchers and policy-makers with an interest in prison health.
Chapter 1: Introduction to Prisons

The Prison Service’s Statement of Purpose

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

Her Majesty’s Prison Service (HMPS) is part of the National Offender Management Service (NOMS). NOMS was created in 2004 to commission high quality correctional services, both in prison and the community, in order to protect the public and reduce re-offending. NOMS aims to make a significant reduction in re-offending rates by ensuring “end-to-end” offender management, delivering punishments and reparation, co-ordinating rehabilitative, health, educational, employment and housing opportunities for offenders.

Types of Prison

Prison establishments are categorised by their main role only; those with more than one role are categorised to represent their primary function. All adult male prisoners are placed into one of four security categories, based on the likelihood that they’ll try to escape, and the danger to the public if they did escape. The four categories are:

- **Category A** - prisoners whose escape would be highly dangerous to the public or national security;
- **Category B** - prisoners who don’t require maximum security, but for whom escape needs to be made very difficult;
- **Category C** - prisoners who can’t be trusted in open conditions but who are unlikely to try to escape; and
- **Category D** - prisoners who are trusted enough to wander freely, but must show up for daily roll calls.
For women, there are three categories: category A, with the same definition as for men; ‘closed’ for prisoners who can’t be trusted in an open prison; and ‘open’ for prisoners who are trusted enough to wander freely, but must show up for daily roll calls.

When young offenders under the age of 21 are sentenced to a custodial sentence they may be sent to Secure Training Centres (STCs), which are privately run, education-focused centres for offenders up to the age of 17; Local Authority Secure Children’s Homes (LASCHs), run by social services and focused on the physical, emotional and behavioural needs of vulnerable young people; or Youth Offending Institutions (YOIs) which are controlled by the prison service and serve 15-21 year olds.

**Areas of the Prison**

As an external researcher, your work is likely to bring you into contact with several parts of the prison, not just the healthcare department. Each department has a different function and responsibility; some of the main areas are outlined below.

**Gatehouse**

Staff in the gatehouse are responsible for controlling who enters and leaves a prison, both staff and visitors. As professional visitors, external researchers will need to ensure they have adequate photographic identification with them each time they arrive so that they can be allowed to enter. The requirements for the types of identification required vary from prison to prison, so it is advisable to clarify at each establishment their particular requirements.
Reception
Each time a prisoner enters or leaves the prison, they do so through Reception. Upon first reception into custody, the prisoner’s court warrant will be checked by staff; this is the document which allows for their lawful detention. Personal details are recorded, a process which starts the prisoner’s custody record. Prisoners will be subject to a strip-search, and new admissions are always seen by healthcare staff and details of any health problems, including whether they are drug users or at risk from self-harm, are determined, and appropriate action taken.

When being discharged from custody, either at the end of their sentence, or for a temporary absence, e.g. a court appearance or home leave, a similar process happens in reverse. The circumstances and legal basis of their absence from the prison is checked, along with their ID and any conditions relating to their release will be detailed. For example, in the case of home leave, release may be dependent on the prisoner remaining resident at a particular address and returning to the prison at an exact date/time. Those being discharged for good, for example when their sentence is complete, will have all personal property returned to them and may be issued with a discharge grant, a small sum of money to help them with initial transport or living costs.

Healthcare
The healthcare service is responsible for delivering appropriate services to prisoners to maintain and improve their health. Services are delivered in partnership with the National Healthcare Service (NHS); local Primary Care Trusts (PCTs) are usually responsible for assessing the needs of the prisoners at each establishment and then commissioning appropriate services to meet those needs; most nursing staff will be employed by the local PCT. Specialist mental health care staff, for example those in the in-reach team, may be employed by a specialist community mental health trusts. Some prisons have in-patient units where 24 hour nursing care is provided; other prisons do not have 24 hour cover and provide services which are analogous to those provided for the general
community by primary care practices. Prisons also access specialist services provided at local NHS facilities when treatment cannot be appropriately provided in-house.

Accommodation

Accommodation in prisons can be variously named, for example prison wings, house blocks or residential units. The term “normal location” refers to living accommodation which does not have a particular specialist function. Prisons vary as to what specialist units or regimes they run, examples include Vulnerable Prisoner Units (VPUs); segregation; close supervision centres (CSCs); therapeutic communities (TCs); lifer units; and voluntary (drug) testing wings (“drug free”). Typically, a residential unit will contain single or shared cells and/or dormitories in addition to offices, kitchens, showers/bathrooms, TV rooms and association areas.

Education & work

To help prisoners lead “useful lives” upon release, prisons provide education and work opportunities, although the variety and availability of access varies widely across the prison estate.

Many education departments are “contracted out” to local colleges or education authorities and provide basic literacy and numeracy classes, courses leading to qualification e.g. GCSE or A level, and access to higher education, for example the Open University. Additionally vocational skills such as industrial cleaning, horticulture, car mechanics or building skills can be available. Non-vocational subjects such as art and creative writing may also be available along with a variety of courses designed to increase personal responsibility and social awareness, for example parenting skills and work directly addressing the reduction of re-offending.
**Chaplaincy**
Most prisons operate a multi-faith chaplaincy service providing religious and pastoral support. Traditional services are held, but additionally chaplaincy staff are routinely involved in more general activities, for example supporting vulnerable prisoners, those at risk of suicide or self-harm, or those with family or emotional problems.

**Probation**
Most prisons have on-site probation officers, seconded from the National Probation Service. Probation officers in prisons contribute to programmes which address offending behaviour, conduct risk assessments and undertake work helping prisoners prepare for release. Probation officers also frequently contribute to the multi-disciplinary team which helps those prisoners considered to be at risk of suicide or self-harm.

**Psychology**
Psychology departments are mostly staffed by forensic psychologists, providing interventions for prisoners to enable them to address their offending behaviour. Examples include Enhanced Thinking Skills courses (ETS) which help prisoners develop a range of thinking skills to allow them to solve problems more effectively and to achieve goals in a socially acceptable way; and the Sex Offender Treatment Programme (SOTP). In addition, support is provided to help prisoners cope whilst they are in prison with difficulties such as self-harm and anger management. There may additionally be input from other branches of psychology, for example clinical, health or educational.

**Staff Groups/Agencies**

The largest staff group in any prison will be the discipline staff, or uniformed prison officers, responsible for maintaining the good order of the prison and ensuring that the regime runs effectively. Prison officers provide 24 hour input to
prisoners on the residential units, providing pastoral and social support as well as maintaining security. As well as working on the residential units, prison officers also undertake a number of specialist roles, for example security, physical education, dog-handlers and dedicated reception staff. There are three grades of prison officer, in order of seniority: Prison Officer (basic grade); Senior Officer; and Principal Officer. Following promotion to Principal Officer, a person may apply for a governor grade post; governor appointments are ranked 1 to 5, with 1 being the most senior. There is a further uniformed grade, that of Operational Support (OSG); these staff perform a number of supporting roles, for example checking in visitors; patrolling perimeter and grounds; escorting contractors & vehicles; and canteen and kit exchange duties.

Additionally each prison will have a number of different agencies delivering health and social care services in-house. This emphasis on multidisciplinary care in prisons means that, depending on your area of research interest, there may be agencies additional to Healthcare Department providing relevant services. For example, in the field of substance misuse, there may be specialist detoxification services, as well as throughcare provided by voluntary agencies such as Turning Point. There are too many agencies providing services to the prison estate to list here, so it is wise to check with your potential participating sites which services are implicated for a specific healthcare issue.

*Peer supporters*

In many establishments there are schemes whereby prisoners are specially trained to support their peers with different aspects of imprisonment. The Listeners scheme is a national initiative supported by the Samaritans, training prisoners to support those at risk of suicide or self-harm. Several other peer support schemes are also in operation across the prison estate, for example “Buddies” or “Insiders” which, among other similar projects, support those new to custody.
Core Day

Each prison operates a “core day” which details timings for events throughout each 24 hour period. This varies from prison to prison, and weekends will often be different to weekdays, but knowledge of the timings of the core day are vital for researchers as it will give them a clear indication of when prisoners should be available for interview. An example of a core day is given here

HMP Example: Week day core routine

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730</td>
<td>Roll check</td>
</tr>
<tr>
<td>0745</td>
<td>Unlock for breakfast</td>
</tr>
<tr>
<td>0830</td>
<td>Movement of prisoners from residential wings to workshops, education, healthcare clinics, visits etc</td>
</tr>
<tr>
<td>1130</td>
<td>Movement of prisoners back to residential wings</td>
</tr>
<tr>
<td>1145</td>
<td>Roll check</td>
</tr>
<tr>
<td>1200</td>
<td>Unlock for lunch</td>
</tr>
<tr>
<td>1230</td>
<td>Patrol state</td>
</tr>
<tr>
<td>1330</td>
<td>Unlock &amp; movement of prisoners from residential wings to workshops, education, healthcare clinics, visits etc</td>
</tr>
<tr>
<td>1630</td>
<td>Movement of prisoners back to residential wings</td>
</tr>
<tr>
<td>1645</td>
<td>Roll check</td>
</tr>
<tr>
<td>1700</td>
<td>Unlock for evening meal</td>
</tr>
<tr>
<td>1730</td>
<td>Association</td>
</tr>
<tr>
<td>2030</td>
<td>Roll check and night patrol state</td>
</tr>
</tbody>
</table>

From this example, it is clear that prisoners would probably only be available to take part in research activity during the morning and afternoon sessions; it may be possible to also negotiate weekend and evening access to prisoners, but bear in mind that evenings in prisons can be busy, especially on induction wings/first night centres where prisoners are being received from court, so facilitating research may be one thing too much to think about! During patrol states all
prisoners are locked in their cells/rooms to allow for staff breaks etc, minimum staffing is present and access to prisoners is not possible.

**Useful Sources of Information**

For most projects, it is likely that you will need to access information from a variety of sources. The main sources are listed below. Remember that you will need full ethical and governance permissions to access any personal/healthcare data; it is good practice to have copies of your permissions with you, specifying what types of information you are able to legally access. These can then be provided to frontline staff who are the day to day custodians of these data so that they are comfortable allowing you access to potentially confidential information.

*Local Inmate Database System (LIDS)*

LIDS is the database which contains the personal, criminological and movement details of all prisoners in a particular establishment. Most prisons will allow researchers to have a personal login ID to the system to access the information they require for their project. Obviously, there is trust on the part of the prison that, as with all data researchers have access to, confidential LIDS data will only be accessed as required within the parameters needed for a particular study. You should request ‘Enquiry Access’ only; this will mean that you are not able to alter any of the information on the database.

Useful information held on LIDS includes such things as the date of reception into custody; legal status; sentence calculations with projected release dates; dates of future court appearances; offence related data; disciplinary and security information; and a prisoner’s location within the prison.

*Discipline Files/Wing Notes*

Each prisoner has a wing file (local names for these include; “blues and greens”, “flimsies”, “compacts”, “2050s”). These are largely maintained by discipline staff on the residential units, although other staff, for example probation or
chaplaincy, do write in them. They contain a variety of information relating to prisoners’ day to day lives. Wing files may record security information; risk assessments; social information; details of the Incentive and Earned Privilege Scheme (IEP); work placements; and any other information staff working with a prisoner may need to be made aware of. They serve as an ongoing record of a prisoner’s behaviour, for example noting any warnings that may have been issued or, conversely, any good behaviour. It is good practice to make an entry in these notes when you have interviewed a prisoner as part of your research.

As well as wing files, each prisoner will also have a core record which is maintained by the discipline office; these are often very lengthy tomes and access to them may not be required for most health research.

Clinical Records (previously Inmate Medical Records (IMRs))

Clinical records are most usually paper, rather than electronic, records and were previously formally known as Inmate Medical Records (IMRs). These files contain clinical information, including GP notes, psychological and other referral reports, test results, prescriptions and drug administration charts. For research, prisoner consent is generally required to access their records to collect information about the care they receive in the prison. Accessing records is made easier if you take the time to introduce yourself to healthcare admin staff so that they know who you are, and what permissions you have for accessing confidential information.

You should be able to locate the clinical records of current prisoners quite easily, although some related services e.g. substance misuse services or prison mental health in-reach teams may keep additional paperwork in their own departments. Locating the clinical records of prisoners who have left the jail can be hit and miss. Prisoners who are transferred to another prison will have their clinical records sent with them, so there will not be any such record available in the original prison. For those who have been released from custody at the end of their sentence, and those who are released following a court hearing, the prison will retain the record and it should be accessible, although it may leave the
healthcare centre quite quickly to be stored elsewhere. You will find any help
given to you by healthcare administration staff invaluable in helping locate such
records, but you need to appreciate that this can be a time consuming task,
whoever does it. Generally, the sooner after the person leaves the prison you try
to find the file, the easier it is.

