Researchers' Handbook

A Guide for Researchers in Offender Health

Edited by Adrian Hayes, Charlotte Lennox and Jane Senior

November 2010,

Fifth Edition

Copyright © The Offender Health Research Network

Title: Researchers' Handbook: A Guide for Researchers in Offender Health

First published: November 2010

Published to OHRN website, in electronic PDF format only
http://www.ohrn.nhs.uk

Unless otherwise stated, the copyright of all the materials in this report is held by The Offender Health Research Network. You may reproduce this document for personal and educational uses only. Applications for permission to use the materials in this document for any other purpose should be made to the copyright holder. Commercial copying, hiring and lending is strictly prohibited.

The **Offender Health Research Network** is funded by Offender Health at the Department of Health, and is a collaboration between several universities, based at the University of Manchester. It was established in 2004 to develop a multi-disciplinary, multi-agency network focused on offender health care innovation, evaluation and knowledge dissemination.

Research Team

University of Manchester

Katie Buchanan, Research Assistant

Dr Julie Carlisle, Researcher

Ruth Clayton, Research Assistant

Lamiece Hassan, Research Assistant

Adrian Hayes, Research Assistant

Judith Hogg, Research Assistant

Carrie Lowthian, Research Assistant

Naomi Mwasambili, Research Assistant

Dr Charlotte Lennox, Research Associate

Dr Jane Senior, Research Manager

Professor Jenny Shaw, Academic Lead

Address for correspondence:

Charlotte Lennox

Offender Health Research Network

Jean MacFarlane Building

University Place

Oxford Road

Manchester

M13 9PL

E-mail: **charlotte.lennox@manchester.ac.uk**

Foreword

The Offender Health Research Network (OHRN) was established in 2004. It is funded by Offender Health at the Department of Health and is a partnership between the Universities of Manchester, Bristol, Oxford, York, the Peninsula Medical School and the Institute of Psychiatry. Our aim is to support the research agenda in offender health, improving the scope and quality of health research undertaken in the CJS and to ensure research findings are effectively disseminated so as to positively improve clinical practice.

Since our inception, we have developed as a multi-agency network of researchers and clinicians with an active membership of around 1,000. Through the OHRN website (**www.ohrn.nhs.uk**) we provide regular updates on policy developments, publications, conference and training events, and funding opportunities relevant to offender health, and we send a monthly round-up of these in an e-news letter sent to members. We have worked towards building research capacity in offender health staff and have undertaken several reviews and demonstration projects in key areas. We regularly host regional, national and international events promoting our work.

One of our main priorities is to clarify the often perplexing world of ethics and governance approvals required for offender health research. Researchers have often experienced difficulties negotiating the various ethical and governance approvals systems, resulting in their project taking far more time to set up than expected. We attempted to clarify the approvals system in our 'OHRN Toolkit', which is reproduced in this handbook. The Researchers' Handbook itself has been written as an introduction to offender research, suitable for both frontline staff and academic researchers. It has been compiled by researchers with current or recent experience of conducting offender-based projects, and is full of advice on designing and running research projects.

We are always open to suggestions for future work, and do our best to answer queries on any aspect of offender health research. Please see our website for details of the best way to contact us (**www.ohrn.nhs.uk**).

Professor Jenny Shaw
Academic Lead, Offender Health Research Network
November 2010

Contents

Research Team **3**

Foreword **4**

Contents **6**

Introduction **8**

1 Introduction to Police Services **10**

1.1 Police Custody *10*
1.2 Medical Treatment *12*
1.3 Useful Sources of Information *13*

2 Introduction to Court Services **15**

2.1 Court Structure *15*
2.2 Useful sources of information *19*

3 Introduction to Prisons **20**

3.1 Types of Prison *20*
3.2 Areas of the Prison *22*
3.3 Staff Groups/Agencies *26*
3.4 Core Day *27*
3.5 Useful Sources of Information *28*

4 Introduction to the Probation Service **33**

4.1 MAPPA (Multi-Agency Public Protection Arrangements) *34*
4.2 Approved Premises *35*
4.3 Programmes *37*
4.4 Useful Sources of Information *38*

5 Research Basics **39**

5.1 Writing a research protocol *39*
5.2 Constructing Hypotheses *41*
5.3 Methods of data collection *44*

6 Offender Health Research in Practice **47**

6.1 Priorities for Offender Health Research *47*
6.2 Collaboration *49*
6.3 Service User Involvement *52*
6.4 Peer Review *54*

7 Funding **55**

7.1 Sources of Funding *58*
7.2 Funding Applications *63*

8 Ethics and Governance **66**

9 Conduct of Researchers in the Criminal Justice System **93**

9.1 General Conduct of External Researchers *93*
9.2 Project Set-Up *94*
9.3 Safety of Researchers *97*
9.4 Safety of Participants *100*

9.5 Security Issues..... 102

10 A Case Study 104

10.1 How we got the research project going..... 105

10.2 Conducting the Research 108

11 Dissemination 110

11.1 Why and How To Disseminate?..... 110

11.2 Who to Disseminate To 111

12 References 118

Introduction

The Researchers' Handbook has been written primarily for those new to conducting health research in offender 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 offender research. We hope this handbook will be of practical use both to researchers with little or no experience of the Criminal Justice System (CJS), and to those with criminal justice experience but who are new to research. Some sections of the handbook will therefore be more suitable to those new to research but with a good understanding of the CJS, and vice-versa.

The first four chapters of the handbook provide an introduction to the CJS and cover; police, courts, prisons and probation. Each chapter provides an overview of each area for those new to this environment.

In Chapter Five we turn to some of the fundaments 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 offender health. The chapter is meant for 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 Six which outlines some of the issues around conducting research in criminal justice settings. In particular, this chapter gives practical advice on areas of importance for offender health research, active collaboration with 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 Seven, 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 researchers in the past. The Offender Health Research Network has produced the 'OHRN Toolkit' which is an interactive flowchart and guidance.

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

Chapter Ten 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 Eleven 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 Offender Health Research Network aims to encourage more studies in this important field, both from those working clinically and those working in academic settings. We hope you find this handbook useful, and please do use the OHRN website (**www.ohrn.nhs.uk**) as a further resource for past literature, policy and funding opportunities, as well as new developments in the world of offender 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 offender health.

1 Introduction to Police Services

There are 43 police services in England and Wales formed of more than 140,500 police officers, 14,000 volunteer special constables and 13,400 community support officers. Regular Police Officers have full police powers and make up the majority of the police service. Special Constables are part-time volunteer officers who have full police powers and Police Community Support Officers (PCSO) are full-time staff with partial police powers. PSCOs focus primary on community safety and stopping anti-social behaviour.

The powers the police use are set out under the Police and Criminal Evidence Act 1984 (PACE). PACE Act and Codes of Practice are the core framework of police powers and safeguards around stop and search procedures, arrest, detention, investigation, identification and interviewing detainees.

There are numerous areas and departments within each police service, too many to be detailed here. However, to date, health research has tended to focus on people first coming into police custody.

1.1 Police Custody

Across the 43 police services there are 603 custody suites. Police custody is the state of being kept in prison following arrest. A person can be arrested and taken into custody with or without a warrant. A warrant for an arrest will be issued if a person is suspected of committing a serious offence, but the police can also take a person into custody without a warrant if they have 'reasonable grounds' to suspect an offence has been committed.

Once a detainee arrives at the police station they are placed under the care of the custody officer. A custody record is opened, which includes all available information that may constitute risk factors. This record should be updated as events and circumstances change. The custody officer will ask the detainee a series of questions to evaluate the potential risks of custody; these include:

- Do you have any illness or injury?
- Have you seen a doctor or been to hospital for this illness or injury?
- Are you supposed to be taking any tablets or medication?
- What are they? What are they for?
- Are you suffering from any mental health problems or depression?
- Have you ever tried to harm yourself?

If a detainee answers yes to any of these questions, they are asked for further details including their current condition, if they require any additional help and if they would like to speak to a doctor or nurse. If a healthcare professional is called in, the custody officer must consult them about any potential risks when making decisions regarding the detainee's continued detention. The custody officer is also expected to refer to the Police National Computer (PNC) as a potential source of risk-pertinent information. Once a risk assessment is completed, the custody officer is then responsible for documenting and managing risk, including the briefing of other staff.

Appropriate Adult

Custody officers also have a responsibility to identify those with potential vulnerabilities in detention, for example anyone who appears to be under the age of 17, people with mental health difficulties, people with a learning disability and those who have trouble communicating and understanding things. In such circumstances, a custody officer has a duty to request the attendance of a responsible adult, who is known as an Appropriate Adult. The Appropriate Adult may be a relative or guardian, someone with experience of dealing with mentally vulnerable/disordered people, or a responsible adult over the age of 18 who is not an officer nor employed by the police service in any capacity. The role of the Appropriate Adult was created by the PACE Act 1984, with the intention of further safeguarding the rights and welfare of young people and vulnerable adults in custody. If a detainee is considered to have mental health difficulties or be mentally vulnerable then an Appropriate Adult should always be contacted. The custody officer should advise the detainee of the duties of the

Appropriate Adult (such as giving advice and support) and of their right to consult privately at anytime. The guidelines recommend that an Appropriate Adult should be experienced in dealing with mental health problems, but that the preferences of the detainee must be respected. The custody officer should inform the Appropriate Adult of the grounds for detention and whereabouts of the detainee, and then ask them to come to the police station.

If an Appropriate Adult is not present the police may not interview a detainee, ask for a written statement, nor record an interview unless there are exceptional circumstances. Once the Appropriate Adult arrives at the police station any cautions that the detainee has previously received must be repeated in their presence. Similarly, any charges must be repeated in the presence of the Appropriate Adult. The Appropriate Adult has the authority to request legal advice if the detainee has not already done so, and the detainee has the right to consult privately with their solicitor, either with or without their Appropriate Adult present.

Fitness for Detention/Interview

The PACE Act 1984, provides advice on when healthcare professionals should be called to assess detainees. The custody officer has a responsibility for ensuring that a detainee is fit for detention and interview. If the custody officer has any doubts about whether someone is fit to be interviewed then a healthcare professional must assess the detainee. The reason for suspecting that a detainee was not fit to be interviewed and the results of the healthcare professional's assessment must be recorded. A custody officer is not allowed to let a detainee be interviewed if they think that it would damage their mental state.

1.2 Medical Treatment

If a detainee requires medical attention then in many cases a Forensic Medical Examiner (FME) is called. These are usually full-time GPs, contracted privately.

In approximately half of police services, health care is now provided privately. These services are delivered through a variety of different models; most commonly in ways very similar to the traditional FME contacts or schemes where nurses are the primary healthcare professionals. Depending on experience and specialism, nurses may also be equipped to deal with initial assessments of mental health need. Another model has been created where the police rely on paramedic staff to deal with healthcare needs in custody suites and perform triage where necessary.

Some custody suites have access to specialist mental health teams. Teams are generally led by Community Psychiatric Nurses (CPNs) who liaise closely with both custody staff and FMEs to support assessments under the Mental Health Act, and help ensure that detainees have access to psychiatric units.

1.3 Useful Sources of Information

For most projects, it is likely that researchers will need to access information from a variety of sources. The main sources are listed below. Remember that approval from each individual police service will be required to access any personal/health data.

Much of the health information collected by the police is primarily for the management of the individual and the identification and management of risk whilst in custody or when being transferred from custody. Only immediate health concerns are likely to be dealt with.

Custody records

The custody record is a statement of the reason for detention and what happens to an individual during the period of detention at the police station, as well as a record of identification of the individual and any relevant history, such as previous convictions. It includes whether the detainee has any injuries or ailments and whether restraint was used. There is no standard custody record form in use by all police services. Some police services also use a suicide/self-harm warning form to

record information about detainees who are believed to be at risk but these are not used routinely.

Where any physical or mental medical conditions arise, the custody officer should open a ‘Detained Persons Medical Form’ and, where medication is required, a ‘Detained Persons Medication Form’ will also need to be completed. Again, there are no standard forms in use nationally.

Police National Computer (PNC)

The Police National Computer (PNC) is an operational policing database which includes offence dates, crime location, co-offender details, cautions, warnings and impending prosecutions. It can be accessed by all police services. The PNC does not routinely record any known health problems (including mental health problems) into specifically designed ‘fields’, but there is the facility to add ‘markers’ to the records of a detainee, and this may be used to record any known health problems or psychiatric illnesses if the police have previous knowledge of such.