Again, it is good practice to write in a prisoner’s clinical record when you have
seen them for a healthcare related research interview. Also ensure that a copy of
the completed consent form is filed in the clinical record.

Documents for the care of prisoners at risk of self-harm/suicide
(F2052SH/ACCT)
At the time of writing (February 2007), two systems to plan, deliver and monitor
the care of at-risk prisoners are currently in operation.

The system initially implemented in 1993, colloquially known as the “F2052SH”,
is still current in about one third of establishments; its successor, “Assessment,
Care in Custody & Teamwork” (ACCT), has been rolled out in two thirds of the
prison estate. Both systems allow anyone with concerns about a prisoner to
initiate a process of assessment, care planning and multi-disciplinary review.
The care plans remain active until such time as the risk to the prisoner is thought
to have diminished sufficiently to allow the removal of any special measures
implemented to maintain their safety.

Both of these documents are important sources of information for prison staff
with regard to the level of risk a prisoner poses in terms of suicide/self-harm
and, as a result, they remain the prisoner wherever they go (e.g. court, work,
education, etc). Staff are responsible for ensuring that an additional effort is
made to engage with at risk prisoners and that these interactions are recorded as
part of an ongoing record of care.
As a researcher, it is good practice to make a note in the d or F2052SH document when you have interviewed a prisoner who is being care for under these systems. It is worth recording an brief account of your engagement with the prisoner during your interview, and whether any potentially distressing topics were covered. This will be useful for staff in subsequent interactions with the prisoner.

**You have a duty of care to the prisoner to make known to relevant prison staff anything they disclose to you that leaves you with real concerns about their well-being, in terms of their risk to themselves or others.**

This duty of care over-rides guarantees of research confidentiality and should be stated explicitly to all participants before any data are gathered. It should form a key part of the process of giving participant information and obtaining informed consent.

If you do express concerns to staff about a person’s safety, and they do not have a current open F2052SH or ACCT, you may be asked to open one of these forms. This is because such documents may be opened by anyone who has concerns about a prisoner. Prison staff will assist you with this process; it is respectful and professional to co-operate with prisoners and prison staff in this way. It does not make you “responsible” for that prisoner’s ongoing care; that role is outwith your remit as a researcher. Your role as a researcher is to collect the required data, within the remit of the project, from prisoners and staff participants in a respectful and honest manner.

**Conclusion**

Prisons are closed systems and a wide variety of staff groups and help agencies work within them. Whilst some of the processes and jargon can initially appear impenetrable, take time to understand how each prison works; there are almost as many differences between sites as similarities.
Prison staff are used to having external professionals in their establishments, but you need to be sensitive to everyday operational concerns and have an acute sense of how the conduct of research needs to be accommodated by the regime for both to co-exist.
Chapter 2: Research Basics

Writing a research protocol

A research protocol is a formal document that underpins the day-to-day management of a study. The protocol is central to communicating the essence of the study to external bodies, such as funders, sponsors and collaborators. It clearly sets out the purpose of study, the methods and procedures to be conducted, and the expected outcomes. It should also set out clear timescales for each of the different stages of the research and clarify the roles and responsibilities of those involved. In short it acts as a reference point, setting out a common, agreed set of procedures for all those involved in the research.

Writing a research protocol is more than a matter of good practice; rather, it should be regarded as an essential preliminary stage of any study. The process of writing a protocol can help researchers convert initial vague ideas into clearly defined procedures for carrying out the research. Moreover, it should detail how the research will comply with relevant legal requirements (e.g. the Data Protection Act, 1998), organisational policy, or standards of good practice.

Having a detailed protocol from the early stages of the project will make the process of applying for the required ethics and governance permissions easier as these applications ask for information which should broadly be contained within a well-written proposal.

A research protocol should include, but not necessarily be limited to, the following information:

- A title, version number and date;
- The names of the researchers and other key collaborators and details of their agreed roles and responsibilities;
Researchers working in prisons may encounter a number of specific challenges in designing a robust protocol. Clearly, issues of access and personal safety will be particularly pertinent. Given the limited opportunities to engage with prisoners, the need for clear and realistic time frames is also particularly important. Every situation will be different, but it is good practice to identify support networks, both internal and external to the prison, to assist with the safety of participants and researchers alike. Procedures should be identified for dealing with and reporting adverse incidents. It is also crucial that the protocol identifies how and where data will be stored and with whom it will be shared. Defining precise procedures regarding the ethical management of data are especially important where researchers are dealing with sensitive issues or topics such as suicide, self-harm and bullying.

Although the content of each research protocol will differ, good protocols will share a number of common features. Firstly, a good research protocol will supply a sufficient level of detail to ensure replicability; that is, it should allow others to be able to repeat or continue the study if needed. The protocol will potentially be read by a wide range of professionals and groups, not all of which may have a background in prison health. Thus it is important that the protocol uses plain
English and that any use of acronyms, academic language or jargon is explained.

In some cases, amendments to the protocol may be needed during the course of the research. In all cases amendments should be agreed with all members of the research team, collaborators and sponsors, and be reported to bodies that have approved the research, for example ethics committees. Substantial amendments may result in having to submit a revised protocol to such bodies. A well thought out initial protocol can reduce the need to make substantial amendments during later stages.

**Constructing Hypotheses**

A research hypothesis is, in essence, a prediction about what you expect to happen as part of your research. It is this that drives the process of data collection and analysis. The process by which precise hypotheses are generated and tested as a way of evaluating theories is known as the *hypothetico-deductive* method. This method is generally followed by mainstream psychological and criminological research.

Although theories and hypotheses are similar in that they can both be regarded as types of predictions, a hypothesis differs from a theory in that it is a highly specific and testable prediction. It is a clear, empirically-testable statement, usually regarding the relationship between two or more variables, for example:

**Box 2.1**

**Hypothesis:** ‘Individuals with low levels of educational attainment are more likely to engage in criminal activity than otherwise similar individuals with high levels of educational attainment.’

A single study may have one or more hypotheses. Alternatively, it may not have any at all. For example, exploratory research often has no formal hypothesis;
instead it is focused on the development of theory to explain a particular phenomenon.

Hypotheses are typically used in quantitative studies where we wish to determine whether there are statistically significant differences between particular data populations. When combined with appropriate statistical methods, they can be used to test the likelihood that particular effects or relationships observed, occurred due to chance alone. In such cases, we can simplify the problem in terms of setting up a situation (e.g. an experiment) which will allow us to choose between two competing claims, known as the null hypothesis and the alternative hypothesis.

The null hypothesis represents the claim that population means are the same and that any differences observed between given data sets are due to chance alone. Conversely, the alternative hypothesis represents the claim that the theory being tested is true and that population means will vary in line with the theory proposed.

**Box 2.2**

A study is proposed to explore the effect of smoking cessation clinics on number of cigarettes smoked. One group will attend clinics, while the other receives treatment as usual. Number of cigarettes smoked will be determined before the study begins and at follow-up.

**Null hypothesis:** There will be no difference between the groups on number of cigarettes smoked at follow-up.

**Alternative hypothesis:** Those who attend smoking cessation clinics will smoke significantly fewer cigarettes at follow-up.
Notably, it is the alternative hypothesis that is most commonly cited in published articles. However, for statistical purposes, it is through rejecting the null hypothesis (rather than ‘proving’ the alternative hypothesis) that we generate support for a given theory (e.g. that drug X is better than drug Y at treating schizophrenia).

Another critical distinction is whether or not the hypothesis is directional. A directional hypothesis specifies the direction of the expected outcome. The alternative to a directional hypothesis is a non-directional hypothesis; while this predicts a difference between two data populations, with no prediction as to the direction of that difference.

**Box 2.3**

An intervention study for management of depression amongst prisoners

**Directional Hypothesis:** At 12 month follow-up, those prisoners who receive cognitive behavioural therapy and medication will have significantly lower levels of depression to those who received medication alone.

**Non-directional hypothesis:** At 12 month follow-up, those prisoners who receive cognitive behavioural therapy and medication will have significantly different levels of depressive symptoms to those who received medication alone.

The distinction between directional and non-directional hypothesis is an important one as it impacts on the data analysis process, and specifically whether a *one-tailed* or a *two-tailed* test of significance is used. Directional hypotheses should only be proposed if there is adequate reason to suggest the direction of the difference (e.g. previous research). Making a directional hypothesis allows us to use a one-tailed statistical test, which can have a lower ‘threshold’ to be deemed statistically significant. However, if the predicted direction of the difference turns out to be incorrect, then the predicted direction cannot simply be reversed; rather, we have to accept the null hypothesis. The advantage of using a non-directional hypothesis is that it is somewhat safer; the direction of the difference is left open, meaning that a two-tailed test can be used. However, this
means that a larger difference needs to be obtained in order to be able to reject the null hypothesis. Thus, in formulating hypotheses, researchers need to consider whether they have substantial evidence upon which to make directional hypotheses.

**Methods of data collection**

Methods of data collection should be driven by the research questions and/or hypotheses posed. Researchers should give careful consideration to the aims of their study. For example, are they exploratory (defining a research question or hypothesis), descriptive (describing a group or service without making comparisons) or explanatory (showing cause-and-effect relationships)?

One of the principal considerations for researchers is whether to collect quantitative data, qualitative data or both. Thus, the qualitative/quantitative distinction is an important one which will impact on the data collection methods used, the way in which data are analysed and even the nature of the findings themselves. Again, the research aims should guide this decision. Exploratory research might be more suited to qualitative approaches, whereas explanatory studies might be more geared towards the collection of quantitative data. Qualitative and quantitative approaches can both be associated with different theoretical and philosophical positions, which can carry significant implications. In coming to a decision, researchers must give consideration to the relative merits and implications of each.

There are a number of data collection methods that may be used by researchers. While it is not the aim of this handbook to constitute an in-depth, encyclopaedic guide to data collection methods, some of the most popular are identified and considered briefly here:
• **Questionnaires** or **surveys** are typically used to collect quantitative data via post, telephone, or face to face. They can include closed questions (where the respondent selects their answer from a fixed range of options), open questions (where respondents may formulate their own answer) or a combination of both. The main advantage of questionnaires is that they can be used to collect data from a large group of respondents quickly and inexpensively. However, questionnaires often suffer from low response rates and lack the flexibility and richness of face-to-face interviews.

**Box 2.4: PHRN Primary Care Demonstration Project**

The aims of this study were to describe the organisation of primary healthcare delivery in prisons; to describe the organisation of services for the management of diabetes, ischemic heart disease, asthma and hepatitis; to describe systems of information transfer between organisations; to describe types of staff and staff vacancies; and to compare data between different types of prisons. A questionnaire covering these topics, containing both closed and open questions, was sent to the governors of all prisons in England and Wales for completion by the healthcare manager.

• **Interviews** can be used to collect qualitative or quantitative data. Delivered in their most structured format, they resemble spoken **questionnaires**. However, in semi-structured/un-structured formats, a research interview may constitute a more naturalistic interaction, with the interviewer taking the time to explore the views of individual participants in depth, posing both pre-prepared questions and those that emerge *in situ*. Structured interviews are more geared towards the collection of quantitative data whereas semi-structured, or un-structured, interviews are more likely to generate data of a qualitative nature. Structured interviews can be used in place of questionnaires to boost response rates and/or overcome literacy issues, however they are more time-consuming (and costly) to conduct than, for example, postal questionnaires. Unstructured interviews can generate rich,
qualitative data but can involve a lengthy analysis process. Thus, they may be best limited to studies with smaller sample sizes.

**Box 2.5: The Needs of Older Adults in Prison**
This study aimed to determine the health, social, functional and security needs of older prisoners. All prisoners aged 60 and over in the North West area were approached for consent to participate and were interviewed with a battery of structured instruments examining mental and physical health, suicidal ideation, social need and quality of life.

- **Observational** methods may also be used where the researcher directly observes and records instances of the behaviour under investigation. This can involve the use of observation schedules or checklists, where the rate at which a particular behaviour is observed in a particular time period is noted. Alternatively it may involve the researcher immersing themselves, and in some circumstances participating in, a given setting and making detailed qualitative notes describing the particular social situations they observe, a method known as *participant observation*. Whilst direct observation of particular behaviours may seem preferable to other methods (such as those involving self-report), there are often significant associated ethical and access related issues with this type of research which require careful management.

**Box 2.6: An Evaluation of the ‘Care of At-Risk Prisoners’ Project**
This study was an evaluation of initiatives designed to improve the care and management of vulnerable prisoners. One aspect was to identify areas of the prison which were key to the prevention of suicide and self harm. Observational exercises were conducted throughout the prison, and sought to capture the dynamics of staff-prisoner interactions and the processes enacted in key environments within prisons.
Chapter 3: Prison Research in Practice

Priorities for Prison Health Research

At the 2005 Sharing Good Practice in Prison Healthcare conference, participants discussed areas of priority for prison health research. The result of the discussions was summarised to reflect priorities for four of the PHRN work streams; mental health, primary care, substance misuse, and dentistry, with an addition category for priorities which were generic rather than specific. The full document is available on the PHRN website and a summary of areas considered to be priority areas for prison research is presented in Box 3.1.

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<td><strong>Generic Priorities</strong></td>
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<td>Adapting community-based approaches to treatment</td>
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<td>Prevention of re-offending</td>
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There has been a wealth of prevalence studies in prison health research, particularly in the field of mental health. In Shaw’s (2002) expert review of prison mental health services, research was described as “an essential first step towards providing effective interventions based on need”, but with recognition that there is a need to move on to undertaking treatment and intervention trials in order to address the issues established in the prevalence studies. This is applicable to all areas of prison health.

**Collaboration**

Collaboration for prison health related research means the development of multi-disciplinary, multi-agency networks of practitioner and academic researchers. One important aspect of this, promoted by PHRN, is the encouragement of research capability building in prison staff through their active involvement with research projects. It is clear that there are often limits on the effectiveness with which external researchers can set up and conduct certain types of research projects in prison. Added to issues such as security of settings, access to information, confidentiality, and the limits the regime may place upon participation of prisoners, there are occasions when the involvement of prison staff is preferable, or indeed crucial. In service-driven research, it may be difficult for external researchers to have a full understanding of the working of prison procedures, and an ‘inside view’ is vital. The advantage of prison staff being actively involved in research is that they understand and have experience of the realities of prison, and procedures that must be followed. They have existing relationships with a range of agencies, and may be known to prisoners themselves. Their expertise can identify optimal ways of working, build awareness of the research in the establishment, and facilitate both the initial implementation and ongoing conduct of the research. Researchers must build relationships with prison staff before a project can get going, and having those staff directly engaged in all stages of the research process can greatly improve the efficacy of a project.
There are also a number of advantages for staff themselves in becoming research active, as well as for the establishments in which they work. The focus of health services is on promoting evidence-based best practice, and health services demonstrated to be successful in the community are likely to require adaptation to the prison environment. Prison-based research is needed to evaluate and trial novel approaches to prison health and service delivery. Through collaboration between external researchers and frontline prison staff, the research capability of the establishment will grow. Furthermore, interested frontline staff will be empowered to formulate research questions arising from their clinical experience, and then pursue research independently. In doing so, establishments can develop their own research agendas, enabling projects suitable for their population or particular service development needs to be carried out.

Importantly, external researchers should not expect prison staff merely to act as unpaid assistants, collecting data and essentially doing all the practical work. For staff to assist on a project, arrangements must be made so that the relevant departments are adequately compensated for staff time spent away from their usual duties. This requires a fair analysis of the time a project will take, and the impact this will have on the establishment. Equally, managers need to agree to the practitioner-researcher having protected research time, with clear protocols for what should happen if the department was understaffed, or other such circumstances arose where the member of staff might be requested to forego their research duties. Research project managers have a responsibility to provide appropriate training and robust supervision for prison staff, and should expect to involve staff in all stages of the research, including analysis, write-up and dissemination.
Box 3.2 ‘The Transfers Project’ The Department of Health implemented guidelines to improve the process of transfer from prison to hospital under the Mental Health Act (1983). A research group at the Prison Health Research Network were commissioned to evaluate how these have worked in practice.

One aspect of the evaluation was to identify prisoners who may require transfer to psychiatric hospital, ascertain their mental state, and follow them up until transfer (or until the transfer process was discontinued). The group realised that external researchers would have difficulty in the early identification of such prisoners, and in conducting final interviews immediately prior to transfer due to their lack of direct involvement in the transfer procedure. They felt that prison staff would be much better placed in this respect.

At five prisons, senior staff were asked to recruit one or more members of staff who could assist with the research, with financial compensation for the time the research would take. Selected staff were trained in the research measures and design and received regular supervision from the research team. Practitioner-researchers have been able to identify prisoners thought to require assessment for possible transfer at the earliest possible stage, based on local procedures, and the project is successfully underway.

Service User Involvement

The importance of service user involvement in research should not be underestimated. At a philosophical level, conducting research that makes statements about, or may inform policies or change systems of care, should always consult those that may be affected by the potential outcome. Thus research must be conducted that is ethical and respectful. At an academic level, good methodology will be informed by the perspective of the participants, not the investigator/author.
User perspectives are important because:

- Users can help identify research issues that are important to those who access services;
- Users can provide a valuable perspective which has been shaped by experiencing health issues and receiving services;
- Users can provide a fresh approach and may bring new thoughts and ideas to the research process; and
- Users can also ensure that the wording of documentation such as consent forms, information sheets and reports is understandable to service users, carers and members of the public who do not have professional experience in a particular field.

There have been difficulties with the concept of service user involvement, not only in prison health research. Service user involvement in research has often historically largely been a listening exercise, recognised by the Joseph Rowntree Foundation as being ‘management centred’ user involvement because the agenda for discussion is set by the researchers, limiting the influence users can have on policy, design and the conduct of the research (Robson, Begum & Lock, 2003). Proactive involvement of service users should be collaborative, as with the involvement of prison staff in the research process. The Consumers in NHS Research Group (2001) categorised differing levels of involvement:

- User control - where consumers design, undertake, and disseminate the results of a research project;
- Collaboration - which involves an active ongoing partnership of consumers in the research process; and
- Consultation - where consumers are consulted with no sharing of power in the decision-making.
INVOLVE (www.invo.org.uk) is an organisation funded by the National Institute for Health Research, and promotes the involvement of the public with NHS, public health or social care research. Along with utilising online health networks and agencies, advertising in health centres, and community forums/newsletters is a good option for researchers to engage with appropriate groups or individuals.

Involving current or past prisoners in the planning, execution and dissemination of healthcare research is challenging. The culture of prisons may lead to mistrust on the part of users or staff for the reasons and motivations for involving prisoners or ex-prisoners in research. There may be concerns relating to security and access to sensitive, personal information which could potentially be vulnerable to misuse.

The Sainsbury Centre for Mental Health and the Prison Health Research Network are in the process of conducting a review of service user involvement in prisoner healthcare services and research. The review will include an examination of the wider service user involvement literature and also interviews with people who have involved service users in past prison-based projects. The PHRN website (www.phrn.nhs.uk) will have updates on this study as it progresses.

Service users should not be expected to give their time for free; reimbursements should be made for travel costs and additional expenses such as child care costs. These must be budgeted for at the outset of applying for funding for a research project. Payments should be made in line with National Guidelines (see the INVOLVE website). HM Prison Service does not support the direct payment (monetary or otherwise) of prisoners for taking part in research whilst resident in prison.
Peer Review

Peer review performs an essential function in maintaining the quality standards of research. Both governmental and non-governmental organisations are keen to establish and maintain quality control over funded research. The best way to achieve this is by asking members of the scientific community to comment on the scientific quality or academic rigour of a proposal. Academic ‘peers’ are generally respected researchers/academics/scientists in the same field. Additionally, for the NHS, the Department of Health is committed to including service users in the peer review process. The selected specialists on a review panel should not have any vested or material investment in the projects under review.

Peer review commonly occurs at the beginning and end of a research project. During the process of applying for competitive research funding, funders are likely to request peer reviews of all or selected project proposals. Peer review is required for both ethical and governance approval. If review was not required to have been carried out as part of the funding application process, R&D departments at local PCTs or community trusts can usually facilitate reviews on an individual basis.

Peer review will also usually be undertaken when the research is complete and a final report is submitted to funders. Reviewers are likely to consider work on such features as

- Validity – are the design and methods of data collection appropriate?
- Significance – are the findings important, and to whom?
- Originality – does this replicate previous studies? If it is similar to previous work, what is different?

Reviewers may request amendments, further analysis or discussion before funders accept a report as ‘final’.
Peer review is an accepted practice in monitoring and ensuring the quality of published research. Without it the standard of research, and the public’s confidence in science, research and development would be severely compromised.
Chapter 4: Funding

Depending on the scope of a research project, frontline staff may be able to conduct small-scale projects in work time, with agreement from managers and with no additional resources. For larger projects, and for external researchers, funding will need to be sought for a study to be carried out. This can be a difficult process, as much of the information on what funding is available is spread across several sources, but this guide is included to illustrate what kinds of funding are appropriate for different types of research, and how to get it.

Funding for first or higher degree research
Your local establishment or PCT may have access to funds for taught or research-based first or Masters degree courses. Consult your line manager and/or the R&D department of your local Trust to enquire. Taught Masters courses usually require you to complete and write up a small-scale project as a dissertation; this may be your first experience of conducting research. You will often be able to pursue your own research idea, and this is a good exercise for developing further research proposals.

Funding for Doctorate Research
Studentships leading to a PhD usually provide tuition fees and a tax-free yearly stipend of around £12,000. These are available from all Research Councils and some charities (see below). However, there are some Fellowship schemes which will match your existing salary for PhD level research. If you want to pursue your own research idea, you will need to identify a potential host institution and academic supervisor and agree in some detail the plan of research in advance of making an application. However, supervisors sometimes advertise studentships for specific projects for which they have already secured funding.
Some studentships, particularly those funded by the Economic and Social Research Council (see below), comprise a year’s taught Master’s degree in research methods followed by the three year PhD. The purpose of this is to prepare the applicant fully for conducting their specialist research. Studentships are advertised on the individual Research Council websites and tend to begin in September.

For the NHS, the National Coordinating Centre for Research Capacity Development funds pre-doctoral training in the form of Researcher Development Awards. The funding is designed as a comprehensive training package, and requires applicants to apply with host institutions for a specified research programme. Salaries are funded, along with limited research expenditure, and “individuals working in any scientific discipline or sector who can demonstrate a role in, or contribution to, improving health, healthcare delivery or services are eligible”. Closing dates for these awards are usually in January. In 2006, the PHRN held a “tips for success” workshop for potential applicants from the field of prison health, and will continue to hold similar events in the future.

**Postdoctoral funding**
A variety of funding streams are available for those holding a doctorate. Often these are Fellowships, which provide funding for 3-5 years. This type of funding requires the applicants not only to conduct their own research, but to have the potential to become a ‘research leader’, developing new approaches and ideas for further independent study.

**Project Grants**
Funding can be sought for individual research projects. All the research councils and charities listed below provide funding on this basis. However, depending on the particular stream or funding call, you may be in competition with high-profile research institutions with a great deal of experience. A key consideration in the assessment of applications is the ability of the research team to successfully complete the project. This is often judged by researchers’ histories of obtaining
funding and successfully completing research, and so the reputation of the applicants is important. Those with a limited track record in research would be advised to collaborate with an established team and apply together, or to initially apply for small grants for discrete, manageable projects.

The Prison Health Network aims to assist collaboration between established and new investigators, including frontline prison staff, bringing together PHRN members with specific interests and encouraging them to co-apply for funding. This has been successful for one study of depression amongst elderly prisoners, and another examining transfer from prison to psychiatric hospital under the Mental Health Act (1983). We hope others will use the PHRN website to locate colleagues with interests similar to their own and make joint funding applications; anyone is welcome to contact PHRN with requests for collaboration.

**Sources of Funding**

Funding is available from a wide variety of sources, but a difficulty can be identifying the right source for your project. There are websites which will search many available sources, and this is often a good starting place for those unfamiliar with the system. A selection of these websites is given in the Further Information section. The Prison Health Research Network website is updated weekly with relevant opportunities. These are organised into the five work streams (mental health, dentistry, primary care, substance misuse and public health), with a further category for general funding calls which might be relevant to all areas. The RD Funding website also contains a searchable database of current opportunities. On this site, it is possible to set up an alert, so you will receive emailed updates in your chosen areas of interest. Finally, the HERO website (Higher Education and Research Opportunities) gives a useful summary of the major UK funders, and the type of funding they administer.
Box 4.5 at the end of this section shows a selection of research projects with details of their source of funding.

*The Research Councils*

Research Councils UK are a group of eight councils, and represent a major source of funding for higher education. Funding is made available through the Department for Education and Skills (DfES), and over £1,000 million was allocated for research via the councils in 2006/7. Seven councils are in specific disciplines, whilst the eighth (CCLRC) provides facilities and more general expertise. The Scottish Further and Higher Education Funding Council (SFC) and the Higher Education Funding Council for Wales perform a similar function in Scotland and Wales respectively.