2 Introduction to Court Services

Her Majesty's Courts Service (HMCS) is an executive agency of the Ministry of Justice (MoJ). Their remit is to deliver justice effectively and efficiently to the public.

Their goal is that:

"All citizens according to their differing needs are entitled to access to justice, whether as victims of crime, defendants accused of crimes, consumers in debt, children in need of care, or business people in commercial disputes. Our aim is to ensure that access is provided as quickly as possible and at the lowest cost consistent with open justice and that citizens have greater confidence in, and respect for, the system of justice."

2.1 Court Structure

The law in England and Wales is divided into criminal and civil law. Criminal law mostly involves the rules laid down by the state for citizens, while civil law governs the relationships and transactions between citizens. Figure 1 shows the court structure for England and Wales.

All criminal cases will first go to the Magistrates' Court. Criminal offences are divided into three main categories:

- **Summary offences** - These are the least serious offences and are tried in the Magistrates' Court. Summary offences involve a maximum penalty of six months imprisonment and/or a fine of up to £5,000
- **Triable either way offences** – These can be regarded as the middle range of crimes and include a wide variety of crimes e.g. theft, assault causing actual bodily harm. These can be tried in either the Magistrates' Court or Crown Court.

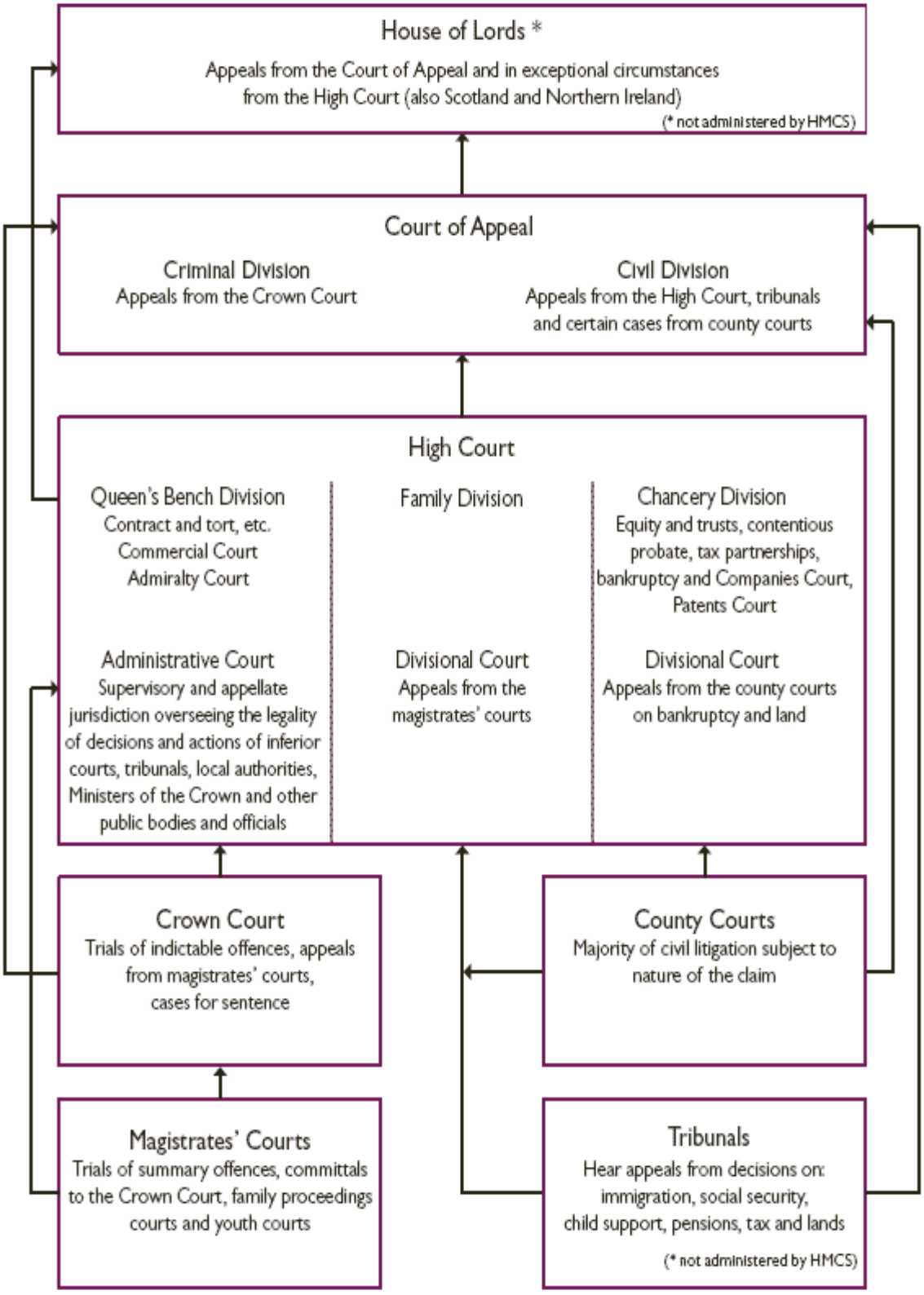


Figure 1: Court structure for England and Wales

- **Indictable Offences** – These are the more serious crimes and include murder, manslaughter and rape. All indictable offences must be tried at the Crown Court, but the first hearing is dealt with at the Magistrates' Court. The magistrate will decide if the defendant should be given bail. The case is then transferred to the Crown Court.

The majority of civil actions are heard in the 218 county courts, which also handle some family and bankruptcy hearings. The manner in which each case is dealt with depends on the value of the claim, so that the time and cost spent on the case is appropriate to its value.

Magistrates and Magistrates' Courts

Ninety-five percent of cases are completed at Magistrates' courts. In addition, magistrates' courts deal with many civil cases e.g. family matters, liquor licensing and betting and gaming. Cases in the magistrates' courts are usually heard by a panel of three magistrates (Justices of the Peace) supported by a legally qualified Court Clerk. In addition, there are also about 130 District Judges. District judges in magistrates' courts are required to have at least seven years experience as a Barrister or Solicitor and two years experience as a Deputy District Judge. They sit alone and deal with more complex or sensitive cases. Magistrates cannot normally order sentences of imprisonment that exceed 6 months (or 12 months for consecutive sentences), or fines exceeding £5000. In cases triable either way (in either the magistrates' court or the Crown Court), the offender may be committed by the magistrates to the Crown Court for sentencing if a more severe sentence is thought necessary.

The Youth Court

Almost all 10 to 17 year olds will have their case dealt with in the Youth Court (however in certain circumstances they can be tried in an adult court). The Youth Court is a specialised form of magistrates' court. As in the magistrates' court, the case will be heard by magistrates or by a District Judge. The Youth Court is not open

to the general public and only those directly involved in the case will normally be present.

The Drugs Court

In January 2009, the first of four new dedicated drug courts were announced; the new court in Barnsley will tackle the problem of drug abusing offenders who commit low-level crime to fund their addiction. When an offender is found guilty and sent to the dedicated drug court to be sentenced, the same magistrate or district judge will sentence the offender and review the progress of offenders on community orders with a drug rehabilitation requirement. Offenders will also be required to undergo regular drug tests. The dedicated drug court encourages closer working between agencies and treatment providers, from the police to the judiciary, to reduce drug abuse and related offending behaviour. Wherever possible the same magistrate or district judge will deal with any breaches and re-sentence if necessary, considering all the options including custody.

Two other dedicated drug court pilots were launched at Leeds and West London Magistrates' Courts in December 2005. The decision to extend the pilot scheme was made after evaluation indicated they can have a positive impact on reoffending, court attendance and compliance. The remaining three drug court pilots will be officially launched in Cardiff, Salford, and Bristol magistrates' courts later in 2009.

The Crown Court

The Crown Court deals with serious criminal cases, some of which are on appeal or referred from Magistrates' courts.

Trials are heard by a Judge and a 12 person jury. The Crown Court is based at 77 centres across England and Wales. It deals with cases transferred from the Magistrates' Courts. It also hears appeals against decisions of Magistrate's Courts, and deals with cases sent for sentence from Magistrates' Courts.

2.2 Useful sources of information

For most projects, it is likely that researchers will need to access information from a variety of sources. The main sources are listed below. Remember that approval from the courts is required to access any personal/health data.

Prisoner Escort Record (PER)

A defendant's health information is transferred from police custody to court staff via the PER. This contains information on key risks which have been identified in police custody. It should highlight drug and alcohol abuse, physical and mental health issues, and any risk of self harm. Where the detainee has seen a healthcare professional in police custody, any confidential clinical information gathered will be attached to the form in a sealed envelope which should only be opened in an emergency. If the courts decide that the person should be sent to prison then the PER should also follow the detainee there.

3 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.

3.1 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. Male adult prisoners (those aged 21 or over) are given a security categorisation soon after they enter prison. These categories are based on a combination of the type of crime committed, the length of sentence, the likelihood of 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 do not require maximum security, but for whom escape needs to be made very difficult

- **Category C** - prisoners who cannot be trusted in open conditions but who are unlikely to try to escape

- **Category D** - prisoners who can be reasonably trusted not to try to escape, and are given the privilege of an open prison. Prisoners at 'D Cat' (as it is commonly known) prisons, are, subject to approval, given ROTL (Release On Temporary Licence) to work in the community or to go on 'home leave' once they have passed their FLED (Full Licence Eligibility Dates), which is usually a quarter of the way through the sentence.

Category A, B and C prisons are called ***closed*** prisons, whilst category D prisons are called ***open*** prisons. Category A prisoners are further divided into **Standard Escape Risk**, **High Escape Risk**, and **Exceptional Escape Risk**, based on their likelihood of escaping.

For women, there are four categories:

- **Restricted Status -** similar to Cat A for men.
- **Closed** - for female prisoners who are not trusted to not attempt to escape.
- **Semi-open** - introduced in 2001 and is for those who are unlikely to try to escape, though appears to be being phased out as HMP Morton Hall and HMP Drake Hall were re-rolled to closed in March 2009.
- **Open** – for female prisoners who can be trusted to stay within the prison.

When young offenders under the age of 21 are sentenced to a custodial sentence they may be sent to one of four types of establishment:

- **Secure Training Centres** (STCs) – privately run, education-focused centres for offenders up to the age of 17
- **Secure Children's Homes** (SCHs) – run by social services and focused on attending to the physical, emotional and behavioural needs of vulnerable young people
- **Juvenile Prisons** - run by the prison service, these prisons accommodate 15-18 year olds and have lower ratios of staff to young people than STCs and SCHs

- **Young Offender Institutions** (YOIs) – run by the prison service, these institutes accommodate 18-21 year olds and have lower ratios of staff to young people than juvenile prisons.

3.2 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

In April 2006, responsibility for planning and commissioning prison healthcare completed its transfer from the Prison Service to the NHS and Primary Care Trusts (PCTs). The healthcare service is responsible for delivering appropriate services to prisoners to maintain and improve their health. There are various ways that PCTs provide health services in prisons, with some delivering a mixture of services that they commission or provide directly, and others commissioning all of their services. The main services that PCTs are responsible for commissioning include:

- General medical services (GPs)
- Dentistry
- Podiatry
- Nurse-led healthcare team (based in prisons)
- Mental health in-reach
- Optometry
- Pharmacy

Some PCTs commission other specialist services based on the health needs of the people in their prisons, such as physiotherapy, sexual health and substance misuse.

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.

There are eleven privately run prisons in England and Wales. Nine prisons are financed, designed, built and are run by the private sector under Private Finance Initiative (PFI). Two prisons were built and financed by the public sector but are run by private companies under management-only contracts. Currently the NHS and PCTs are not responsible for the commissioning of healthcare services in the private prisons.

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; closed 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 delivered in partnership with 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.

3.3 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 residential units, providing pastoral and social support as well as maintaining security. As well as working on 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 through-care 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 involved in the delivery of services relevant to your particular research project.

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.