**Box 4.1: The Research Councils**

Arts and Humanities Research Council (AHRC)  
Biotechnology and Biological Sciences Research Council (BBSRC)  
Council for the Central Laboratory of the Research Councils (CCLRC)  
Economic and Social Research Council (ESRC)  
Engineering and Physical Sciences Research Council (EPSRC)  
Medical Research Council (MRC)  
Natural Environment Research Council (NERC)  
Particle Physics and Astronomy Research Council (PPARC)

Clearly some of these councils are of greater or lesser relevance to prison health research, but researchers should not think they are limited to applying for funding from the MRC; other councils have provided funding for prison research in the past. There are also schemes which involve collaboration between councils, or other organisations. Prison health research is a developing area, and applicants should also consider the remit of funding streams which have not previously funded studies in this area.
Department of Health

The national research strategy ‘Best Research for Best Health’ was published by the Department of Health in January 2006. In order to implement this strategy, the National Institute for Health Research (NIHR) was set up. The NIHR aims to provide the infrastructure and support to ensure Government-funded research is of the highest quality. The research budget available to the NIHR comprises all NHS R&D monies, including those that had previously been ring-fenced for particular areas. The NIHR is now the national hub for the commissioning and funding of NHS and social care research. There are additional health departments funding research for Scotland, Wales and Northern Ireland.

Box 4.2: Health departments in Scotland, Wales and Northern Ireland

- Wales Office of Research & Development for Health & Social Care (WORD)
- The Chief Scientist Office (part of the Scottish Executive Health Department)
- The R&D Office for Health and Personal Social Services in Northern Ireland

Funding is available via the NIHR through three routes: programme grants, units and centres.

Programme Grants

The NIHR website features the current grants available to applicants. At the time of writing there were nine programmes, but this may change in the future.
**Box 4.3: NIHR Programmes**

Programme Grants for Applied Research  
Research for Patient Benefit Project Scheme  
Research for Innovation, Speculation and Creativity (RISC) Project Scheme  
Health Technology Assessment Programme  
Service Delivery and Organisation Programme  
Invention for Innovation Research Programme  
Policy Research Programme  
Methodology Programme  
INVOLVE

Some of these programmes are of particular relevant to prison health research. The ‘Research for Patient Benefit Project Scheme’ funds research into ‘everyday practice’ in health services, whilst RISC funds novel, ‘radical’ health research which may not be funded by other means. The Health Technology Assessment Programme funds projects examining the costs, effectiveness and impact of technologies, which can include procedures, settings of care and treatments. Finally, the Service Delivery and Organisation Programme funds studies looking at exactly that.

**Research Units**

The commissioning of research units is in the early phases, but it is hoped that funded units will provide expert advice based on research evidence, ensure the continuation of priority research, and to develop and manage patient-led research.

**Research Centres**

Two research centres are being commissioned in biomedicine and quality/safety standards in the NHS.
Prison health has not been specifically mentioned in any NIHR publications so far. Since there is no money designated specifically for this area, the process of competing for funds from relevant generic schemes will serve to raise the profile of prison health as an area worth supporting.

**RDS NOMS**
The Research Development and Statistics division of the National Offender Management Service exists to manage research and collect statistics across NOMS. Whilst most research is carried out internally, RDS NOMS produces annual business plans which detail areas of importance for research, and a number of highlighted projects are contracted out to external researchers. On the RDS NOMS website it is possible to register interest in individual research areas.

**Charities**
There are more charities with research funding available than it is possible to detail here. Some are extremely specialised, and some have funding with very individual eligibility criteria. You may need a specialist in your area to locate every possible relevant funding stream. The Association of Medical Research Charities has membership of over 100 charities, and may be a useful start to locating smaller or less well-known bodies suitable for your project.

There are a small number of large, well-established charities with specified programme areas, described in Box 4.4.
International Funding

There are a vast number of international funding bodies to which you may be eligible to make an application. There is no room to begin listing them here, but check the databases of funding (mentioned above) for schemes relevant to your area of interest. The Funding section of the PHRN website also lists international funding relevant to prison health and eligible for UK applicants, for example the European Union and (US) National Institute for Health.

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<td>Drug Development Programs</td>
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Box 4.5: Examples of past funded projects

**Chief Scientist Office:** An investigation to determine the incidence and prevalence of hepatitis C infection and associated risk factors among prisoners in HMP Shotts (Taylor)

**Department of Health, Policy Research Programme:** Primary Care Nursing in Prisons (Hek)

**ESRC:** The development of cognitive distortions in juvenile sex offenders (Terriere)

**HM Prison Inspectorate:** Survey of healthcare needs of male patients in prison healthcare centres (Reed)

**HM Prison Service:** Evaluation of a reception screening questionnaire and associated training (Grubin)

**Home Office:** Differential Substance Abuse Treatment Needs of Women, Ethnic Minorities and Young Offenders in Prison (Maden)

**MRC:** Management of released prisoners with severe and enduring mental illness: Adaptation of the Critical Time Intervention (Shaw)

**King’s College / NHS R&D Support Funding:** The impact of witnessing a suicide attempt in a young offenders institution (Taylor)

**Leeds Health Authority:** The prevalence of Hepatitis C virus in Leeds Prison (Minton)

**Leeds Primary Care Trusts Research Consortium Priority and Needs Funding:** Buprenorphine vs dihydrocodine for opiate detox: HMP Leeds (Wright)

**National Programme on Forensic Mental Health R&D:** Primary mental healthcare resources for use by prison primary healthcare workers (Jenkins)

**NHS Executive North West:** Synthesis of research evidence on the effects of non-pharmacological interventions relevant to the criminal justice system and associated health and community based systems (Wilson)

**NHS London RO / DHSC:** Adolescents who kill: Quality of care, emotional and moral development (mental representations of adolescent males who kill) (Hugo)

**NoCLOR/NHS R&D Support Funding:** A feasibility study into methods of establishing the prevalence and experience of bladder and bowel problems in female prisoners and of service provision for these conditions (Drennan)

**Nottingham and Derby Pump Priming Fund / NHS R&D Support Funding:** Primary care access to care for patients with Hepatitis C (Bullock)

**Sefton Secure Commissioning Team:** Systematic/multidimensional needs assessment of NW Region women with mental health problems in secure care (Dolan)

**South Gloucestershire Primary Care Trust:** Healthcare Needs Analysis: HMP Eastwood Park (de Viggiani)

**Wales Office of R&D for Health and Social Care:** Awareness of the health needs of prisoners - a pilot study within three Welsh prisons (Bolger)
NB Some of these funding streams no longer exist due to recent changes to procedure. However, the list shows the variety of sources that have previously funded projects in prison health

Funding Applications

Funding applications can be very intimidating, particularly if you are not familiar with completing them. Most funding calls result in so many applications that special consideration for projects outside eligibility requirements, or applications arriving after the deadline can rarely be made. It is extremely important to pay close attention to the guidance notes for any application, as diversion from these are likely to result in your application being rejected on procedural grounds. Similarly, deadlines are usually non-negotiable; applications must arrive with the funders by the date advertised.

The process by which applications are judged is often very lengthy. Guidelines are usually provided as to when you can expect the outcome of your application. Sometimes a timetable will be given, for example, with details of when peer reviews, short listing and interviews will be conducted. Despite potential long waiting periods, it is important to note that multiple applications for the same research project are not permitted. Once an application has been made, you must wait for the result before submitting the same application elsewhere. Of course, you may have several applications under consideration for different projects at the same time.

Different projects will be more suitable for certain funding streams and you may wish to adapt your proposal to reflect the stated interests or preferred study designs of the funders. It is important to do some background checking into the types of projects that have previously received funding from your chosen stream; successful projects should give you a clue as to the funder’s interests. It can also be worth contacting the scheme’s administrator if you are unsure whether your project is eligible, or likely to be in the funder’s areas of interest.
It is important to remember that your proposal may be in competition with projects from a wide variety of fields. Take time to ensure your proposal can be understood by those from outside the area of prison health, and that it clearly states why it is important that the research be carried out. A high standard of application is required to be successful in any funding application.

In some cases, an outline application is required. This will be a shorter form, or a summary of the proposed research, and gives the opportunity for ineligible projects to be excluded without the extensive work required for a full application. Although it can be difficult to summarise all relevant aspects of your project, this is a valuable skill and is worth practicing.

It is advisable to have a clear idea of your proposal before you start to complete the application form. One way to ensure this is to write a comprehensive research protocol prior to making the application (see Chapter 2). Expect to give a large amount of detail about the background to the proposed study, importance of the research question, methodology and analysis. Statistical input is often required in applications for quantitative research, and you may need to give details of a statistician who has reviewed the proposal. Even if this is not required for your proposal, make sure you are clear about your plans for statistical analysis before you begin your project.

There will almost certainly be a section requiring detailed costings for the proposal. University or NHS finance departments will need to authorise the costings, and will require a fair amount of notice to do this. Check with the relevant department before making an application to ensure you have time to obtain all the relevant input to costings and the required signatures.
If you are applying for funding via a higher education institution, you may need to follow Transparent Approach to Costing (TRAC) methodology. The basis of TRAC methodology is an estimation of the Full Economic Cost (FEC) of a research project; taking into account directly incurred costs, directly allocated costs, and indirect costs.

**Box 4.6: Full Economic Costing**

**Directly incurred costs:** These include money spent by the research team on identifiable resources, e.g. staff salaries, travel expenses, and equipment.

**Directly allocated costs:** These are costs of resources shared by other activities, e.g. investigators’ time spent on the project (maybe an hour per week for supervision), estate charges (such as office space), or use of IT systems.

**Indirect costs:** These are further costs which may be spread across other research activities, e.g. administration of the research department (such as personnel, finance or library services).

Applicants need to work out the directly incurred and directly allocated costs for themselves, and University finance departments will calculate indirect costs on the basis of the completed application.

The research will have some degree of impact on the prison where it eventually takes place. Commonly, support costs and excess treatment costs must be determined. Support costs are those necessary for the research to go ahead, such as staff time for escorting researchers or completing questionnaires. These would end when the research project ends. Excess treatment costs are those changes to services implicated in a research project, such as interventions, and would continue if the research but not the service ended. These expenses will not be directly funded so these must be fully agreed with those who will host the actual project before the application is submitted. Usually an NHS finance department will consider the impact of the support and treatment costs on the service under study and decide if the research is cost-effective, and feasible under the terms given.
Chapter 5: Ethics and Governance

The process of approval for prison health research can be complicated and has been known to discourage potential researchers. The Prison Health Research Network has conducted a project called ‘Go Directly to Jail’ to clarify the procedures and to offer guidance on gaining the relevant approvals. A flowchart with detailed guidance was produced and launched at the PHRN Annual conference in 2006.

There are three questions which determine the types of approvals required for a particular project. These are: “Does the project have health outcomes?”, “Is the project ‘research’, ‘audit’ or ‘service evaluation’?”, and “Does the project fulfil NOMS criteria?” The flowchart guidance offers advice on answering these questions.

Based on the answers to the above questions, there are five types of approval that may be required for a project: NHS REC, NHS Governance, HMPS, NOMS and University approval. The areas covered by these approvals are: ethics; NHS resource implications; HMPS resource implications; indemnity cover; adequacy of scientific methodology, and; feasibility.

The flowchart and guidance is replicated below.
Procedures for Prison Research with Health Outcomes

**Receive Funding**

- **Does project have health outcomes?**
  - Yes → **Research**
  - No → **Audit / Service Evaluation**

- **Is project Research or Audit/Service Evaluation?**
  - Research → **Does project fulfil NOMS criteria?**
    - Yes → **Begin**
    - No → **No**
  - Audit / Service Evaluation → **Governance Approval**

- **Does project fulfil NOMS criteria?**
  - Yes → **Governance Approval**
    - Research → **HMPS Approval**
      - Yes → **University Approval**
    - Audit / Service Evaluation → **NOMS Approval**
      - Yes → **University Approval**
    - No → **No**
  - No → **Governor’s Approval**

See overleaf for description of each process with advice.
For any assistance or advice on these procedures, please contact Adrian Hayes at the Prison Health Research Network on 0151 471 2628 or Adrian.Hayes@merseycare.nhs.uk

1: Receive Funding

Projects requiring funding can only receive ethical approval once funding has been approved. However, NHS Trust R&D Departments may be able to help locate funding so it may be worth contacting them for advice. The PHRN regularly publishes details of new funding in its major workstreams of primary care, public health, mental health, substance misuse and dentistry:
http://www.phrn.nhs.uk/funding

2: Determine if project is ‘research with health/NOMS outcomes’

a) Does the project have health outcomes? Only health research requires NHS REC Approval (as in section 3) and Governance Approval (as in 4); however all prison research needs HMPS Approval (as in 5) and Governor’s Approval (as in 6). See Annex 2 for definitions of ‘Health Research’, compiled by Dr Mary Piper, Prison Health.
b) Is the project ‘research’, ‘audit’ or ‘service evaluation’? Only ‘research’ requires approval by NHS REC (Section 2) and Governance (Section 3), though all three require HMPS approval (Section 4) if undertaken by staff external to HM Prison Service. See Annexe 1 for NRES’s definitions, with examples specific to prison, noting occasions when ethical review would be advisable for audit and service evaluation.

c) Does the project fulfil NOMS criteria? National Offender Management Service (NOMS) comprises all correctional services in England and Wales. An application for approval by the Project Quality Assurance Board (PQAB) will be required if the research project fulfils the criteria in Box 1.

**Box 1: Criteria for PQAB Application**
- national in scope
- intended to be published
- results to be sent to Ministers
- a study of outcomes of policy or operational changes

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**NB: Applications for NHS REC Approval, Governance Approval and HMPS Approval may be made concurrently, but both Governance and HMPS Approval will be subject to obtaining NHS REC Approval.**
3: NHS REC Approval

Approval is required from an NHS Research Ethics Committee (REC) for health research in prisons. The Chair or Vice-Chair of a REC can decide whether or not a project requires REC approval (see Annex 3 for details), alternatively email the NRES queries line (queries@nationalres.org.uk). Further information on this process is available from the National Research Ethics Service: http://www.nres.npsa.nhs.uk/applicants/index.htm.

The application form for ethical approval by NHS REC can be found from the NRES website, or by visiting www.nresform.org.uk. There is advice for applicants on the NRES site, but the following is prison-specific advice.

Guidance for Application

- Access www.nresform.org.uk
- Register/Log in
- Complete form using Question Specific Advice (available using ‘Help’)
  - NB In the initial ‘form sieve’, there is a specific question on whether the research will involve prisoners. You are required to state whether the research will be carried out only at Prison Service Establishments or a mix of prisons and NHS Care Organisations.
  - A new question has been added to the ‘form sieve’ asking whether any participants will be included who cannot consent for themselves. This has been introduced to comply with the Mental Capacity Act 2005. If this is applicable, a pop-up screen offers additional guidance notes.
If the research will only take place in Prison Service Establishments, details of the proposed sites should be entered in Section 6. If it is a mix, the relevant part of Section 1 must also be answered.

There is no longer a need to have signed Governor’s Approval in Principle at this stage. Instead, the form requests a list of the name and type of prison service establishments expected to be included. Inclusion of these sites is then subject to approval from the local PCT (see Section 4 below).

The Site Specific Information Form is populated from the answers given in the NRES form, and one should be created for each research site. This may be required by NHS Governance (see section 4), but does not need to be submitted with the application to NHS REC.

Advice: See Annex 4 for Advice on Prison Service Research, compiled by Jane Martin of South East REC.

Ensure documentation is compete and form signed

Ring Central Allocation System for allocation to a REC which considers prison research

Advice: Ensure a member of the research team (preferably the Chief Investigator) can attend the REC meeting

Lock form

Advice: Photocopy entire submission, including supporting documentation – you may need to send it to other committees

Send to REC

Contact REC co-ordinator to see if attendance is required/encouraged
o **Advice:** Attend if at all possible – some issues may be easily solved in person which would otherwise take extensive correspondence
o REC Meeting
o Correspondence and REC decision
4: Governance Approval

Research Governance can be defined as the broad range of regulations, principles and standards of good practice that exist to achieve, and continuously improve, research quality across all aspects of healthcare in the UK and worldwide. It applies to everyone connected to healthcare research, whether as a Chief Investigator, Care Professional, Researcher, their employer(s) or support staff.

R&D Departments at local PCTs will assess research governance issues, including the need for NHS resources from the proposed study sites. These will include an assessment of the study design and ascertainment of whether the study includes vulnerable groups and the impact of this. Further information on research governance can be found in the Research Governance Framework at the following link:


Prior to applying for governance approval, you may need to discuss the feasibility of the research with the R&D Department, relevant prison staff and/or the prison’s Research Contact. Contact details for Research Contacts will be made available on the PHRN website once complete. Final approval will only be given subject to NHS REC approval, but applications may be made at any stage.
Guidance for applications

- Check which PCT is each prison located (see [http://www.dh.gov.uk/assetRoot/04/10/75/10/04107510.pdf](http://www.dh.gov.uk/assetRoot/04/10/75/10/04107510.pdf))
- Access [www.rdforum.org.uk](http://www.rdforum.org.uk) for contact details of R&D Department for PCT
- Ask R&D representative about
  - submission requirements
  - if an additional submission is required to any other Trust
  - if an honorary contract is required
- Submit appropriate documentation to R&D lead
  - In many cases the REC submission is required, and also a completed Site Specific Information (SSI form), found at the end of the NRES form at [www.nresform.org.uk](http://www.nresform.org.uk)
- **Advice:** Where submission to several Trusts is required, keep an updated list of each Trust’s requirements and details of any contact with the Trust
- Correspondence and R&D decision
- **NB** Final approval can only be granted when NHS REC approval letter has been forwarded to R&D department but application can be made at any time

**NB** For audit and service evaluation projects, research governance approval is not required. However, an application must be made to the clinical governance department of the PCT. It should be possible to reach this through the main PCT switchboard.
5: HMPS Approval

All prison-based research must be approved by HM Prison Service. Investigations coming under the category of ‘Audit’ or Service Evaluation’ (See Annexe 1) conducted by staff external to HM Prison Service must still be approval by the following procedure.

- **Advice**: Application process will be faster if already approved by NHS REC, but may be made at any time.
- Access [www.hmprisonservice.gov.uk](http://www.hmprisonservice.gov.uk) and go to ‘Resource Centre’, ‘Research’.
- Complete ‘Research Application Form’, ie PSO 7035
- Submit to:
  - Research contact if project to take place at one establishment
  - Area Psychologist if project to take place at several establishments in one Prison Service Area
  - Planning Group if project to take place at several establishments in more than one Prison Service Area
- Correspondence and Decision

**NB** NOMS procedures state that offenders involved in research are not to be given incentives for taking part in research if located in prison, and only voucher incentives if located in the community.
6: NOMS Approval

The aim of the approval procedure for research projects fulfilling NOMS criteria is to help delivery groups manage any risks associated with research. It ensures that:

- there is high level delivery/policy input to research planning, resulting in a clear definition of what research is needed and what the aims and outputs of that research should be;
- research is robust and valid, with a high quality design to maximise the likelihood of achieving the stated aims; and
- Ministers are aware of what research is proposed and why, and agree to the research.

If the PSO 7035 application (see HMPS Approval above) includes health outcomes only, and meet the criteria in Box 1 (see Section 2), it should be sent to PQAB for information only:

If the PSO 7035 application also includes NOMS outcomes, for example, offender management, reducing re-offending, protect the public, etc., and meet the following criteria, an application should be made to PQAB for approval.

The PQAB application consists of a PQAB form and a Project Approval Record (PAR) (See PHRN Website for downloads to the forms; www.phrn.nhs.uk/jail). PQAB usually takes 10 working days to reach a decision. PQAB will contact the project manager directly with feedback on the application.
7: University Approval

University approval may be required for external researchers, or for those studying for higher degrees; check with your department, or University Ethics Committee. Approval may be important to ensure indemnity. (For other researchers, check indemnity issues with employer.)

8: Governor’s Approval

Governors have the final say whether research may take place in their establishments. No project may take place without the Governor’s approval.

BEGIN RESEARCH!
### ANNEXE 1:
**RESEARCH, AUDIT OR EVALUATION?**

<table>
<thead>
<tr>
<th>RESEARCH</th>
<th>CLINICAL AUDIT</th>
<th>SERVICE EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The attempt to derive generalisable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them.</td>
<td>Designed and conducted to produce information to inform delivery of best care.</td>
<td>Designed and conducted solely to define or judge current care.</td>
</tr>
<tr>
<td>Quantitative research – designed to test a hypothesis. Qualitative research – identifies/explores themes following established methodology.</td>
<td>Designed to answer the question: “Does this service reach a predetermined standard?”</td>
<td>Designed to answer the question: “What standard does this service achieve?”</td>
</tr>
<tr>
<td>Addresses clearly defined questions, aims and objectives.</td>
<td>Measures against a standard.</td>
<td>Measures current service without reference to a standard.</td>
</tr>
<tr>
<td>Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.</td>
<td>Involves an intervention in use ONLY. (The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference.)</td>
<td>Involves an intervention in use ONLY. (The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference.)</td>
</tr>
<tr>
<td>Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.</td>
<td>Usually involves analysis of existing data but may include administration of simple interview or questionnaire.</td>
<td>Usually involves analysis of existing data but may include administration of simple interview or questionnaire.</td>
</tr>
<tr>
<td>Quantitative research - study design may involve allocating patients to intervention groups. Qualitative research uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications.</td>
<td>No allocation to intervention groups: the health care professional and patient have chosen intervention before clinical audit.</td>
<td>No allocation to intervention groups: the health care professional and patient have chosen intervention before service evaluation.</td>
</tr>
<tr>
<td>May involve randomisation</td>
<td>No randomisation</td>
<td>No randomisation</td>
</tr>
</tbody>
</table>

**ALTHOUGH ANY OF THESE THREE MAY RAISE ETHICAL ISSUES, UNDER CURRENT GUIDANCE:-**

| RESEARCH REQUIRES R.E.C. REVIEW | AUDIT DOES NOT REQUIRE R.E.C. REVIEW | SERVICE EVALUATION DOES NOT REQUIRE R.E.C. REVIEW |

Taken from NRES definitions at [www.nres.npsa.nhs.uk](http://www.nres.npsa.nhs.uk)

**NB** Whilst Audit and Service Evaluation are not required to be reviewed by REC, there are occasions when the content of the study means it is advisable for REC review to take place. For example, an audit of rape trauma counselling has ethical implications and should be reviewed. If in doubt, contact the Chair or Vice-Chair of a prison-specific REC (see Annexe 3), or alternatively email the NRES queries line ([queries@nationalres.org.uk](mailto:queries@nationalres.org.uk)). If there is any risk of harm, then ethical review is probably advisable.
ANNEX 2: DEFINING OFFENDER HEALTH RESEARCH

adapted from MRC definition of clinical research by Dr Mary Piper

The term “health research” encompasses a broad range of activities all aimed at improving or maintaining human health.

The main outcomes from health research is a health outcome with the ultimate aim of being able to apply the knowledge gained from research to improve healthcare delivery, which itself may be the subject of research such as, studies of health services and organisation.

Clinical research: Research based on humans and designed to answer questions about health and disease. In addition to direct examination of individual patients and populations, it includes the study of biological samples and personal data deriving from the individuals concerned.

Population sciences: Investigations undertaken to identify mechanisms of health or disease, or to test the validity and importance of new interventions, or treatments. e.g. descriptive epidemiology, cohorts, randomised trials, and case-control designs involving people

Research defined as health should encompass at least one of the following categories:

1. Human participation: studies with a main health outcome that requires face-to-face contact with patients and/or healthy human participants and may involve use of patient records as well.
   - Assessment of the impact of an improved clinical substance misuse service on people in prison

2. Records based studies: studies which require access to personal data on health or lifestyle without involving face-to-face contact with any people e.g., epidemiological studies, health economic studies, public health interventions, health services research and meta-analyses – information may be obtained by telephone, postal questionnaires/surveys or electronic/manual data retrieval.
   - Study of records of those who have died in prison or on release from custody, i.e suicide.
3. **Clinical samples**: studies that involve *laboratory studies* on *human material* which are specifically designed to understand or treat a disease/disorder.

- Examination of urine/blood to ensure that medication is being taken appropriately, ie treatment for TB, epilepsy, etc.

4. **Intervention development for clinical use**: development or adaptation of technologies for diagnosis or treatment eg development of new interventions.

- Examination of the effectiveness of new interventions in prison or the community: ACCT or Integrated Prison Drug Treatment System (IDTS), Cognitive Behavioural Therapy.