3.4 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 Fridays and weekends will often vary to other days; 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

0730	Roll check
0745	Unlock for breakfast
0830	Movement of prisoners from residential wings to workshops, education, healthcare clinics, visits etc
1130	Movement of prisoners back to residential wings
1145	Roll check
1200	Unlock for lunch
1230	Patrol state
1330	Unlock & movement of prisoners from residential wings to workshops, education, healthcare clinics, visits etc
1630	Movement of prisoners back to residential wings
1645	Roll check
1700	Unlock for evening meal

1730 Association

2030 Roll check and night patrol state

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 in local prisons where prisoners are being received from court, so facilitating research may be one thing too many 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.

3.5 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 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.

The HMPS PRIME project begun in 2003, which aimed to replace LIDS with a new system called C-NOMIS by April 2007. Due to delays the new proposed delivery date is May 2010.

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, clinical records were mostly paper based. The Prison Health IT system aims to ensure that every prison has a primary care clinical IT system, the necessary

supporting infrastructure (e.g. cabling and N3, the NHS national network) and the ability to transfer medical records between these systems as offenders transfer between prisons. A national clinical IT system has been selected, TPP SystmOne Prison. This system is already being rolled-out within the North, Midlands and East of England as part of the CSC Alliance's 'Local Service Provider' (LSP) contract with NHS Connecting for Health. As of July 2009, 60 prisons in the North, Midlands and East of England were already using the system. Approval has now been gained to extend this roll-out to prisons in London, and in the South where a further eight prisons are already using TPP SystmOne Prison. The expectation is TPP SystmOne Prison will be deployed across all prisons in England by December 2010.

These clinical records 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. Access to the system will need to be negotiated. It is likely that you will have to attend a training session. Also it is helpful if have your permission to accessing confidential information with you at all times.

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

Care of prisoners at risk of self-harm/suicide (ACCT)

The Assessment, Care in Custody & Teamwork (ACCT) system allows 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.

This is an important source 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 ACCT document when you have interviewed a prisoner who is being care for under this system. It is worth recording a 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 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 out with 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.

4 Introduction to the Probation Service

The National Probation Service for England and Wales (NPS) is a law enforcement agency which supervises offenders in the community; those subject to a court order and those released on license from prison.

The aims of the NPS are:

- Protecting the public
- Reducing re-offending
- The proper punishment of offenders in the community
- Ensuring offenders' awareness of the effects of crime on victims and communities
- The rehabilitation of offenders

There are 42 separate probation areas, divided into 10 regions across England and Wales. The NPS is part of the National Offender Management Service (NOMS), which is a department of the Ministry of Justice (MoJ).

At any one time the NPS supervises around 200,000 adult offenders in the community. Approximately 90% are male and 10% are female. Just over a quarter of offenders serving community sentences are aged 16-20 and just less than three-quarters are aged 21 and over. Approximately 70% of offenders supervised will be on community sentences, and 30% imprisoned with a period of statutory licence supervision in the community as an integral part of the sentence.

All work with offenders combines continuous assessment and management of risk and dangerousness with supervision programmes designed to reduce re-offending. Each year the NPS will assist magistrates and judges in their sentencing decisions through the provision of about 246,000 pre-sentence reports, and 20,000 bail information reports. Each year probation service staff will find and supervise some 8 million hours of unpaid work by offenders in local communities, to ensure that they meet the requirements of their community punishment orders. The NPS makes a critical contribution to decisions about the early release of prisoners through the

production of reports (approximately 87,000 annually) which combine risk and dangerousness assessments with community supervision plan proposals.

4.1 MAPPA (Multi-Agency Public Protection Arrangements)

The MAPPA began operating in April 2001. This body places a duty on the police and the NPS to assess and manage risks posed by offenders in every community in England and Wales.

There are three categories of violent and sexual offenders who are managed through MAPPA:

- **Registered sexual offenders** - are required to notify the police of their name, address and personal details, under the terms of the Sexual Offences Act 2003. The length of time an offender is required to register with Police can be any period between 12 months to life, depending on the age of the offender, the age of the victim and the nature of the offence and sentence they received.
- **Violent offenders** - who have been sentenced to 12 months or more in custody or to detention in hospital and who are now living in the community subject to Probation supervision. This Category also includes a small number of people who have been disqualified from working with children.
- **Other dangerous offenders** - who have committed an offence in the past and who are considered to pose a risk of serious harm to the public

(ACPO, HMPS & NPS, 2008)

All MAPPA offenders are assessed to establish the level of risk of harm they pose to the public. Risk management plans are then worked out for each offender to manage those risks. MAPPA allows agencies to assess and manage offenders on a multi-

agency basis by working together, sharing information and meeting, as necessary, to ensure that effective plans are put in place.

There are three levels of MAPPA management, based upon the level of multiagency co-operation required with higher risk cases tending to be managed at the higher levels. Offenders will be moved up and down levels, as appropriate.

- **Level 1** – Ordinary agency management is for offenders who can be managed by one or two agencies (e.g. police and/or probation). It will involve sharing information about the offender with other agencies, if necessary and appropriate.
- **Level 2** – Active multi-agency management is for offenders where the ongoing involvement of several agencies is needed to manage the offender. Once at level 2, there will be regular Multi-Agency Public Protection (MAPP) meetings about the offender.
- **Level 3** – Same arrangements as level 2 but cases qualifying for level 3 tend to be more demanding on resources and require the involvement of senior people from the agencies, who can authorise the use of extra resources. For example, surveillance on an offender or emergency accommodation.

(ACPO, HMPS & NPS, 2008)

4.2 Approved Premises

There are 104 Approved Premises in England and Wales. Approved Premises provide controlled accommodation for offenders under the supervision of the Probation Service. They provide a greater degree of supervision for offenders than is possible in other forms of housing. Approved Premises were formerly known as bail and/or probation hostels. Most Approved Premises are owned and managed by the NPS. A small number are run by voluntary sector providers but all are required to work to the same operating standards. Residents follow a structured regime, which includes an overnight curfew. There is 24 hour supervision at the Approved Premises by

trained staff. Some Approved Premises provide accommodation for specific groups i.e. males aged 18-25 years, women and complex mental health problems.

Living in Approved Premises

Approved premises provide enhanced supervision in order to promote public protection. The public protection measures that approved premises facilitate include:

- **Security measures** - Stringent internal and external security measures are in place, including CCTV coverage, alarmed exits and restricted window openings.
- **Tagging** - There are electronic monitoring facilities for residents subject to electronic tagging.
- **Staffing levels** - Approved Premises will always have a minimum of two members of staff on duty at all times, and frequently more than the minimum.
- **Resident Monitoring** - There is daily monitoring and recording of incoming mail. Residents undergo routine observation and recording of their behaviour.
- **Curfew periods** - A standard minimum curfew (from 11pm to 6am) exists in all Approved Premises.
- **Tailor-made Curfew Periods** - Extended curfew periods can be imposed on the order of the Court, the Parole Board or the Approved Premises manager, for example at school arrival and departure times.
- **Treatments** - Residency at an Approved Premise can frequently ensure someone keeps up with Mental Health treatment, their Domestic Violence, Alcohol Abuse, Drug Abuse treatments or other offending behaviour programs.
- **Sex Offender Prevention Orders** - This is an order, applied for by the police and granted by the courts, that specifically prevents specified activity, like contacting named individuals.
- **Drug Testing** - There is provision for on-site drug testing where residents are suspected of, or have a known history of, illegal substance misuse.

- **Exclusion Zones** - Some Offenders are prohibited from entering certain geographical areas as part of their probation order or licence. Non compliance with this order may result in an offender going to Prison.
- **Contact restrictions** -This prevents offenders having contact with named individuals, such as victims of their crimes.
- **Police** - Joint management of offenders means regular liaison with, and visits to Approved Premises by, police.
- **Recall to Prison** - Breach of license will result in recall to prison. A robust enforcement system is in place, including the facility to initiate 'fast-track' recall to prison where necessary.
- **Room searches** - Anything found in a room that is illegal or not permitted, like drugs, would result in a sanction such as recall to prison and could also lead to police action.

4.3 Programmes

Accredited Programmes are nationally approved courses designed to tackle the root causes of offending. They are included as conditions of a sentence, meaning they have to be completed or the offender will be taken back to court to receive a more serious sentence.

Each Probation area offers a variety of programmes, reflecting the fact that different crimes have different causes. They each use methods designed to reduce the risk of re-offending, based on research into what actually works best to help stop offending. The ideas, theories and research behind accredited programmes together make up the 'what works' initiative.

Before being put on a programme, offenders' literacy and numeracy skills are checked to make sure the programmes are pitched at a level that they can understand.

Programmes are now a part of most community sentences. They measure an offender's motivation and progress, and help decide what further work is needed to aid rehabilitation.

4.4 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 approval from NOMS to access any personal/health data.

OASys Assessment

The Offender Assessment System (OASys) is a system for assessing the risk and needs of offenders, which has been developed jointly by the Prison and Probation Services. It applies to offenders over 18 years of age who are sentenced to a community or custodial sentence of one year or more. OASys contains a health section with a space to write free text and some specific questions around psychiatric history and emotional wellbeing.

5 Research Basics

5.1 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;
- An introduction to and justification for the research;

- A description of the study's aims and objectives;
- Research questions or hypotheses;
- A description of the sample and how participants are to be recruited to the study;
- Details of data collection methods and how data will be used and stored;
- Details of data analysis procedures;
- A statement regarding the publication and dissemination of findings;
- A statement of the ethical considerations involved;
- A detailed breakdown of costs; and
- An overview of timescales for the study.

Researchers working with offenders 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 offenders, 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, 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 offender health. Thus it is important that the protocol uses plain English and that the 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.

5.2 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 offenders 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 offenders 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.

5.3 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: OHRN 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.

6 Offender Health Research in Practice

6.1 Priorities for Offender Health Research

At the 2008 Offender Health Conference, participants discussed areas of priority for Offender Health research. The result of the discussions was summarised to reflect priorities for each of the sectors, Police, Courts, Probation and Community/Resettlement. The full document is available on the OHRN website and a summary of areas considered being priority areas for Offender Health research is presented in Box 3.1.

Box 3.1 No.	Research Priorities	Importance to sectors
1	Health needs assessment including the identification of health problems through implementation of effective screening tools	Court, Police, Probation, Community/ Resettlement
2	Improved multi-agency working within and across sectors through communication, networks, improved IT systems	Court, Police, Probation
3	Improved continuity of care across sectors and an established pathways of care	Court, Probation, Community/ Resettlement
4	Mental health as a health problem including identification, links to offending and mental health services and providers	Court, Probation, Community/ Resettlement
5	Substance and alcohol misuse relating to identification, base rates, services and links to offending	Court, Probation, Community/ Resettlement
6	Community, linked to continuity of care, social needs and the links to offending	Court, Community/ Resettlement
7	Staff training to develop greater awareness and improved skills e.g. mental health training for GPs and awareness of own and others roles	Court, Community/ Resettlement
8	Service user perspectives including gaining insight into their experiences, expectations and awareness of own illnesses	Probation, Community/ Resettlement
9	Access to services including problems of availability, motivation and strict referral systems	Police, Court, Probation
10	Interventions and implementing research findings	Court, Probation
11	Evaluation of available services	Court, Probation
12	Problems in delivery and provision of services	Police, Probation
13	Meeting the needs of those on short sentences and ensuring continuity of care	Court, Community/ Resettlement
14	Problems of variation in the delivery and management of services	Police, Court,
15	Tailoring services to the needs of young people	Court, Community/ Resettlement
16	Tailoring services to the needs of women, including researching preventative measures	Police, Community/ Resettlement
17	Tailoring services to the needs of the elderly	Court, Probation
18	Tapping the user experience	Community/ Resettlement
19	Autistic spectrum disorders- services and a pathway to meet assessed needs	Court, Community/ Resettlement
20	Evaluation of the impact of health initiatives and lifestyle in relation to complex needs	Community/ Resettlement

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 offender health.

6.2 Collaboration

Collaboration for offender health related research means the development of multi-disciplinary, multi-agency networks of practitioner and academic researchers. One important aspect of this, promoted by OHRN, is the encouragement of research capability building in offender health 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. 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 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 criminal justice procedures, and an 'inside view' is vital. The advantage of criminal justice staff being actively involved in research is that they understand and have experience of the realities of the CJS, and procedures that must be followed. They have existing relationships with a range of agencies, and may be known to offenders 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 criminal justice 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 criminal justice 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 criminal justice 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.