NB If there is any doubt over whether a research project is ‘health research’, contact the Chair of a Research Ethics Committee (See Appendix 3 below) or email NRES’s query line (queries@nationalres.org.uk).
ANNEXE 3: CHAIRS AND COORDINATORS FOR RECS CONSIDERING PRISON RESEARCH (correct as of February 2007)

<table>
<thead>
<tr>
<th>Research Ethics Committee</th>
<th>Chair</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ealing and West London REC</td>
<td>Mr Colin Stansfield</td>
<td>Ms Alene Pointon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>020 8846 7255</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:alene.pointon@hhnt.nhs.uk">alene.pointon@hhnt.nhs.uk</a></td>
</tr>
<tr>
<td>North Nottinghamshire REC</td>
<td>Dr David Walsh</td>
<td>Ms Trish Wheat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0115 912 3344</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:trish.wheat@rushcliffe-pct.nhs.uk">trish.wheat@rushcliffe-pct.nhs.uk</a></td>
</tr>
<tr>
<td>Northern &amp; Yorkshire MREC</td>
<td>Prof Peter Heasman</td>
<td>Mr Bill Hackett</td>
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<td></td>
<td></td>
<td>0191 5699515</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:bill.hackett@suntpct.nhs.uk">bill.hackett@suntpct.nhs.uk</a></td>
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<tr>
<td>South East MREC</td>
<td>Dr John Lamberty.</td>
<td>Mrs Jane Martin</td>
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<td></td>
<td>01227 831662</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:jane-martin@stmrec.fsnet.co.uk">jane-martin@stmrec.fsnet.co.uk</a></td>
</tr>
<tr>
<td>South Essex REC</td>
<td>Dr Karl Metcalfe</td>
<td>Ms Suzanne Emerton</td>
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<td></td>
<td></td>
<td>01279 419312</td>
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<td></td>
<td><a href="mailto:suzanne.emerton@eoe.nhs.uk">suzanne.emerton@eoe.nhs.uk</a></td>
</tr>
<tr>
<td>South Staffordshire REC</td>
<td>Rev Penny Graysmith</td>
<td>Mrs Sandra Halden</td>
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<td></td>
<td>01785 221119</td>
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<td><a href="mailto:sandra.halden@sasha.nhs.uk">sandra.halden@sasha.nhs.uk</a></td>
</tr>
<tr>
<td>Thames Valley MREC</td>
<td>Mr Peter Tausig</td>
<td>Miss Anna Howitt</td>
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<td></td>
<td>0118 918 0556</td>
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<td><a href="mailto:anna.howitt@berkshire.nhs.uk">anna.howitt@berkshire.nhs.uk</a></td>
</tr>
<tr>
<td>Wales MREC</td>
<td>Dr Gordon Taylor</td>
<td>Dr Corinne Scott</td>
</tr>
<tr>
<td></td>
<td></td>
<td>029 2037 6829</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:mrec@bsc.wales.nhs.uk">mrec@bsc.wales.nhs.uk</a></td>
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</table>
ANNEX 4: COMMON THEMES/ISSUES FROM REVIEWS OF PRISON STUDIES

Jane Martin, SE REC; July, 2005

The following are comments raised by RECs when considering prison research. Researchers should take these into account in their applications and make sure any relevant points are addressed.

- Safety of researcher when conducting the interviews.
- The recruitment of prison subjects - the prisoners should be handed a copy of the information sheet by healthcare staff and then given the opportunity to contact the researcher should they wish to participate in the study.
- The questionnaires should refer to drugs using their street names.
- Information is required as to how subjects who are illiterate will be approached.
- Details are required regarding the handling of data and how subjects’ individual confidentiality will be protected.
- Subjects should be advised that the information collected throughout the study will not be shared or used by the prison authorities in order to disadvantage the prisoner in their prison life.
- The name of an independent person should be provided with whom the subject can discuss their possible participation in the study.
- If non-English speakers are being excluded justification is required as to why they are being excluded from the study.
- Specific consent is required for the research to access subject's mental health records.
- Justification will be required if a large number of instruments are being used as part of the study.
- Validation of questionnaires in the study population.
- Researcher should not be acting as a gatekeeper when selecting subjects for the study.
- Questions should not be inappropriate for a prison population.
- The numbers of subjects and staff entering the study should be detailed in the information sheet.
- Realistic time to complete the questionnaires should be detailed in the information sheets.
- The subjects should be informed of the type of questions to be asked during an interview prior to giving consent to take part in the interview.
Information sheets for staff should reassure staff that their employment rights will not be affected in any way should they decide not to participate in the study or withdraw at any time.

The language used in the information sheet should be simplified.

Further information is required regarding disclosure of information. Subjects should be clear that researchers are obliged to inform the appropriate authorities should the subject disclose details of any intention to self-harm or harm another named person, or of an intention to pose a threat to security.

Subjects should clearly understand that their participation is entirely voluntary and that they can decide not to participate or withdraw from the study at any time without their parole, care or stay in prison being affected in any way.

A summary of the study results should be offered to subjects.

Subjects should be informed as to how the audio tapes will be stored and destroyed.

The applicant is asked to clarify who is approaching subjects in the first instance. It should be noted that it is unacceptable for subjects to be approached/selected by prison staff, who may be acting as gatekeepers in selecting subjects and therefore introducing bias into the study.

Subjects with learning disabilities or subjects with a dual diagnosis approached, recruited, etc

Given the limited degree of literacy in the prison population, what efforts will be made to communicate with those unable to read recruitment material e.g. posters?

Sometimes it seems that researchers exclude subjects who may be the very people with the greatest health and mental health need.

Subjects who become distressed whilst participating in the study can seek help from prison staff – what system is in place to deal with this?

Subjects should be thanked for “considering” taking part in the study.

NB Researchers must be aware of regulations with regard to informed consent and comply with these. Further information is available from NRES (http://www.nres.npsa.nhs.uk).
Chapter 6: Conduct of Researchers in Prisons

General Conduct of External Researchers

External researchers must conduct themselves in an appropriate manner when carrying out research in prisons, and act professionally and respectfully at all times. Security is of primary importance in any establishment, and cannot be compromised by researchers. There are many different agencies working in prisons, all with their own job to do; researchers should remember that their project is not the most important thing staff members have to consider in the course of their working day, and should be sensitive to the everyday business of a prison. External researchers are by definition ‘outsiders’, and need to take time to understand the various procedures in any prison, and note that these may differ between establishments. Research must fit into the existing daily routines and not interrupt the good order of the establishment.

Researchers represent not only themselves and their institution, but also the research community as a whole. Any adverse experiences will be remembered by staff, and may make it more difficult for projects to be carried out in the future. Conversely, by working well with prison staff, prisons may look favourably upon future requests to host projects.
Project Set-Up

The process of getting research into prisons has sometimes been convoluted and fraught with difficulties. At the PHRN Conference, 2006, several presenters and delegates noted delays in beginning their research, as well as practical difficulties in the day-to-day running of the project. These can be addressed by building good links with the proposed sites before research begins.

Research Contacts

Each prison has a nominated research contact; this is usually someone from the psychology department. Depending upon how you received your permission to conduct your research at each prison through your PSO 7035 application (see Chapter 5), you may already have had dealings with the research contact earlier in the research process. As well as being the identified contact point for external researchers, the responsibilities of the research contact include submitting the establishment’s return in the annual survey of local research and receiving details of research updates, briefings and research seminars from HM Prison Headquarters. In practice, for healthcare research, it is likely that much of the logistics and practicalities of your project will need to be agreed and facilitated by the Healthcare Manager or their nominated deputies.

It is vital to put a great deal of effort into nurturing the relationships that you, as a researcher, have with all staff you come into contact with in the prison, as you are going to be heavily reliant on their good-will and assistance to get the research underway and to ensure it runs smoothly, especially over the life of the data collection phase. You need to be acutely aware that, whilst your research project no doubt has requirements for access to prisoners, their records, rooms for interviews to be conducted etc, the staff
around you are responsible for the delivery of services to the same group of people, often under acute pressures of time and numbers. The delivery of services will always take a higher priority than the conduct of research; it is your job, as a researcher, to balance the needs of your project with the existing prison regimes to ensure that the two co-exist without too many tensions, and that both tasks can be completed. For the conduct of research based in the Healthcare Centre, the Healthcare Manager is a vital ally; they supervise the day-to-day running of the department, and can be approached to work out a practical plan to allow you to undertake data collection.

Whoever your main research contact is, make every effort to speak to them on the phone or in person to explain your project, rather than by email or letter. Make sure you are clear and realistic about the practical benefits the project may bring as well as being honest about any demands on staff time and resources. Find out exactly what is needed for security clearance, and what processes will have to be followed before the research can take place. As far in advance as possible, outline exactly what you will need; for example, will you need keys; regular or one-off access to the computer roll; office space; access to medical records etc? You are likely to incur delays by asking for access to such things in a piecemeal manner once the project is underway, so be very clear about these types of practicalities from the beginning.
You may need to undergo further security checks before you are allowed contact with prisoners. The requirements differ between establishments, but you may need clearance from the Criminal Records Bureau (CRB), a Counter Terrorist Check (CTC), and/or local security checks. Check this with your research contact in very good time before your desired start date, as these checks can be lengthy to undertake.

**Induction**

The prison will undoubtedly expect you to complete some form of induction before you start your research, and the intensity of this may depend on whether you will be issued with keys or not, how long you will be in the establishment, and whether your research involves contact with prisoners. Induction will cover areas such as security awareness, health and safety topics, personal conduct and relationship boundaries and the responsible handling and management of keys.

It makes good sense to book your place on induction in advance of your expected start date in the establishment, to prevent delays in the practical start to your project. The research contact should be able to arrange this for you, or advise you as to how to arrange it yourself.

**Getting to Know You**

The Governing Governor will have given permission for the research to be undertaken in their establishment (See Chapter 5). It is a good idea to offer to meet the Governor at the earliest opportunity to ensure s/he knows fully the value of the project and the impact it will have both locally and nationally.
Likewise, it will help if frontline staff know who you are and what you are doing. You may be able to have a short summary of the research placed on the prison intranet, emailed to staff, or mentioned in morning meetings. Visits to wings and other areas where you are likely to need access to prisoners or records are helpful so you can explain the project and discuss mutually convenient ways of working with unit managers. Inevitably there will be different staff around each day, so keep introducing yourself and explaining why you are there. Take copies of the various letters of approval for the research, and explain what you have been given permission to do.

If you need to see prisoners on residential wings, you will need to liaise with senior residential staff to ensure access to prisoners in a way that the regime can accommodate with least disruption. If your project depends on you seeing prisoners within a short time after their admittance into custody, it would be especially prudent to harbour good relationships with the induction wing/first night centre where the majority of such prisoners will be allocated; it may be possible to schedule a regular research “slot” into the induction programme for the duration of the project in the same way that other agencies within the prison e.g. chaplaincy; probation etc schedule fixed sessions. An initial tour is also a good time to find out when and where any interviews can take place. Different parts of the prison may have different times when it would be best to conduct your research, and you should aim to put the needs of the prison first at all times.
Ongoing Research

Once the research is underway, more efficient ways of conducting the project may evolve through trial and error. Keep in touch at appropriate intervals with your research contact to let them know what you are doing and where you are up to in the research process. Always let the staff and governor know when your data collection is finished and offer to come back and give them some feedback of your findings (see Chapter 8).

Safety of Researchers

It is very important to maintain a safe environment for yourself at all times whilst in the prison. You will be given a security and safety talk during your induction to the prison, which will highlight important issues. These may differ between establishments, so pay close attention. Additionally you must be responsible for your own safety at all times.

If your project involves interviewing prisoners, there are some general points to consider:

- Always inform a member of wing staff when you go onto a wing, and sign in if required;

- Negotiate early where it is best to conduct the interviews. This may be on the prisoner’s wing location, their place of work, or another area of the prison (e.g. healthcare). If possible, be guided by the prison’s preference; staff at some sites may not want the prisoner to be kept back on the wing all morning for a short interview;
• Talk to the discipline staff about the prisoners you intend to interview and enquire if there are any safety issues with these prisoners;

• If a member of discipline staff advises you not to see someone, ascertain the reasons for this and heed the advice. If it is due to a recent incident, you may be able to see that prisoner another day, but if there are more pervasive safety issues then note this down and do not make further attempt to interview them;

• Ensure staff know where you are interviewing and when you are finished with a prisoner ensure you inform staff. Likewise, when you are leaving a wing let the officers know and sign out;

• Try to ensure you are not moving around the corridors during prisoner movement times. This may be a strict rule, depending on the security category of the establishment;

• When conducting prison research, you should be dressed appropriately. This is common sense; wear clothes which are not too revealing so you will not draw attention to yourself. The same applies to footwear;

• If, during the course of an interview a prisoner is inappropriate, verbally or otherwise, or makes you feel uncomfortable for any reason then end the interview in a calm manner and leave the interview room. Inform the officers of what was said and exactly what happened. If you’re not sure if they were deliberately making you feel uncomfortable, inform the staff anyway, they can decide the best course of
action taken. In an emergency, use the general alarm bell to alert staff of an immediate problem. Staff will be with you very quickly;

- Be aware of your personal and professional boundaries when interviewing prisoners. Your job is to explain the purpose and requirements of the research process, obtain informed consent for a prisoner’s inclusion and then to conduct the research in a respectful and professional manner. When research involves discussion of sensitive information, for example mental health problems or the risk of suicide it is vital to maintain a professional distance. You are not in a therapeutic relationship with the person, and must guard against offering anything akin to treatment or counselling. Prisoners have access to a variety of help agencies appropriately placed to deal with their health and social problems; advise prisoners that they should access those services for help with problems that they may be asking for you to intervene upon, making it clear that you are not in a position to offer any such help, nor can you act as a go-between.

Research involving staff should have the same consideration of confidentiality. Participants should always be given time to consider the information sheet and decide whether they wish to take part in the research. Details of what will happen to the data, and how long the research will take, should be explained fully.
Safety of Participants

It is important the prisoner’s rights are adhered to during any research. Adhere to your protocol and any instructions from the ethics committee that approved the study. Always ensure participants have understood the information sheet prior to them giving their consent to take part. Literacy rates tend to be lower amongst prisoners than the general community, so read the information sheet to participants as well as giving them a copy to read and retain.

It is important that participants know what you will do with disclosed information. This information must be included in the information sheet and consent forms, but it is essential to be emphasise at the outset what types of information you are bound to pass on. Situations where it is necessary to breach the confidentiality of the research interview should be clarified in the research protocol and it is important that all researchers understand that they have a duty of care to inform prison staff of anything that leads the researcher to believe a prisoners may be a danger to themselves or others. It is also good practice to ensure that field researchers receive regular supervision where situations which may necessitate disclosure can be discussed and decision-making processes shared.

If the information you pass on to staff concerns security, or threats to others, staff may ask you to complete a Security Information Report (SIR). These forms are collated by the security department and are used to prevent or thwart threats to the safe running of the prison.
If you do need to inform prison staff of anything from the interview, remind the prisoner immediately that you will be doing so to make sure they do not feel betrayed or misled following an interview.

If a prisoner is finding an interview difficult or distressing, tell them it can be concluded at another time; allow them to decide whether to carry on or perhaps complete at a later date. Do not conduct an interview if the prisoner is struggling with the questions you are asking; always ensure they are still happy to continue. Keep in mind that you may be eliciting information they have not previously discussed, and this may be difficult. At the end of the interview, double check that the prisoner is all right before they return to their cell.

If you have felt that a prisoner has been distressed during the interview, inform the staff that they were upset. You can do this without breaking a confidence. This way the staff will be prepared and will know that the prisoner is feeling vulnerable.

Offer to write in the wing prisoner records to let all staff know that the prisoner has agreed to take part in your study and write how the interview went and how they presented. Ensure a copy of the completed consent form is placed in the healthcare and wing records.

If a prisoner has been identified as at risk of suicide or self harm (i.e. has an open F2052SH or ACCT form), then note down in the form that you have seen them for research purposes and note how they were during the interview. You may open an ACCT or F2052SH document if you have concerns over a prisoner’s safety to his/herself. How to do this should be covered in your induction, but ask staff for advice if you are unclear.
Ensure that the privacy of the interview is maintained at all times. If staff or other prisoners interrupt an interview then pause the interview and resuming only once you are alone again. Prisoners get, quite rightly, anxious about the thought of other prisoner knowing their problems or issues so respect these feelings.

Security Issues

Research must always follow the established security protocols for each establishment. It is imperative that the proper channels are followed, and that you have all the necessary permissions to begin your project. Aside from ethical approvals, each prison may wish to conduct their own security check on members of your research team.

The following tips may be useful to ensure the correct security clearances are obtained. Some will be more applicable to projects where researchers will be present in a particular site for lengthy periods and drawing keys, but it is worth checking even for smaller projects as delays may be incurred later.

- Fill out forms completely, ensuring all the relevant pages are signed; read through the forms fully and ensure every box is filled in, as it should be. If this is done incorrectly you will probably receive the form back, which will delay your start date;

- It is advisable to go into the prison with as few personal items as possible. Clear your bag of things like your mobile phone, purse with credit cards, etc. There may be lockers available at reception for personal belongings, but it is best to leave these outside the establishment, thus creating less work for gate
staff. You will be liable to being stopped and searched periodically at the gate as are all visitors and staff members;

- Let the gate staff know in advance if you are going to be taking in a lot of research papers and data collection packs; these may have to go through the X-ray machine;

- In order to conduct your research you may need to be issued with keys for the prison. This may be preferable to the prison so that staff are not constantly needed for escorts. Having these keys is a privilege and should not be abused. You will be given a key talk prior to being issued with a set of keys and this talk will go over all the pertinent points about holding prison keys. Pay close attention to this talk, and follow the rules given to the letter;

- If your project requires the use of a laptop computer or recording equipment then ask whom you need to talk to in order to get prior authority for this. These items are prohibited in prisons and you will need special dispensation to take them into an establishment, including completion of a form detailing why the equipment is needed. Do not arrive at the gate with any such equipment without prior authorisation; you may jeopardise your chances of continuing your research if found with prohibited items. If you need to bring the equipment in on a daily basis, rather than being able to leave it in the prison, always make sure that you have your permission letter with you; gate staff change regularly and the onus is on you to prove you have permission for the equipment. If you have any doubts about the possibility of taking any other types of equipment into a prison, always clarify the situation in advance;
• If you are in any doubt as to how to go about something in the prison, ask your designated research contact. They will point you in the direction of someone who can deal with the query. Find out the answers to your questions rather than guessing.

**Conclusion**

Conducting research in prisons is really just common sense; keep in mind that, ultimately, the project is going ahead only because the Governing Governor has agreed that their prison will host and facilitate your work. Do not abuse the privilege or they will not be so keen for further research to be carried out at their establishment, by you or by other researchers. Alienating prison staff is the quickest way to delay research. It is inevitable that staff will vary in their interest towards your research, so remain friendly, and offer to explain yourself and the project to any member of staff. Prison staff have a job to do, and research needs to create a minimum of interference to this.

Finally a box of chocolate biscuits goes a long way for staff that have helped facilitate your research!
Undertaking successful research in the prison setting

The dental work stream of the Prison Health Research Network undertook research aimed at improving access to timely and appropriate dental services within prisons.

Background

Health needs assessments within prisons in England have indicated that the oral health needs of prisoners are significantly greater than those of the general population. Recently admitted prisoners may have the most severe dental problems, often associated with drug use.

To ensure that prisoners in greatest need receive care requires a system whereby needs can be assessed and prioritised. Therefore, the development of a standardised dental needs assessment tool for prisoners was seen as having the potential to improve the dental care system for prisoners. The key challenges in developing and implementing this system included ensuring that the assessment tool, which works in the NHS, remains valid in a prison setting; overcoming the sometimes inflexible nature of the prison system to deal with prisoners with urgent needs; and the capacity of a prison’s dental service to appropriately respond to the outcomes of an assessment system if one were introduced.

The aim of the project was to devise a simple, valid and reliable system (questionnaire) to assess and prioritise the dental care needs of prisoners who reported pain and discomfort, and to
compare its performance against a clinical examination performed by a prison dentist.

**How we got the research project going**

*Developing a steering group*

Forming a project steering group and appointing a Chair was seen as an important first step. The group existed to lead the project and be responsible for completing the fieldwork and disseminating the results of the project in a timely manner. All discussions were minuted so that a clear record was available for what had been agreed for the project. The group consisted of the researchers leading the dental demonstration project, and the Service Manager of a community dental service was invited to be a member. Meetings took place once a month during preparation for the project, every six weeks once fieldwork was underway, and on an ad-hoc basis thereafter.

*Developing a protocol*

To develop a robust protocol, the group sought the advice of other researchers in the field who had done a similar project in the wider NHS. Since the project was listed on the newly-formed PHRN website, several researchers and dental staff contacted the group about their work. The group asked them about their experiences of conducting prison research and made a number of useful contacts. One dentist worked within one of the proposed sites for the research and was a valuable link to that prison’s healthcare department. Ultimately this person worked on the project as a dentist delivering the examination. Advice from these people included the additional and unexpected time it could take to get in and out of prisons and how the nature of the prison environment
was such that changes and/or interruptions may be necessary throughout the study depending on wider operational issues.

The final protocol stated that the project would take place at two prisons; one remand and one high security. Two members of healthcare staff at each site would be trained to recruit prisoners, take consent and administer the questionnaire. Two dentists at each site would be trained to give a reliable oral examination. Results of both would then be sent to the research team for analysis. The proposed number of participants was 200.

Once the steering group was happy with the protocol, they had it reviewed by other experienced researchers, to ensure that what they were proposing was generally regarded to be useful, feasible and scientifically valid. Feedback from the reviewers indicated that they did not feel that any changes were necessary.

**Identification of the fieldwork site and fieldworkers**

Once the steering group was in place and the protocol was agreed, the group looked to identify the fieldwork site and staff. The service manager on the steering group oversaw dental services at two prisons so these were the natural choices for the research. The professional relationship built up by the research team and the service manager made it easy to evaluate the feasibility of using these sites, and provided a ‘way in’ for the team.

**Recruitment and Training**

Recruiting the fieldwork sites was the most difficult stage of the preparatory work. The group had to build up a relationship with the healthcare managers of the two identified prisons and clearly explain the rationale behind the study. The healthcare managers differed in their thoughts as to how the research could be facilitated
in their establishments, and in particular which staff members could be trained to carry out the fieldwork. These differences were not felt to affect the scientific value of the research so the group were flexible in the way the research was carried out. Because of the involvement required from prison staff, one site felt additional resources were necessary to backfill this time. The steering group discussed this and agreed that resources should be found to accommodate this. There were also some concerns about what would happen if the research uncovered elevated need for dental services and the healthcare departments were then unable to meet this need within existing resources. With reassurance that the services’ workloads would not dramatically increase, both sites agreed to host the research.

Whilst some negotiation was needed at this stage, it was extremely useful to have a contact that was part of the steering group and also worked within the healthcare departments. Indeed, this person arranged the original meeting between the research team and healthcare managers, thus lending credibility to the study.

Ethical and governance approvals were gained from the National Research Ethics Service (NRES) and all the relevant NHS research governance committees.

Prior to any research commencing it was essential that all the fieldwork staff understood the aims and methodology of the research. The healthcare workers and dentists carrying out the data collection were trained by the research project manager and dental service manager. In all, four dentists and four healthcare workers were trained; only one healthcare worker at each site was actually required for the study, but additional staff were trained in case of illness, holidays or unforeseen circumstances. This took one
morning and involved inter-rater reliability assessments of the dentists’ examinations, training on obtaining informed consent and, for the healthcare staff, on administering the questionnaire.

Despite the hard work put into obtaining agreement from both sites, one prison had to drop out of the study just before data collection began. This was due to an unforeseeable heightening in security during which time staff not authorised to draw keys were not allowed to enter the establishment. Following this turn of events, the choices were to begin the recruitment process again at another prison, or to increase the level of participation at the remaining site. The steering group felt that the latter option would be preferable to beginning negotiation with another establishment from scratch, though this did mean that it was no longer possible to compare the oral health needs of remand versus high security prisoners. Following discussion with the healthcare manager, an extension to data collection in the remaining site was agreed.

**Conducting the Research**

The project was able to run as per protocol at the remaining site. When a patient arrived to the healthcare department, the healthcare worker explained the study to them, took consent and went through the questionnaire verbally (to overcome any problems with literacy). The dentist then delivered the standard examination and documented the results. Data from both questionnaire and evaluation were then sent to the research project manager who entered them into a database and conducted the analysis.
When the research project was being planned the group estimated that 5 prisoners would attend the dental department each session and we worked out our timeline from this data. However, in practice this was not possible; not all prisoners wanted to participate in the research and some were unsuitable, so this reduced our numbers per session thereby increasing the time it took to collect data, which had a financial impact on the project.

**Reflection on the Experience**

Undertaking research in prisons was very different from undertaking research in any other location in my previous experience. Some aspects of working were unexpected, such as the time needed to physically get from the front gate to the healthcare department. Availability of prisoners was also an issue; those due to attend the dentist may be sent to court, have a social or professional visit, or moved to another prison. The need for escorts is different between establishments, which also affects prisoners’ availability. We also found it was more difficult to contact the prison staff than staff in community-based projects, but having said that, the staff we dealt with were extremely helpful and encouraging of the research.

Conducting research in a prison for the first time was rather intimidating as we had no idea what to expect, but after a couple of visits, we could see how well-managed the system was, and became more relaxed. The environment itself is tremendously interesting, and opened up lots more research questions that would be worth further exploration.
Lessons Learned

If we were to undertake this project again we would, at the planning stage, increase our estimate of how long we thought the research would take, to cover unforeseen problems.