6.3 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 offender in the planning, execution and dissemination of healthcare research is challenging. The culture of the CJS may lead to mistrust on the part of users or staff for the reasons and motivations for involving offenders or ex-offenders 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 has recently published a review of service user involvement in prison mental health research. The review looked at research literature on service user involvement in health research and service user engagement programmes in prisons to see how these models might be applied to research in prison mental health care. This report can be found on the OHRN (**www.ohrn.nhs.uk**) website.

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 INVOLVE website; **www.invo.org.uk**). HM Prison Service does not support the direct payment (monetary or otherwise) of prisoners for taking part in research whilst resident in prison.

6.4 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.

7 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

For criminal justice or NHS staff 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 £13, 290 for the 2009/10 academic year. These are available from Universities, 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 Research Capacity Development Programme is one of the family of programmes of the National Institute for Health Research (NIHR; **www.nihr.ac.uk**). The Research Capacity Development (RCD) Programme is managed by the NIHR Coordinating Centre for Research Capacity Development (NIHR CCRCD; **www.nccrcd.nhs.uk**) and funded by the Department of Health. The RCD Programme makes research training awards to individuals who show the potential to become research leaders in their particular field and whose research is people or patient-focussed and relevant to the NHS. The NIHR-Doctoral Research Fellowship will offer 3 years full-time funding to undertake a PhD and is aimed at individuals of outstanding potential early in their research careers. It aims to fast-track them through a customised research training programme in an environment reflecting their individual talents and training needs. It is anticipated that successful applicants would become independent research leaders within 6 to 10 years of completing an NIHR-DRF award. Closing dates for these awards are usually in January.

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. The NIHR Post-Doctoral Fellowship is the first level of post-doctoral Fellowship. The NIHR-PDF will offer 3 years full-time funding to individuals who are able to demonstrate their potential as researchers but do not, as yet, have sufficient experience to be fully independent. Applicants will need to show evidence

of a clear commitment to a research career and success in the form of outputs from doctoral and post-doctoral research, where applicable.

Applicants will have obtained their research doctorate or submitted their thesis for PhD or MD and not have more than 3 years' WTE post-doctoral research experience at the time of applying. Closing dates for these awards are usually in January.

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 Offender Health Network aims to assist collaboration between established and new investigators, including criminal justice staff, bringing together OHRN 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 OHRN website to locate colleagues with interests similar to their own and make joint funding applications; anyone is welcome to contact OHRN with requests for collaboration.

7.1 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 Offender Health Research Network website is updated weekly with relevant opportunities. These are organised into funding with specific closing dates and general rolling funding calls. The RD Funding website (**www.rdfunding.org.uk**) 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 (Higher Education and Research Opportunities; **www.hero.ac.uk/uk/home/index.cfm**) website gives a useful summary of the major UK funders, and the type of funding they administer.

The Research Councils

Research Councils UK are a group of seven councils, and represent a major source of funding for higher education. The primary role of the Research Councils is to fund research. Each year the Councils invest around £1.3 billion in research in UK universities and around £500 million in their own Research Institutes, and around £300 million in access to international facilities for UK researchers. The Scottish Funding Council (SFC) and the Higher Education Funding Council for Wales (HEFCW) perform a similar function in Scotland and Wales respectively.

Clearly some of these councils are of greater or lesser relevance to offender health research, but researchers should not think they are limited to applying for funding from the MRC; other councils have provided funding for offender research in the past. There are also schemes which involve collaboration between councils, or other organisations. Offender 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.

Box 4.1: The Research Councils

Arts and Humanities Research Council (AHRC)
Biotechnology and Biological Sciences Research Council (BBSRC)
Economic and Social Research Council (ESRC)
Engineering and Physical Sciences Research Council (EPSRC)
Medical Research Council (MRC)
Natural Environment Research Council (NERC)
Science and Technology Facilities Council (STFC)

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.

<u>Programme Grants</u>

The NIHR website features the current grants available to applicants. They are expanding their existing research programmes and new funding streams are being

introduced. The systems for processing research funding applications and the commissioning of research are currently being standardised. Currently a number of the NIHR programmes are co-ordinated and managed by the NIHR Central Commissioning Facility (CCF; **www.nihr-ccf.org.uk/site/default.cfm**), the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC; **www.netscc.ac.uk**) and others are managed by existing NIHR Co-ordinating Centres.

Box 4.3: NIHR CCF Programmes

Research for Patient Benefit (RfPB)
Research for Innovation, Speculation and Creativity (RISC)
The Policy Research Programme (PRP)
Programme Grants for Applied Research
The NEAT Programme (NEAT)
Invention for Innovation
Genetics Programme
Biomedical research centres
Research Design Service (RDS)

NETSCC Programmes

Public Health Research (PHR) Programme
Health Services Research (HSR) Programme
Health Technology Assessment (HTA) Programme
Service Delivery and Organisation (SDO) Programme

NIHR Co-ordinating Centres Programmes

Research Capacity Development Programme
National Horizon Scanning Centre
UK Cochrane Centre
Centre for Review and Dissemination
NHS Physical Environment Research and Development Programme

Some of these programmes are of particular relevant to offender 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 Programme Grants for Applied Research funds research to improve health outcomes in England through promotion of health, prevention of ill health, and optimal disease management, with particular emphasis on conditions causing significant disease burden, where other research funders may not be focused, or there is insufficient funding available.

Research Units

The NIHR has established fifteen Biomedical Research Units to undertake translational clinical research in the following priority areas of high disease burden and clinical need that are currently under-represented in the existing NIHR Biomedical Research Centres:

- Cardiovascular Disease
- Deafness and Hearing Problems
- Gastrointestinal (including liver, peptic ulcers and dyspepsia) Disease
- Musculoskeletal Disease
- Nutrition, Diet and Lifestyle (including obesity and blood pressure)
- Respiratory Disease
- Infection (including Clostridium difficile and Hepatitis C)
- Pancreatic Disease

Research Centres

Two research centres are being commissioned in biomedicine and quality/safety standards in the NHS.

Offender 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 offender health as an area worth supporting.

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.

Box 4.4: Charity Funding	
Joseph Rowntree Foundation	**Nuffield Foundation**
Housing and neighbourhoods Poverty and disadvantage Practice and research Drugs and alcohol Governance Immigration and inclusion Independent living Parenting	Access to Justice Child Protection and Family Justice Commonwealth Education Grants for Women Students Older People and their Families Social Science (Fellowships and Small Grants) Nuffield Science Bursaries
Leverhulme Trust	**Big Lottery Fund**
All fields	Health Education Environment Charitable Purposes
Wellcome Trust	**Stanley Medical Research Institute**
Biomedical ethics History of medicine Public engagement Biomedical science Technology transfer	Preclinical Aspects of Drug Development Biomarkers Infectious Disease and Mental Illness Neuropathology Treatment Trials for Schizophrenia and Bipolar Disorder Drug Development Programs

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 OHRN website (**www.ohrn.nhs.uk**) also lists international funding relevant to offender health and eligible for UK applicants, for example the European Union and (US) National Institute for Health.

7.2 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 5). 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 4.5: 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.

8 Ethics and Governance

The various processes of approvals required for research with offenders can be complex. The Offender Health Research Network has produced the 'OHRN Toolkit' which aims to clarify the procedures and to offer guidance on gaining the relevant approvals. Interactive flowcharts with detailed drop down guidance for each question or approval category are shown below.

The main question which determines the types of approvals required for a particular project is;

- "In which area of the criminal justice system is the project going to be conducted?", "Is it **police**, **courts**, **prison** or **probation** by clicking on which area your project will be conducted you will be taken directly to the flowchart.
  (**NB**: If more than one area, click on each area separately. Researchers must consider all approvals).