The most important piece of advice that I was given when undertaking research within prisons would be to keep the lines of communication open between the steering group, fieldworkers and the prison managers, to tackle problems head-on at the earliest opportunity and to be prepared to be flexible. I would advise other researchers thinking of beginning their first prison-based project to keep their goals clearly in mind and to overestimate the expected time for data collection compared to a community based project. For those who have never been in a prison before, a initial visit and tour would be invaluable.

We found that we needed to find a way to make the project work in each establishment, and remain flexible to variations in how that was possible. By keeping our aims and objectives clear in our minds, we ensured the project was able to answer our research question, but with leeway as to the practicalities. Our project was made much easier by having an established relationship with the dental service manager who worked at both study sites. Without this, we would have had to spent a lot more time in the planning stages building up a relationship with the relevant contacts. Looking back, this project was a lot more ambitious than we thought, but we certainly learned a lot from the experience.
Chapter 8: Dissemination

Why and How To Disseminate?

Upon completion of data collection and analysis, the next step is to make your findings known. Dissemination can take a number of forms, from reports to those who funded the research, information to those who took part, publications in scientific journals, the completion of a dissertation or thesis for an educational qualification, and/or reporting in the media.

Savitz (2000) made clear that there is an obligation to publicly disseminate research findings because

- Ethically, if research has social value, this presupposes the need for it to be disseminated;
- The inclusion of non-therapeutic research components must be justified by acquisition of valuable knowledge;
- Dissemination is necessary for production of credible and relevant systematic reviews and meta-analyses;
- Public dissemination recognises the altruistic motivation of patients who agree to participate;
- Participants are entitled to know results of research they participated in; and
- Dissemination conforms with codes of ethical conduct about sharing of new knowledge with colleagues.
The main purpose of health research must be to improve future health outcomes, for example through the development of new drugs, new surgical techniques, and improved ways of delivering health services or advances in information technology. Non-publication of research findings can potentially cause future harm for individuals or groups whose well-being may depend upon the discovery of such new treatments or service initiatives. Failure to report the results of clinical trials, even negative ones, has a deleterious effect on the totality of knowledge in a particular area, influencing the content and conclusions of systematic reviews and meta-analyses, possibly causing publication bias in the guidance of medical practice, given that individual studies can often lead to conclusions very different to that of a thorough systematic review of all available studies (Chalmers, 2001; Egger and Davey-Smith 1997).

Effective dissemination needs to consider a number of factors, for example:

- What is “the message” you, as researcher, want to get across?
- How do you target your message differently when communicating with different target audiences?
- What methods of communication should you use for each of those different audiences?

It appears logical that the main thrust of “the message” will vary in relation to the target audience(s) which may, for convenience, be divided into four categories – the general public; service providers; managerial decision makers; and policy and decision makers at national, regional or local levels (Goldberg et al, 1994; Lomas 1990; Power and Eisenberg 1998). Certainly, deliberate efforts should be
made to target those who can, or should, directly act upon the basis of the available research knowledge in terms of policy or service delivery. Another target audience is those who can influence others who are in a position to directly act upon findings for example service user groups, non-governmental pressure groups and the media.

**Who to Disseminate To**

*Information to funders*
If your research was undertaken as part of a funded project, you will have contractual obligations to your funder to produce reports of your findings. The specific requirements for these reports will vary across funding bodies, but it is worth knowing from the start exactly what the expectations are. Some funding bodies (e.g. The Medical Research Council) impose strict guidelines for the production of final reports within specified timescales following the end of the grant period, imposing financial penalties if they are not met. As well as financial penalties, the failure to produce final reports as required will impact negatively upon your chances of receiving funding for new projects.

*Research undertaken as part of an educational qualification*
Again, higher education institutions will provide their students with clear requirements for the production of research results as part of reports, dissertations or theses.

Although individual requirements vary, there are common themes. Original research must be just that. Regulations for higher degrees always note that the work must be original and not previously published or submitted for another qualification elsewhere. Your text must credit all external sources; plagiarism is forbidden and is
severely penalised. You will have deadlines for submission which you will need to meet. When heading towards a deadline for a major piece of work, such as a thesis, never underestimate how long it will take you right at the end of the process for a final read through, correction of spelling mistakes and grammar, formatting the text, organising the reference list, printing and binding.

*Local Dissemination*

It is necessary to feed back the results of your study to the sites at which you collected data, the participants themselves, and other local agencies that may have an interest in the project.

Schober & Farrington (1998) stated researchers need to consider the best methods by which the outcome of the research can be most effectively presented to others. For example, at a local level, options could include:

- Local specialist interest groups;
- Local newsletters and press;
- In-house journals and magazines;
- Presentations at local meetings, professional groups;
- Delivering a report;
- Providing the information as a teaching session;
- Conducting a seminar as a part of a programme of study or course;
- Presenting the material at a research seminar; and/or
- Local workshops and conferences.

It is important to be clear as to how best to communicate to different audiences. The same presentation of research findings from a body of research will not work when communicating with
diverse audiences, for example politicians, policy makers, managers, clinicians and service users. Every group needs to be made aware of the particular aspects which have most relevance to them; specific messages are needed for each audience.

You should always send a copy of the final report to the Governors of the participating sites. It is also advisable to offer to go back to sites and put on presentations for interested staff. An executive summary or lay version of the report will be welcomed by staff that may not have time to look through the full report.

Although it will often not be feasible to contact all prisoners who participated, think about ways of feeding back to current or future prisoners. For example, it may be possible to do a presentation to prisoner groups such as Buddies or Listeners who are involved in providing peer support for vulnerable and at risk prisoners, or to prisoner and family support groups.

Publication

In higher education the saying “publish or perish” is commonly used, describing the constant pressure felt by academic researchers to produce papers for esteemed, scientific, peer reviewed journals to further their academic reputations and careers. It is also important that researchers not allied to higher education institutions consider writing for publication as important and worthwhile for them, and that they do not limit their ambitions by thinking that only papers from those in academia will ever be considered.
The process of publication can be distilled as follows:

1. Firstly, decide on the main thrust of your article. Large scale projects will usually contain enough information for several papers, each covering a different aspect of the work. In this situation, there may be a group of people who have worked on the project so it will be worth agreeing who leads on which aspects of publication. It is important to agree in the early stages of the process who will be the lead author for each paper and in what order will co-authors be listed.

2. It is then important to choose an appropriate journal to submit your paper to. This will depend on your reasons for wanting to publish. If the main consideration is to get your results to the most appropriate audience, consider the readership of a journal and how interested they will be in your findings. If your main aim is to improve your CV, or to put you in a better position to gain research funding in future, you need to also consider the reputation of the journal. Journal Impact Factors are an indication of how many times articles from a particular journal are cited elsewhere. Journals with high Impact Factors will be best to build your esteem, but note that these will also be the most difficult journals to have your paper accepted. In either case, bear in mind that, before readers ever get to see your paper, the editor needs to approve it for inclusion, so look at what has been published previously in the journal – does your paper “fit” the tone and direction of the journal? Have they previously published work in a related field to yours? Failure to choose the right journal can cause delays, rejection and frustration. Have a look at the
back issues of a number of different journals in your particular area and see which you think matches your article best. Discuss this with your collaborators, and form a consensus opinion as to which journal to approach first.

3 Once you have decided upon the journal you are writing for, consult their “Instructions for Authors” which give the rules for contributors to abide by. These will be published in the journal itself, or be available online and cover issues such as writing style, methods of including quotations, formats for referencing etc. Journals vary as to who they allow to be co-authors; some allow any/all project staff to be named, some consider only those who have contributed directly to the design and conduct of the project as well as contributing significantly to the article in question. Abide by the journal’s rules, you risk enraging the editor if you don’t, possibly leading to early rejection!

4 Check, double check, and check again your text before you submit your article. Remember – you are very familiar with the work, the editor isn’t. Don’t make leaps of knowledge that someone external to the project could not be expected to follow. Be careful that what you say is what you mean, and check for fundamental mistakes in meaning. For example the statements “a third of prisoners who kill themselves do so in the first week” and “a third of prisoners kill themselves in the first week” contain almost the same words, but say something completely different!
Submit your manuscript, again carefully following the process that the journal stipulates. Online submission is increasingly popular, with some journals dealing with all submissions online. You will usually receive confirmation by email that your submission has been received, if not, contact the editorial board to double check.

At this stage, you may receive a fairly swift rejection of your efforts if, on initial inspection, your paper is not considered suitable. It is important to be prepared for rejection as it is a common experience in the process of trying to get published, and the ‘rejection letter’ should not dishearten you. The editor of the journal will usually provide you with details explaining the reasons for rejection and possibly even some recommendations for improving the manuscript. It is wise to read these, and take them onboard.

If publication is still being considered after this initial stage, your paper will probably be sent out for comment to a number of peer reviewers; essentially these people are experts in the area covered by the paper, and they will consider the paper in greater depth. They will look at all aspects of the work, including the originality of the work; its aim; and its importance. Comment will be made on the writing style; whether it is clear, concise and grammatical. If relevant due to the nature of the work, the scientific design, method, ethics and robustness of the project will be examined. Presentation of results will be judged in accordance to their relevance to the stated aim of the project, and the accessibility of the presentation in terms of clarity and appropriate statistical analyses. The paper’s
conclusions will be judged as to whether they are understandable, and whether they are warranted by the method and results. If peer reviewers draw different conclusions from your data, they will dispute your findings.

8 Following peer review your paper will generally be returned to you with one of a number of outcomes. At this stage, as before, your paper may be rejected. Alternatively, your paper may be rejected, but with the option of resubmission, following revision. Or (the options you are hoping for) your paper may be accepted, with or without further amendments.

9 If amendments are required, these must be agreed by the co-authors, following which a final version of the paper is submitted to and agreed by the journal. Congratulations!

10 If your paper is rejected, try again elsewhere, using the helpful comments from the reviewers to improve your paper for consideration elsewhere. Do not submit the same text to a different journal; you will have to rewrite (partially or substantially) according to their preferred style.

One of the most rewarding parts of research is when your findings are taken up and lead to a change in practice. This will only happen if the right people get to hear about your study, so dissemination is all-important.

**Good luck!**
References


**Further Reading on Research Methods**


**Useful Websites**

Arts and Humanities Research Council (AHRC)  
www.ahrb.ac.uk

Association of Medical Research Charities  
www.amrc.org.uk

Big Lottery Fund  
www.biglotteryfund.org.uk

Biotechnology and Biological Sciences Research Council (BBSRC)  
www.bbsrc.ac.uk

The Chief Scientist Office  
www.cso.scot.nhs.uk
Council for the Central Laboratory of the Research Councils (CCLRC)
www.cclrc.ac.uk

Department for Education and Skills (DfES)
www.dfes.gov.uk

Department of Health
www.dh.gov.uk

Economic and Social Research Council (ESRC)
www.esrc.ac.uk

Engineering and Physical Sciences Research Council (EPSRC)
www.epsrc.ac.uk

European Union
www.ec.europa.eu/research

Her Majesty’s Prison Service
www.hmprisonservice.gov.uk

Higher Education and Research Opportunities (HERO)
www.hero.ac.uk

INVOLVE
www.invo.org.uk

Joseph Rowntree Foundation
www.jrf.org.uk

Leverhulme Trust
www.leverhulme.ac.uk
Medical Research Council (MRC)
www.mrc.ac.uk

National Coordinating Centre for Research Capacity Development
www.nccrcd.nhs.uk

National Institute for Health
www.nih.gov

National Institute for Health Research (NIHR)
www.nihr.ac.uk

Natural Environment Research Council (NERC)
www.nerc.ac.uk

National Offender Management Service
www.noms.homeoffice.gov.uk

National Research Ethics Service
www.nres.npsa.nhs.uk

NHS National Programme on Forensic Mental Health R&D
www.nfmhp.org.uk

NRES Form
www.nresform.org.uk

Nuffield Foundation
www.nuffieldfoundation.org
Particle Physics and Astronomy Research Council (PPARC)
www.pparc.ac.uk

Prison Health Research Network
www.phrn.nhs.uk

R&D Form
www.rdform.org.uk

R&D Office for Health and Personal Social Services in Northern Ireland
www.centralservicesagency.com

RD Forum
www.rdforum.org.uk

RD Funding
www.rdinfo.org.uk

RDS NOMS
www.homeoffice.gov.uk/rds/noms.html

Research Councils UK
www.rcuk.ac.uk

Sainsbury Centre for Mental Health
www.scmh.org.uk

Stanley Medical Research Institute
www.stanleyresearch.org
Wales Office of Research & Development for Health & Social Care (WORD)
www.word.wales.gov.uk

Wellcome Trust
www.wellcome.ac.uk