Figure 2: Approval process for police research

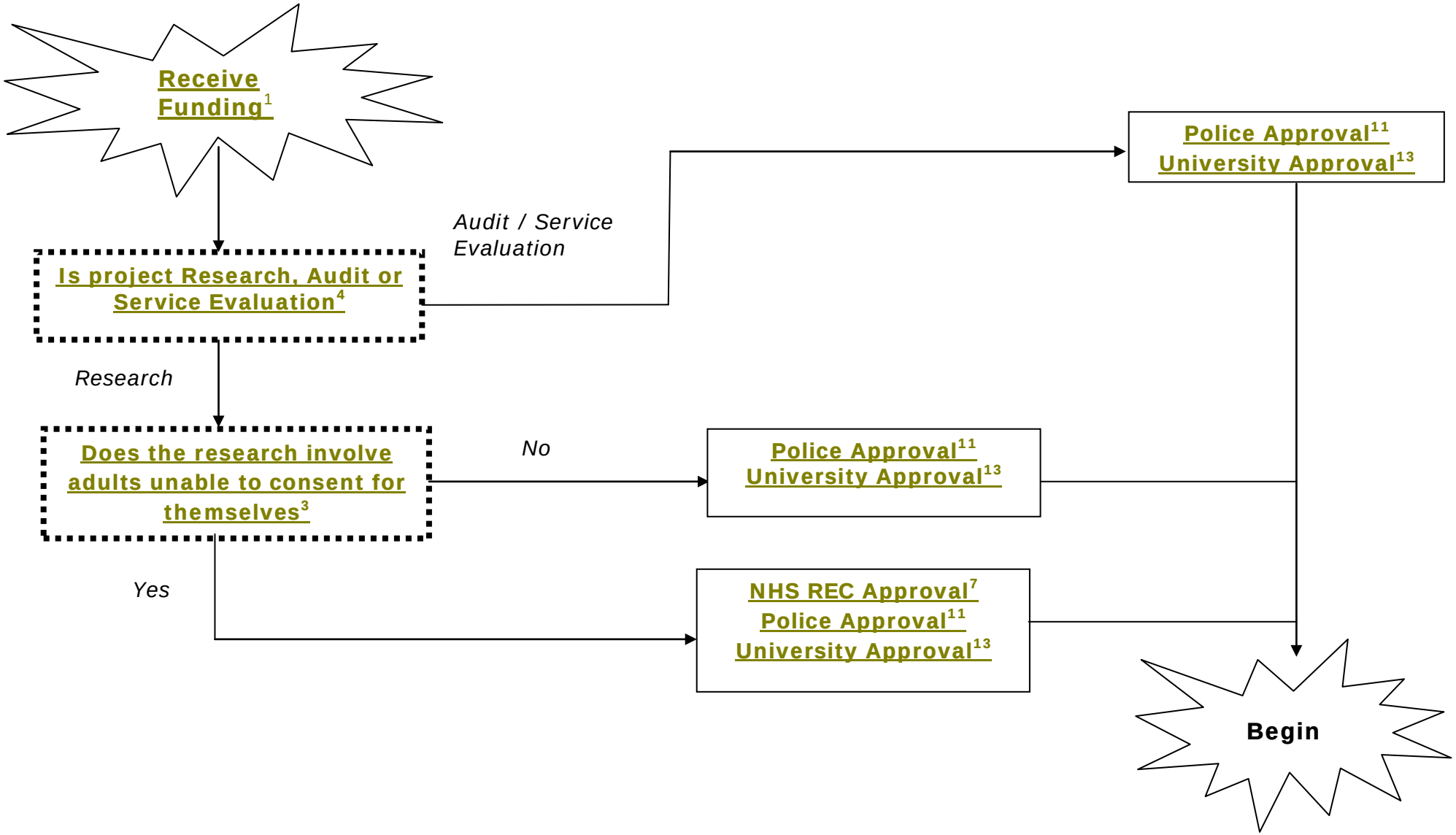


Figure 3: Approval process for court research

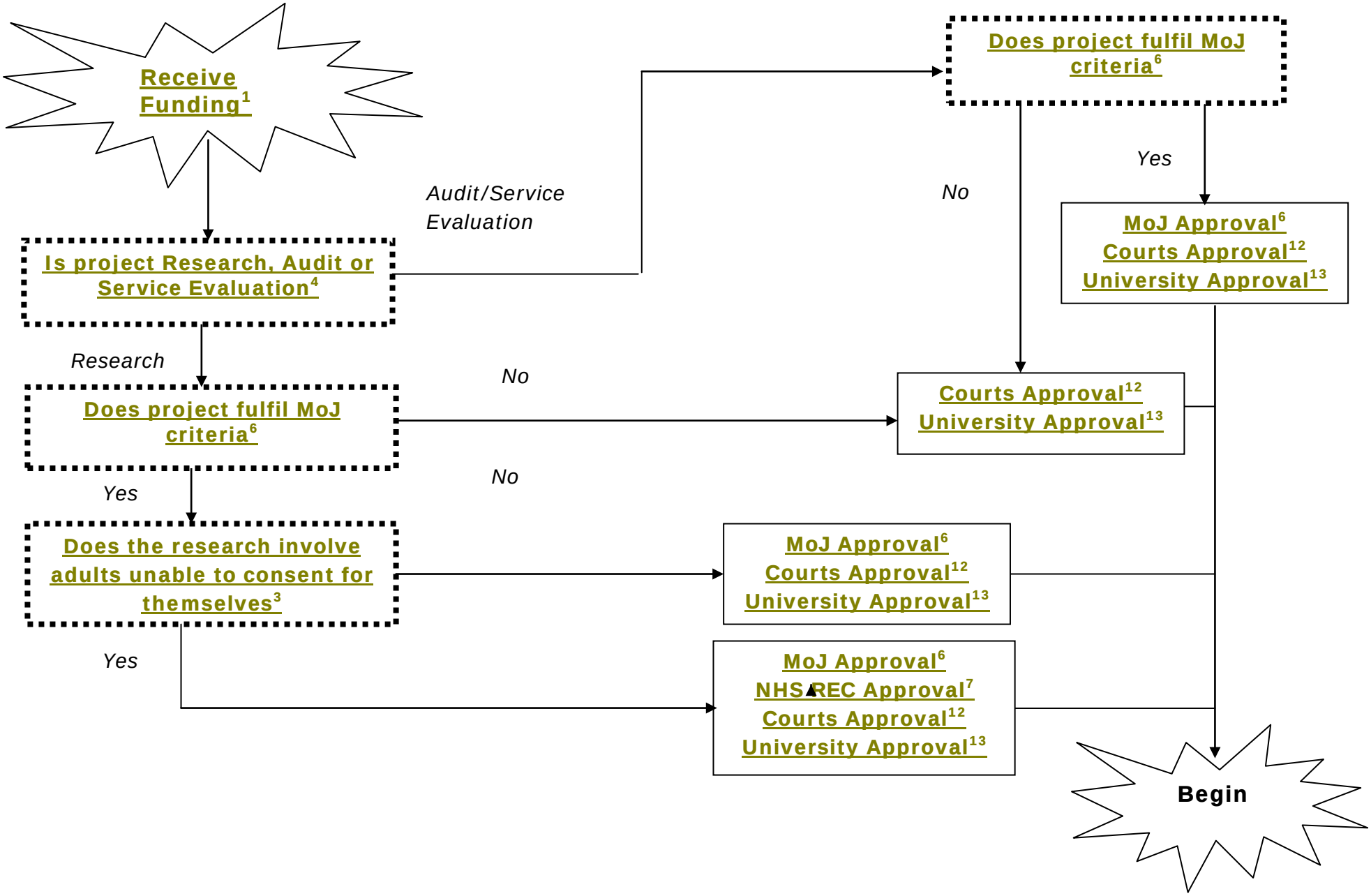


Figure 4: Approval process for prison research

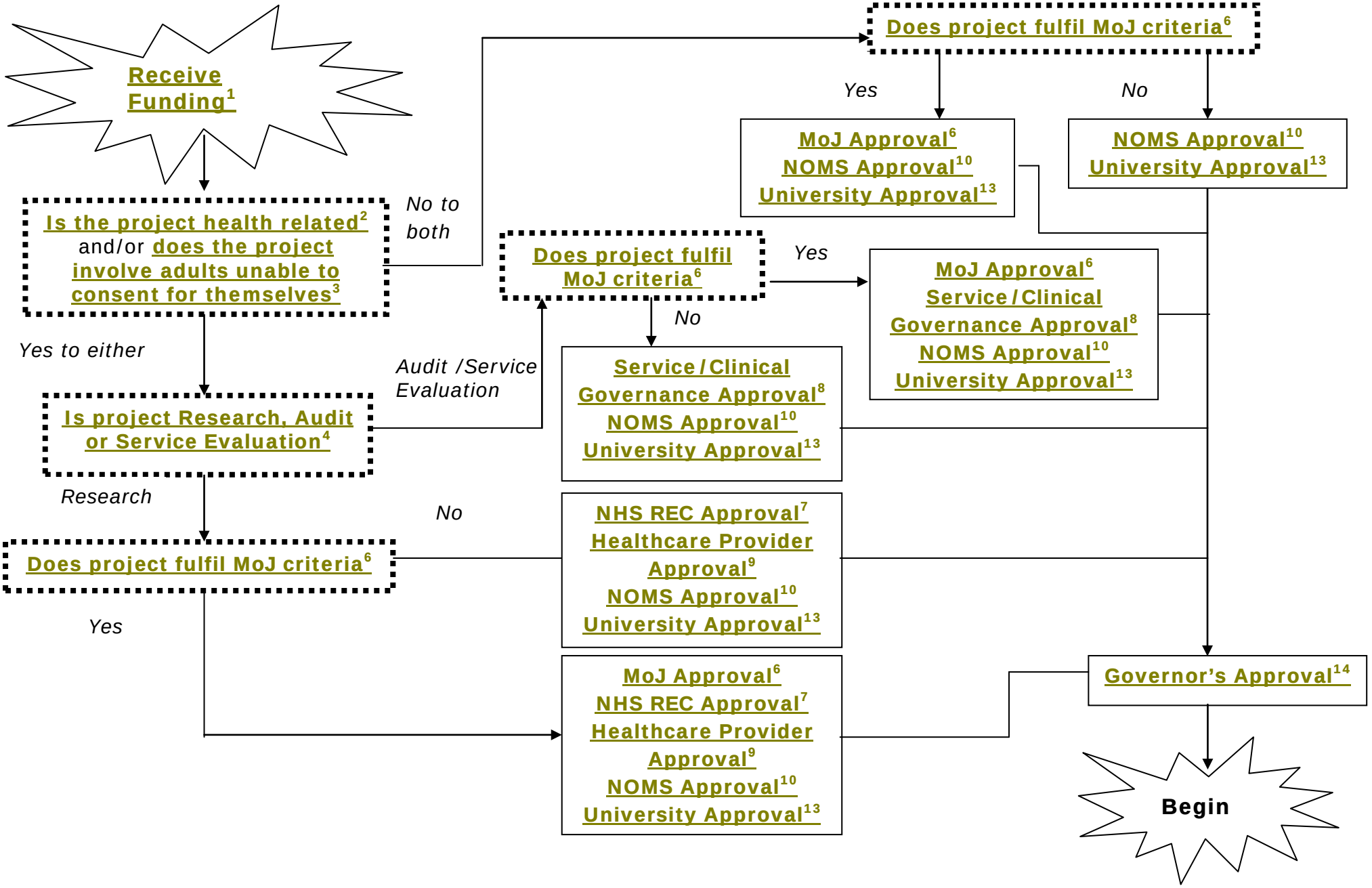
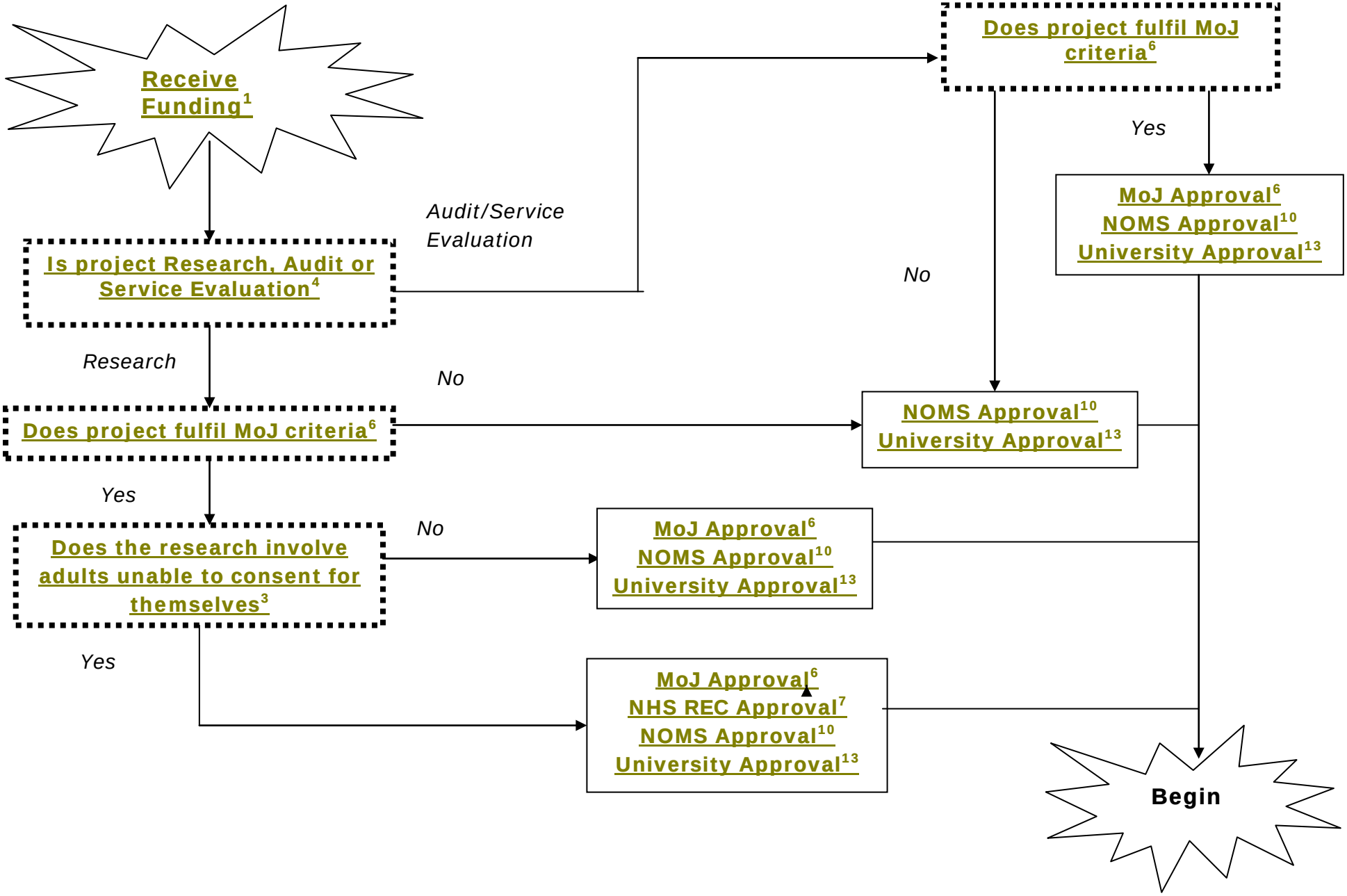


Figure 5: Approval process for probation research



For any assistance or advice on these procedures, please contact Charlotte Lennox at the Offender Health Research Network charlotte.lennox@manchester.ac.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 OHRN regularly publishes details of new funding available; **www.ohrn.nhs.uk/funding**

2: Is the project health related?

Research projects conducted within a prison and that are health related will require NHS REC Approval (Section 7) and NHS PCT / Healthcare Provider Approval (Section 9); however all prison projects need NOMS Approval (Section 10) and Governor's Approval (Section 14).

NB: If the project involves adults unable to consent for themselves (Section 3) then the project will require NHS REC Approval (Section 7) even if not health related.

NB: The responsibility for deciding whether a study should be presented as research, audit or service evaluation lies with the Sponsor in consultation as appropriate with the institutions responsible for the governance of the project. Where doubt arises, advice can be sought from a R&D office or from NRES (Section 4).

What is the definition of prison health related studies?

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

The main outcomes from health related research are health outcomes, these can be the assessment, identification or diagnosis of health or health related issues, an improvement in a person’s health or wellbeing, or knowledge gained to improve service provision, assessment, identification or diagnosis.

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

1. Human participation: studies with a health outcome that requires *face-to-face* contact and may involve use of health records as well.

- *Investigating the impact of a substance misuse service on people in prison*
- *Assessing mental health issues for people in prison*
- *Evaluating a psychological intervention with people in prison*
- *Interviewing prisoners about any health related issue i.e. physical, mental, psychological, behavioural*

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.*
- *Access to health data from OASys*

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: development or adaptation of interventions.

- *Examination of the effectiveness of a Offender Behaviour Treatment Programme in prison*
- *Examination of the effectiveness of a new Cognitive Behavioural Therapy with prisoners.*

_____

3: Does the project involve adults unable to consent for themselves?

All research projects which come under the Mental Capacity Act 2005 will require NHS REC Approval (Section 7).

The Act applies to any intrusive research (research that would legally require consent if it involved people with capacity) within England and Wales, wherever it takes place, except for clinical trials of investigational medicinal products. This research may include research in healthcare, social care, criminal justice and other settings. It is not limited to research undertaken within NHS organisations or other public bodies.

More information on the Mental Capacity Act can be found on the NRES website;
www.nres.npsa.nhs.uk/applications/apply/ethical-review-requirements/

On 1st October 2007 parts of the Mental Capacity Act came into force that are relevant to research. The Mental Capacity Act is relevant to research involving adults over the age of 16 in England and Wales, except Clinical Trials of Investigational Medicinal Products (CTIMPs).

What is capacity?

Capacity is the ability to make a decision. Capacity can only be assessed in relation to a particular decision and a particular time – a person may have the capacity to make some decisions but not others, or capacity may vary over time.

How is capacity assessed?

The Act contains a two-stage test of capacity:

- Is there an impairment of, or disturbance to, the functioning of the mind or brain?

and if so,

- Is the impairment or disturbance sufficient that the person is unable to make that particular decision?

Lack of capacity can be due to a range of causes, including dementia, mental illness, learning disability, brain damage, intoxication, any condition causing confusion, drowsiness or loss of consciousness (e.g. concussion, stroke, heart attack, epileptic fit, serious accident, delirium).

4: Is the project Research, Audit or Service Evaluation?

Prison projects which are “research” and are health related require approval from a NHS REC (Section 7) and permission for research from the Healthcare Provider (Section 9). Prison projects which are “audit” or “service evaluation” do not require NHS REC approval or permission for research from the Healthcare Provider but still require service/clinical governance approval from the PCT (Section 8), if health related. Research, audit and service evaluation in prisons and probation **all** require NOMS approval (Section 10) if undertaken by external staff and require MoJ approval if they come under the MoJ criteria (Section 6).

Research, audit and service evaluation would require Police approval (Section 11) if undertaken by staff external to the Police Service and Court approval (Section 12) if undertaken by staff external to HM Court Service. Court projects would require MoJ approval if they come under the MoJ criteria (Section 6).

The NRES publishes a leaflet “Defining Research” with broad criteria for distinguishing between ‘research’, ‘audit’ or ‘service evaluation’.

Table 1: Differentiating clinical audit, service evaluation, research and usual practice/surveillance work in public health

RESEARCH	SERVICE EVALUATION	CLINICAL AUDIT
The attempt to derive generalisable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them.	Designed and conducted solely to define or judge current care.	Designed and conducted to produce information to inform delivery of best care.
Quantitative research – designed to test a hypothesis. Qualitative research – identifies/explores themes following established methodology.	Designed to answer: "What standard does this service achieve?"	Designed to answer: "Does this service reach a predetermined standard?"
Addresses clearly defined questions, aims and objectives.	Measures current service without reference to a standard.	Measures against a standard.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.	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.	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.
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.	Usually involves analysis of existing data but may include administration of interview or questionnaire.	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.
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.	No allocation to intervention: the health care professional and patient have chosen intervention before service evaluation.	No allocation to intervention: the health care professional and patient have chosen intervention before audit.
May involve randomisation.	No randomisation.	No randomisation.
Normally requires REC review. See http://www.nres.npsa.nhs.uk/applications/apply/.	Does not require REC review.	Does not require REC review.

The table from the NRES website:
(http://www.nres.npsa.nhs.uk/applications/apply/is-your-project-research/)

Further guidance on categorising projects is also available from the NHS R&D Forum website; (**www.rdforum.nhs.uk/docs/categorising_projects_guidance.doc**)

Although guidance is available, it is recognised that the boundaries between Research, Audit and Service Evaluation are difficult to define precisely. Issues of interpretation may arise in deciding how a project should be presented. Some projects on the borderline raise significant ethical and governance issues. Where it is decided that a project should be reviewed by a Research Ethics Committee and managed under research governance frameworks, it should be presented as research.

If having considered the published guidance you and your sponsor are unsure whether your project should be presented and reviewed as research, please seek advice from your R&D office in the first instance. Advice can also be sought from the R&D offices of other institutions responsible for governance of the project.

If after seeking R&D advice you require further advice from the NRES, please email an A4 summary (one side only) outlining your proposal to the co-ordinator of a prison flagged REC (**www.nres.npsa.nhs.uk/contacts/find-your-local-rec/**) or the NRES Queries Line (**queries@nres.npsa.nhs.uk**). For ease of reference please include your request in the covering email.

5: Integrated Research Application System (IRAS)

The Integrated Research Application System (IRAS) is a single online system for applying for permissions and approvals for health and social care/community research in the UK, including offender health projects. It builds on the functionality of the previous NRES on-line application system, which is now no longer available.

IRAS streamlines the application process by allowing researchers to enter all the information needed by different approval bodies in an “integrated dataset”, which then populates the application forms used by each body. It avoids the researcher having to re-enter the same information separately in multiple forms.

IRAS can be used for applications to NHS RECs and NHS R&D offices for review of health-related research. It can also be used where required for any application to the

Ministry of Justice, whether for research, audit or service evaluation. In 2010 it is planned to include all NOMS applications, whether for research, audit or service evaluation.

Guidance for Applicants

- IRAS can be accessed at **www.myresearchproject.org.uk**
- Log in using your previous account details from the NRES on-line form system (if available) or go to Create Account. Anyone can create an IRAS account for training purposes even if they are not ready to make an application.
- Guidance on how to use IRAS can be found here IRAS help (**www.myresearchproject.org.uk/Help/Contents/IRASHelp_UserManual.pdf**) and IRAS e-learning (**www.myresearchproject.org.uk/Help/ELearning/index.html**). The e-learning module is a useful starting point for new users.
- Click on New Project to create your project. You can do this for training purposes even if you do not have a particular project in mind.
- Complete the Project Filter to generate the integrated dataset for your project. It is important to answer the Filter questions correctly as this generates all sections and questions relevant to the type of project and the approvals required.
- Complete the dataset using Question Specific Guidance (available using 'Help' or by clicking on the information buttons).
- When you have filled in all the questions, each of your application forms will be complete and ready for submission.
- Go to the Submission tab for each application form for guidance on how to submit the application. Each approval body will have its own arrangements for submission. Note that it is not yet possible to make submissions electronically.

6: Does project fulfil Ministry of Justice criteria?

The Ministry of Justice (MoJ) Research Quality Assurance (RQA) applies to projects taking place within the National Offender Management Service (HM Prison Service and HM Probation Service), HM Courts Service or any other agency within the responsibility of the MoJ for England and Wales and meeting any of the criteria in Box 1:

Box 1: Criteria for RQA

- national in scope
- intended to be published
- results to be sent to Ministers
- a study of outcomes of policy or operational changes

NB: Projects defined as audit or service evaluation rather than research will still be subject to RQA if they meet any of the above criteria.

The application form for MoJ RQA approval is contained within the Integrated Research Application System (IRAS) application form (Section 5).

Guidance for Applicants

- For advice on the RQA process at the Ministry of Justice, please contact Analytical Services (Offender Management and Sentencing) in MoJ. The main contact point is David Brown; **David.brown@cjs.gsi.gov.uk**
- The completed MoJ application form should be submitted electronically by sending as a file attachment to David Brown at the above email address. Hard copy is not required and the form does not need to be signed. No additional documentation is required unless requested.

7: NHS REC Approval

Approval is required from an NHS Research Ethics Committee (REC) for 'health related' research conducted within prison settings and **any** research involving adults unable to consent for themselves.

RECs are required to provide independent, competent and timely review of health related research. A REC's duty is to protect participants from harm and, secondly to facilitate good quality research.

Certain REC's are 'flagged' to specifically review these types of research. Details of flagged RECs are available on the NRES website (**www.nres.npsa.nhs.uk/contacts/find-your-local-rec/**) or you can seek guidance from the Central Allocation System when booking your application.

For guidance on whether your project is research, audit or service evaluation, see Section 4.

The application form for ethical approval by a NHS REC is contained within IRAS (Section 5). There is help and advice for applicants on the NRES (**www.nres.npsa.nhs.uk**) and IRAS (**www.myresearchproject.org.uk**) websites and also in IRAS help (**www.myresearchproject.org.uk/Help/Contents/IRASHelp_UserManual.pdf** and IRAS e-learning (**www.myresearchproject.org.uk/Help/ELearning/index.html**)

Common Issues

Sponsor's Role

The study sponsor is the person who takes on ultimate responsibility for the initiation, management and financing (or arranging the financing) of the research. The sponsor satisfies itself that appropriate checks have been undertaken to ensure that the study meets the relevant standards, and makes sure arrangements are put and kept in place for authorisation, management, monitoring and reporting.

All research falling under the remit of the Secretary of State for Health must have a formal sponsor. This includes all research in health and social care that involve NHS patients, their tissue or information, etc. There are similar

requirements for research involving social care practitioners, clients and resources, where this falls under the Secretary of State for Health's remit.

Any organisation that is a legal entity may declare itself as a sponsor. While the Clinical Trials Regulations allow for individuals to become sponsors, many institutions do not permit their staff to take personal responsibility in such areas because of the risks and legal liabilities involved.

A sponsor can delegate specific responsibilities to any other individual or organisation that is willing and able to accept them. However, the sponsor should ensure that the delegation of responsibilities to another party is formally agreed and documented.

In some cases, a co-sponsorship agreement may be reached. If so, you should nominate one body as the lead sponsor for the purposes of the ethics application and a sponsor letter should be provided describing the responsibilities of each sponsor. In particular, this should clarify the agreement about compensation and indemnity in the event of harm to research participants.

It should be noted that co-sponsorship is an arrangement that is not recognised in EU states other than the UK and is therefore not applicable to multi-national studies within the EU.

Indemnity

Indemnity is an assurance that payment will be made to cover the legal liability of another person in the event of a claim. Legal liability may arise from fault in the management, design or conduct of the research. The liabilities may fall on different parties in each case. It is the sponsor's responsibility to ensure that arrangements are in place before the study starts to cover the potential legal liabilities of the various parties arising from the research. The main REC must be assured that there are appropriate arrangements to compensate participants in the event of harm due to fault in the management, design or conduct of the research. The REC will not expect to see full details and proof of all

arrangements. However, applicants must be clear about all the arrangements for compensation before making an application to the REC. In general, such arrangements will normally be in place through NHS indemnity, and/or employer's liability insurance, and/or professional indemnity and/or clinical trials insurance, as appropriate. In certain circumstances, e.g. high-risk research activities or vulnerable participants, additional arrangements may need to be made. Employers and sponsors must be made aware of such situations in sufficient time to make necessary arrangements.

Liability arising from the management of the research

The liabilities of the sponsor relate to the overall management of the study, i.e. the systems and processes through which the sponsor meets its responsibilities. This could include responsibilities for monitoring and training, for example. Normally the sponsor(s) will hold insurance or provide indemnity to cover their liabilities as sponsors. Where the sponsor is the employer of the Chief Investigator this is likely to be covered through insurance or indemnity for employer's liability. Where there is more than one sponsor, details for all sponsors should be provided. You should make sure that you have discussed the study with the sponsor and that they have agreed, in principle, to act as sponsor.

If an NHS organisation is a sponsor, then indemnity is provided through NHS schemes. If a university or higher education institution is a sponsor a copy of the relevant policy must be provided. Where sponsor activities are delegated to sites or sub-contracted to another party, the contract or agreement between the organisations should set out the responsibilities of the parties and the arrangements for covering any liabilities. The sponsor is responsible for ensuring that these arrangements are in place.

Liability arising from the design of the research

The design of the research is the responsibility of the author and any co-authors of the protocol. Employers are responsible for the actions of their staff who design research studies as part of their employment. Normally the employer(s)

of the author(s) will hold insurance or provide indemnity to cover their liabilities for the design of the research. The main author will usually be the Chief Investigator in the UK. Where the employees of an NHS organisation are responsible for designing the study, indemnity is provided for harm arising from the design of the study through NHS schemes. If the author is employed by a university, or the design of the research has been undertaken in the course of an honorary arrangement with a university, give details of the insurance or indemnity arrangements. This situation applies to researchers employed by a university, regardless of whether or not they hold any honorary contract with an NHS organisation. The university is likely to hold insurance that is additional to normal employer's liability insurance, to cover CTIMPs or other interventional trials. For other non-interventional clinical research, employer's liability insurance is likely to be sufficient. A copy of the relevant policy must be provided. If the author is employed by a company, is self-employed or is an independent contractor, give details of the insurance or indemnity arrangements, a copy of the relevant policy must be provided.

Liability arising from the conduct of the research

The conduct of the research refers to the study procedures, as described in the protocol or proposal, which are conducted by the research team with participants, data or tissues. Employers are normally responsible for the actions of their staff who conduct research procedures as part of their employment. However, where the research involves NHS patients under the care of NHS organisations (including independent contractors), indemnity for harm to participants resulting from clinical negligence is provided either through NHS schemes or through professional indemnity. Formal permission from the NHS organisation (R&D approval) must be obtained in writing before the start of the research. Independent contractors, e.g. GPs, should ensure that their professional indemnity provides cover for the activities they will be undertaking. Where the research involves private patients under the care of an independent contractor, the main REC requires assurance that appropriate indemnity

arrangements will be in place before the study starts. A copy of the relevant policy must be provided. Where the investigator is an employee or contractor of a university or Higher Education Institution (HEI) and the research involves members of the public taking part in research outside the care of the NHS, the HEI should have insurance or indemnity to meet the investigator's liabilities. Such research may take place in the HEI, in the community or in other private or state institutions. In some cases, the HEI may need to arrange additional insurance. A copy of the relevant policy must be provided. Where the investigator is an employee or contractor of a Contract Research Organisation or Site Management Organisation and the research is taking place through a commercial organisation, the company should have insurance or indemnity to meet the investigator's liabilities. A copy of the relevant policy must be provided.

Guidance for submission

- Ensure documentation is complete (See **Annexe 1**: Provides information on common themes/issues from reviews of prison studies).
- Check the guidance under the *Submission* tab for the REC application form in IRAS before you proceed to submission. Note that if you are using e-authorisation in preference to ink signature this must be done **before** you save and print the form otherwise the authorisation will not be visible. E-authorisation can be used for all declarations except the Chief Investigator's declaration for a clinical trial of an investigational medicinal product.
- When you are ready to submit, click on *Proceed to Submission*, save and print the form and arrange for ink signatures where required.
- Ring Central Allocation System (0845 270 4400) for allocation to a REC. Further guidance on booking is at **www.nres.npsa.nhs.uk/applications/booking-your-application/**
- Enter details of the REC at the top of the form.
- Check that the submission code appears at the foot of each page of the application form before sending.

- Send one hard copy of the application form to the REC office by the agreed submission date, together with the submission checklist and all relevant supporting documentation.
- The researcher will be invited to attend the REC Meeting to answer any questions of clarification the committee may have. **Advice:** Ensure a member of the research team (preferably the Chief Investigator) can attend.
- Correspondence and REC decision will be issued within 10 days of the REC meeting.

8: Service / Clinical Governance Approval

If the project is audit or service evaluation, or some other type of non-research activity such as case study, system/equipment testing or satisfaction survey, an application must be made to the service/clinical governance office for that NHS organisation. You must also check with them what other review arrangements or sources of advice apply to the project. For example, there may be standard guidelines on the conduct of clinical audit. The Caldicott Guardian will be a source of advice on the use of patient data. It should be possible to reach this nominated person through the main NHS organisation switchboard.

9: Healthcare Provider Approval

For prison research that is health related, permission of the healthcare provider is also required. This is usually the PCT and is required where the research is related to the provision of care provided by the care organisation. This approval provides management permission and reviews the governance arrangements. 'Research governance' which 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.

Research & Development Departments at local NHS trusts 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:

http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/ResearchAndDevelopmentAZ/ResearchGovernance/ResearchGovernanceArticle/fs/en?CONTENT_ID=4002112&chk=PJlaGg

Final approval will only be given after NHS REC approval, but applications can be made in parallel to NHS REC approval, and this is encouraged.

Guidance for applicants

- Check which Healthcare Provider (**www.dh.gov.uk/assetRoot/04/10/75/10/04107510.pdf**)
- Access RDForum (**www.rdforum.nhs.uk**)for contact details of R&D Department for each Healthcare Provider
- All applications should be made using IRAS (**www.myresearchproject.org.uk/**). See Section 5.
- Using IRAS complete the R&D form and Site Specific Information. One form per site is required
- **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

---

10: NOMS Approval

All prison and probation based research must be approved by NOMS. Investigations coming under the category of 'Audit' or Service Evaluation' conducted by external staff must still be approval by the following procedure.

Guidance for applicants

- All applications for NOMS approval should be made using IRAS (**www.myresearchproject.org.uk/**).
- Further information can be found on the HM Prison Service website (**www.hmprisonservice.gov.uk/**) and go to 'Resource Centre', 'Research'.
- The completed application should be saved in IRAS as a PDF file and submitted as an email attachment to the NOMS National Research Committee (**national.research@noms.gsi.gov.uk**)
    - Research taking place in one establishment/probation office will be reviewed by the Governor/Chief Executive of a Probation Trust
    - Research taking place in more than one establishment/probation office in one Prison Service Area will be reviewed by the Regional Psychologist
    - Research taking place in a number of establishments/offices nationwide will be reviewed by the National Research Committee
- 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.

11: Police Approval

For projects conducted within the Police Service, initial contact must be made through the Chief Constable for each police service. Some police services (e.g. the Metropolitan Police) have a specific research application to complete, others do not. Therefore the Chief Constable will advise who best to contact. Applicants should provide as much detail as possible, including a methodology and information on what is the likely impact of the research on police resources.

12: Court Approval

Information on approval for court based projects can be found at HM Courts Service website (**www.hmcourts-service.gov.uk/infoabout/information_for_researchers/index.htm**).

13: University Approval

University approval may be required for university staff, or for those studying for higher degrees; Research & Development/Governance department or University Ethics Committee. Approval may be important to ensure indemnity. (For other researchers, check indemnity issues with employer.)

14: Governor's Approval

Prison 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: REC REVIEW – Hints & Tips for Researchers

There are a number of core elements which a research ethics committee will consider during the review of a research application. The following information is intended to guide and prompt researchers when designing their project/protocol and in preparing an application for submission to a REC. (Please note that the list is not exhaustive).

General Advice:

The NRES Website: **www.nres.npsa.nhs.uk** holds a considerable amount of guidance in the FAQ's section and on specific topics.

The REC application form is accessed through the Integrated Research Application System (IRAS) via: **www.myresearchproject.org.uk**. Before submission, please check that all the questions in the REC application form have been completed.

The application will need to be booked to a "flagged" REC, recognised to review applications from the prison & probation services via National Research Ethics Service – Central Allocation System (CAS) on: 0845 270 4400 (9.30am - 4.00pm weekdays)

The information provided in *all* papers submitted to the REC should be written in lay language. This is particularly important for information sheets which potential participants will receive (Note: the national reading age in the UK is around 9 years of age).

Abbreviations should be avoided, or at least explained.

References to drugs, especially in questionnaires should use the street drug names.

Occasionally, a researcher may think of introducing a slightly different methodology to what is considered to be usual. In such cases, the researcher will need to justify its use.

The REC will consider a variety of aspects and will need to be satisfied that:

The applicant and supporting staff are suitable and appropriate to undertake the study:

- The researcher is competent to undertake research in the prison environment and will consider the knowledge and expertise of the Chief Investigator.
- If the research is part of an education qualification, the committee will require reassurance that there is appropriate supervision and support of the student.
- The safety of the research team has been considered.

The facilities are suitable:

- Is the setting appropriate for the interviews, investigations or treatment to be undertaken. Could safety or confidentiality be compromised for either the participant(s) or the researcher? Demonstrate knowledge of the regulations,

and systems for protection of staff/visitors within the prison. It may be advisable for the researcher to have a strengthened regimen in place for their own protection, similar to a loan working policy.

The relevance of the research and research design are acceptable:

- Is the study design scientifically sound? It would be unethical to conduct poorly designed research. Will the methodology answer the research question.
- Is the research worthwhile and that the results are likely to lead to a tangible benefit.
- Is the proposed research intended to benefit the target population and or society as a whole.
- If the research could be undertaken in a group other than the prison population, a sound justification for researching on prisoners would be required.
- Ideally, questionnaires should be validated for use in the study population.
- If non-English speakers are being excluded from participation, justification is required.

The researcher has:

- **anticipated the benefits and risks for the individual trial subject:**
- **the care and protection of the research subject have been considered:**
- **any Hazards, discomfort and distress of subjects are identified:**

The researcher should acknowledge potential problems and demonstrate how they will safeguard against them. What rescue/damage limitation mechanisms or processes would be available? Areas to think about would include:

- Demonstrate knowledge of the rules & regulations within the prison environment. When would confidentiality for instance need to be broken and how would this be dealt with. An example would be if a participant intends to self-harm, harm others or pose a threat to security.
- Consider whether the participant may be at risk of anxiety or distress. How these issues would be addressed, minimised or avoided. Would referral to a health professional or counsellor be required? Causes may arise from:
    - In-depth questioning and exposure of sensitive personal information.
    - Inappropriate identification of participants.
    - Confidentiality breeches, including publishing of findings. Permissions should be sought for use of quotations. How will participants' anonymity be maintained?
- Would advocacy services be required and if so, who will fulfil this role?
- Exploitation – possibly examples include: coercion, inducements and manipulation.
- Know the rules regarding rewards for participants, particularly prisoners.
- Is there potential for conflicts of interest and if so, how can these be avoided or eliminated.

- How will the protection and confidentiality of the participant be maintained. Would the methodology you wish to use expose them to any danger such as bullying or blackmail if in particular, other prisoners were to know of a their participation.
- Although in a controlled environment, how will participants' dignity, privacy, autonomy etc., be upheld.
- How will burdens or harms be avoided or minimised (particularly: vulnerable or sick participants). Loss of earnings would not be acceptable.
- For some studies it may be appropriate for follow-up care to be provided during or at the end of the study. What provisions will be in place.
- Who can the potential participant approach/be referred to should they wish to discuss their possible participation with an independent person.

Selection & Recruitment arrangements:

- The exact process for identifying potential participants, approaching and recruiting them into the study should be explained step by step. Details as to who will do what, where and when will need to be included.
- Ideally, potential participants should initially be approached by someone who knows them or provides their care. They should be invited to respond by contacting the researcher, via a suitable mechanism to indicate their interest in participating. However, staff should not act as gatekeepers in selecting possible participants to avoid the possibility of introducing bias to the study.
- The researcher should be mindful that some potential participants will be more vulnerable than others. (e.g.: their health & general status) and therefore different requirements for the differing levels may be necessary. Recruitment material is a good example of adapting to the needs of the population - would it be better to use posters/pictures rather than written texts as some people have a limited degree of literacy.
- For some studies, the staff may be participants themselves – has this been acknowledged and their participation built into the study design.

The written information to be given to potential participants and the procedure to be followed for obtaining informed consent is adequate and complete:

NOTE: The NRES website: **www.nres.npsa.nhs.uk**/guidance provides information & Guidance on Information sheets & Consent forms which include information on how to assess readability of documents using the Flesch Reading Ease score or Fog Score.

- Comprehension may be impaired for a variety of factors including language, culture, education level, mental and emotional state, situation and age.
- In order for potential participants to be able to process and understand what they are being asked to do, information should be delivered in a format suitable to their needs. For instance, the researcher could consider using pictures to explain the study or test information sheets on lay people to ascertain the level of understanding.

- RECs will look to see that the language in information sheets is simple, clear and suitable for the population to be researched. Information and consent processes are considered to be a whole and therefore evidence of an adequate consenting process will be considered. Would potential participants whom literacy is compromised, require more time or help in understanding the study.
- Coercive terminology should be avoided. Examples of this would include: important/valuable/special/vital…… "the Governor would like you to participate" etc.
- At this stage it cannot be assumed that someone has agreed to participate, therefore potential participants should be thanked for "considering" taking part.
- Are any risks & discomfort involved clearly explained?
- What would happen if the participant wishes to withdraw at any time? It should be clearly explained that it is acceptable to say no, or to withdraw at any stage without any consequences and that their parole, care or stay in prison will not be affected. Where applicable, what would happen to results already collected.
- Remember, staff may also be participants. They should be reassured that they will not suffer if they decide not to participate or withdraw from the study at any stage and that their employment rights will not be affected. To avoid bias and cohersion etc., careful consideration should be given to situations where the line-manager is the researcher and is asking a member of the team to be a participant – ideally this relationship should be avoided.
- The time a participant is expected to invest in the study should be realistic and explained.
- Information regarding the use of audio tapes or digital recordings needs to include details as to how the data will be stored and destroyed (& when).

Consent of the research subject including justification for research on persons incapable of giving consent *(where appropriate).*

The consent template on the NRES website, gives an outline of the clauses required. This document should be amended to suit the actual study.

- Is the person who is going to take consent appropriate, trained and in the right place at the right time?
- Does the participant have an opportunity to ask questions & have them answered?
- If access to mental health records is required, specific consent to do so will be needed.
- Specific consent to audio taped/digitally recorded discussions should be included.

Confidentiality including the rights of the subject to physical and mental integrity, to privacy and to the protection of data.

- Reassurance as to how data will be handled will be required along with information on how the participants confidentially will be protected.

- Confirmation should be given to participants to advise them that information collected during the study will not be shared or used by the prison/probation authorities in order to disadvantage them in any way.
- A summary of the study results should be offered to the participants at the end of the study. How would these results be published and how will participants receive the report to maintain confidentiality.

The provision of Governance, Indemnity and Compensation:

- Does the study have the required (provisional) approvals, sponsorship, funding and indemnity?
- Who will be responsible for Governance of the study? Often, this is the Primary Care Trust, but not always. Further information is provided in the main document.
- What is the appropriate system for compensation should a participant wish to make a claim for negligence or harm?

9 Conduct of Researchers in the Criminal Justice System

9.1 General Conduct of External Researchers

External researchers must conduct themselves in an appropriate manner when carrying out research in the CJS, 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 the CJS, 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 their everyday business. External researchers are by definition 'outsiders', and need to take time to understand the various procedures in any criminal justice setting, 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 staff, criminal justice settings may look favourably upon future requests to host projects.

9.2 Project Set-Up

The process of getting research into criminal justice settings has sometimes been convoluted and fraught with difficulties. Many researchers have 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

Some organisations will have a nominated contact for research, however other do not.

Police – The research contact will depend on the nature of the research. The initial contact for approval must go through the Chief Constable. They will advise who will be the research contact.

Courts – The research contact will be a person within the appropriate HMCS business area (Crime, Civil, Family). This will depend on the type of research you wish to conduct e.g. if your research includes visiting Crown or Magistrates' courts – contact 'Crime'. As all court research requires sponsorship by a HMCS business area, they will be the main contact.

Prison – The research contact will usually be someone from the psychology department. 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.

Probation – The research contact will depend on the nature of the research. The initial contact for approval must go through the Chief Officer. They will advise who will be the research contact.

Depending upon how you received your permission to conduct your research (see Chapter 8); you may already have had dealings with the research contact earlier in the research process. 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, 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 offenders, 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 regimes to ensure that the two co-exist without too many tensions, and that both tasks can be completed.

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; 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 offenders. The requirements differ between agencies, 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

All criminal justice agencies may expect you to complete some form of induction before you start your research. Within the prison service this will almost certainly be the case. They type and intensity of the induction may depend on whether you will be issued with keys or not, how long you will be within the agencies and whether your research involves contact with offenders. 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, to prevent delays in the practical start to your project. The research contact may arrange this for you, or advise you as to how to arrange it yourself.

Getting to Know You

It is a good idea to offer to meet the person who will giving approval 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 intranet, emailed to staff, or mentioned in morning meetings. Visits to areas where you are likely to need access to offenders or records are helpful so you can explain the project and discuss mutually convenient ways of working with 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 offenders you will need to liaise with senior staff to ensure access to offenders in a way that can be accommodated with least disruption. If for example your project depends on you seeing offenders within a short time after their admittance into police or prison custody, it would be especially prudent to harbour good relationships with custody staff within the police or the induction wing/first night centre within the prison. An initial tour is also a good time to find out when and where any interviews can take place. Different agencies will have different times when it would be best to conduct your research, and you should aim to put the needs of the agencies 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 the person who has approved your research) know when your data collection is finished and offer to come back and give them some feedback of your findings (see Chapter 11).

9.3 Safety of Researchers

It is very important to maintain a safe environment for yourself at all times, whether in a prison or any criminal justice setting. During the induction process you will be given a security and safety talk, which will highlight important issues in that setting. These may differ between agencies and individual establishments, so pay close attention. Additionally you must be responsible for your own safety at all times.

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

- Always inform a member of staff when you arrive;

- Negotiate early where it is best to conduct the interviews. If possible, be guided by the agency's preference;
- Talk to staff about the offenders you intend to interview and enquire if there are any safety issues with these offenders;
- If a member of 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 offender another day, but if there are more pervasive safety issues then note this down and do not make further attempts to interview them;
- Ensure staff know where you are interviewing and when you are finished with a offender ensure you inform staff. Likewise, when you are leaving let staff know and sign out if required;
- In prison 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 research with offenders, 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 an offender 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 staff 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, if available, 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 offenders. Your job is to explain the purpose and requirements of the research process, obtain informed consent for a offender'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. Offenders have access to a variety of help agencies appropriately placed to deal with their health and social problems; advise offenders 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.

9.4 Safety of Participants

It is important that participants' rights are adhered to during any research. Adhere to your protocol, the Mental Capacity Act (2005) and any instructions from the ethics committee that approved the study. It is vital that the researcher checks that the participants have the capacity to give consent. Lack of capacity can be due to a range of causes not just mental illness and learning disabilities. For example, if your research involves interviewing offenders while in police custody or on probation then it is possible that they may be intoxicated as a result of alcohol or drugs. Ensure that they have understood the information sheet prior to them giving their consent to take part. Literacy rates tend to be lower amongst offenders 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 staff of anything that leads the researcher to believe an offender 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.

In a prison 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 staff of anything from the interview, remind the participant immediately that you will be doing so to make sure they do not feel betrayed or misled following an interview.

If a participant 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 interviewee 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 offender is all right before they leave.

If you have felt that the participant 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 offender is feeling vulnerable.

If possible offer to write in the offenders' records to let all staff know that they have 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 offenders files.

If you are interviewing a prisoner who has been identified as at risk of suicide or self harm (i.e. has an open 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 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 anyone interrupts an interview, then pause the interview and resume only once you are alone again. Participants quite rightly, can become anxious about the thought of others knowing their problems or issues so respect these feelings.

9.5 Security Issues

Research must always follow the established security protocols for each agency. 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 criminal justice agency 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 have access to, 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 have as few personal items as possible. Clear your bag of things like your mobile phone, purse with credit cards, etc. There may be lockers for personal belongings, but it is best not to bring these items with you. In police custody and a prison you will be liable to being stopped and searched periodically as are all visitors and staff members;
- Let the staff know in advance if you are going to be taking in a lot of research papers and data collection packs. In a prison these may have to go though 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 the prison, including completion of a form detailing why the equipment is needed. Do not arrive at the prison 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, 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 criminal justice settings is really just common sense; keep in mind that, ultimately, the project is going ahead only because the management in your chosen setting have agreed to host and facilitate your work. Do not abuse the privilege or they will not be so keen for further research to be carried out, by you or by any other researchers. Alienating staff is the quickest way to delay research. 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. 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!

10 A Case Study

Undertaking successful research in the prison setting

The dental work stream of the Offender 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.

10.1 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.

10.2 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 time line 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 spend 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.

11 Dissemination

11.1 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.

11.2 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 offenders who participated, think about ways of feeding back. 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!

5 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.

6 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.

7 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!

12 References

Association of Chief Police Officers, Her Majesty's Prison Service & National Probation Service (2008) MAPPA Keeping our Communities Safe Leaflet.

Chalmers I (2001) Using systematic reviews and registers of ongoing trials for scientific and ethical trial design, monitoring, and reporting. In Egger, M. Smith, GD & Altman DG (Eds) *Systematic reviews in healthcare: meta-analysis in context*. BMJ books, London.

Consumers in NHS Research Group (2001) *Getting involved in research: A Guide for Consumers*. Consumers in NHS Research Support Unit, London

Coolidge H (1999) *Research methods and statistics in psychology (3rd edition)*. Hodder and Stoughton, London.

Department of Health (1999) *The Future Organisation of Prison Healthcare: Report by the Joint Prison Service and National Health Service Executive Working Group*. Department of Health, London

Department of Health (2005) *Research Governance Framework for Health and Social Care (2nd Edition).* Department of Health, London

Department of Health (2006) *Best Research for Best Health: Introducing a new national health research strategy*. Department of Health, London

Egger M & Davey-Smith G (1997) Potentials and Promise. *British Medical Journal 315*, 1371-1374.

Faulkener A & Morris B (2004) *Expert Paper: User Involvement in Forensic Mental Health Research and Development*. Liverpool University, Liverpool.

Goldberg HI, Cummings MA, Steinberg EP, Ricci EM, Shannon T, Soumerai SB, Mittman BS, Eisenberg J, Heck DA, Kaplan S, Kenzora JE, Vargus AM, Mulley AG, Rimer BK (1994). Deliberations on the Dissemination of PORT Products: Translating Research Findings into Improved Patients Outcomes. *Medical Care 32 (7)*, JS90-JS110.

HM Stationery Office (1998) *The Data Protection Act*. HMSO, London

Lomas J (1990) Finding Audiences, Changing Beliefs: The Structure of Research Use in Canadian Health Policy. *Journal of Health Politics, Policy and Law 15*, 525-42.

Power EJ & Eisenberg JM (1998) Are We Ready to Use Cost – Effectiveness Analysis in Health Care Decision Making? A Health Services Research Challenge for Clinicians, Patients, Health Care Systems, and Public Policy. *Medical Care 36(5)*, MS10-7.

Robson P, Begum N & Locke M (2003) *Developing User Involvement, working towards user-centred practice in voluntary organisations*. The Policy Press, Bristol.

Savitz DA (2000) Failure to publish results of epidemiological studies is unethical. *Epidemiology 11*, 361-363.

Schober J & Farrington A (1998) *Trent Focus for Research and Development in Primary Health Care: Presenting and Disseminating Research*. Trent Focus, Leicester.

Shaw J (2002) *Expert Paper: Prison healthcare National R&D programme on forensic mental health*. Liverpool University, Liverpool.

Walt G (1994) How far does research influence policy? *European Journal of Public Health 4*, 233-235

Further Reading on Research Methods

Bryman A (2001) *Social Research Methods*. Oxford University Press, Bath.

Robson C (1993) *Real World Research*. Blackwell Publishers Ltd, Oxford.

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

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

IRAS
www.myresearchproject.org.uk

Joseph Rowntree Foundation
www.jrf.org.uk

Leverhulme Trust
www.leverhulme.ac.uk

Medical Research Council (MRC)
www.mrc.ac.uk

Ministry of Justice
www.justice.gov.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 Research Ethics Service
www.nres.npsa.nhs.uk

Nuffield Foundation
www.nuffieldfoundation.org

Offender Health Research Network
www.ohrn.nhs.uk

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

NHS R&D Forum
www.rdforum.nhs.uk

RD Funding
www.rdinfo.org.uk

Research Councils UK
www.rcuk.ac.uk

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

Science and Technology Facilities Council
www.scitech.ac.uk

Stanley Medical Research Institute
www.stanleyresearch.org

Wales Office of Research & Development for Health & Social Care (WORD)
http://new.wales.gov.uk/topics/health/research/?lang=en

Wellcome Trust
www.wellcome.ac.uk

Offender Health Research Network

The University of Manchester
Jean MacFarlane Building
University Place
Oxford Road
Manchester
M13 9PL

Website: **www.ohrn.nhs.uk**