

Impact case study (REF3b)

<p>Institution: University of Central Lancashire</p>
<p>Unit of Assessment: UoA 4 Psychology, Psychiatry and Neuroscience</p>
<p>Title of case study: Developing policies and procedures for managing bullying and aggression in secure services.</p>
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>The research focuses on developing an understanding of the nature and extent of bullying behaviour within secure services, which has extended to developing methods of measurement, training and policy creation. This is a novel research area developed by Jane Ireland and colleagues, initially at UCLan and in HM Prison Service. It was later extended to NHS secure settings and other sites nationally and internationally. Key applications of this research include the preparation of policy and strategy documents that have formed the basis for anti-bullying strategies in HM Prison Service, NHS high secure psychiatric institutions, and the Canadian Correctional Service.</p>
<p>2. Underpinning research (indicative maximum 500 words)</p> <p>There was practically no research on bullying in secure settings when Jane Ireland published her first article on this topic in 1996 (Ireland & Archer, 1996). Her subsequent work, both single-authored, and with a wide range of academic colleagues, researchers within HM Prison Service, research assistants and research students, covers over 10,000 prisoners, and around 1,000 forensic psychiatric patients. There are now over 60 papers by Jane Ireland on bullying in secure services, single-authored and in collaboration with others; in addition, the first book in this area was published in 2002, and a further text in 2005. The majority of publications are from 2001, when Jane Ireland was appointed as a senior lecturer. Prior to that she was a PhD student in the department from 1997 to 2000.</p> <p>The focus of the research is on the following topics: (1) the nature and extent of bullying in secure institutions; (2) the motivations for bullying and other forms of aggression; (3) the categories of individuals involved in such aggression; (4) development and application of psychological theory to aggression in secure settings, culminating in Jane Ireland developing the <i>Interactional Model of Prison Bullying</i> and the <i>Multifactorial Model of Bullying in Secure settings</i>; (5) differences between populations and services; (6) the role of the social and physical environment.</p> <p>The research has led to findings that have informed training and policy. Underpinning all the significant research findings was the development of a behavioural checklist for measuring the nature and extent of prison bullying: this scale was first developed in 1998 and subsequently revised in 2004 and 2005, and has been used throughout the prison service and in other forms of secure settings, by Jane Ireland and her group, and routinely by other researchers. Significant findings that have informed training and policy include: (1) the absence of sex differences, leading to the realisation that similar policies can be developed for both men and women prisoners; (2) the significance of subtle (indirect) forms of bullying, and its impact on inmates' wellbeing; (3) consistency of findings across different populations, again having implications for consistency of interventions; (4) the recognition of the</p>

significant overlap between individuals who bully and those who are victims of bullying; (5) the importance of the prison environment as a facilitating or inhibiting influence on the level of bullying (this is clearly an area where practical policies stem directly from research findings); (6) that emotions constitute core motivating factors (which has implications for individual-level interventions); (7) the role of staff in promoting or inhibiting bullying behaviour.

The work of Jane Ireland and her colleagues has advanced the research field and developed policy. Following earlier developments in the Prison Service, the first policy in this area applied within the NHS was completed in 2000. It continues to be used both in the NHS and as a template by other services.

The NHS has also funded a range of projects on patient bullying led by Professor Ireland. This has included Rampton High Secure Hospital funding a project in 2007 (£48,230), Broadmoor High Secure Hospital in 2010 – 11 (£80,000), with Ashworth Hospital funding research in 2012 – 13 via the commissioner led NHS CQUINN funding (circa £60K).

3. References to the research (indicative maximum of six references)

1. Archer J, Ireland JL, Power CL. (2007). Differences between bullies and victims, and men and women, on aggression-related variables among prisoners. *British Journal of Social Psychology*, 46, 299-322.
2. Ireland JL, Ireland, CA. (2008). Intra-group aggression among prisoners: Bullying intensity and exploration of victim-perpetrator mutuality. *Aggressive Behavior*, 34, 76-87.
3. Ireland, JL, Qualter, P. (2008). Bullying and social and emotional loneliness in a sample of adult male prisoners. *International Journal of Law and Psychiatry*, 31, 19-29.
4. Turner P, Ireland, JL. (2010). Do personality characteristics and beliefs predict intra-group bullying between prisoners? *Aggressive Behavior*, 36, 261-270.
5. Ireland, JL. (2011). Bullying in prisons: Bringing research up-to-date. In CP Monks, I Coyne (Eds.), *Bullying in different contexts* (137-156). Cambridge, UK: Cambridge University Press.
6. Ireland, J.L. (2011). The importance of coping, threat appraisal and beliefs in understanding and responding to fear of victimization: Applications to a male prisoner sample. *Law and Human Behavior*, 35, 306–315

4. Details of the impact (indicative maximum 750 words)

The impact of this research on the development of policy and implementation procedures has been greatly facilitated by the fact that the key researcher, Jane Ireland, remains employed part-time in clinical services, with a career founded in HM Prison Service and continued in high secure NHS services. This has led to the development of realistic implementation strategies which have thus received considerable attention by practitioners in the UK and internationally.

The first major contribution of this was the development in 1998 of a behavioural checklist used to measure bullying behaviour (the Direct and Indirect Prisoner Behaviour Checklist: DIPC). The DIPC is being used widely by national and international researchers to measure and monitor bullying, with a revised version made available in 2004 and a scaled version in 2005. It has also been supplemented further with an attitudinal scale to explore the range of myths and normative beliefs underpinning bullying behaviour. The development and use of the DIPC is such that it now appears as a keyword in publication searches. It has been used on a regular basis throughout the prison service during the past 10 years.

In 2001, Jane Ireland wrote a policy and strategy, based on her research, for dealing with bullying and aggression. This has subsequently been adopted by the NHS and the Canadian Correctional Service. Ireland has returned to the Canadian Correctional Service on two occasions since 2008 to evaluate its implementation. It has also been adopted by Rampton High Secure Hospital, Broadmoor High Secure Hospital and Ashworth High Secure Hospital. Ireland has worked with all these services in developing and implementing the policy further. The policy has also been disseminated to other services worldwide who have adapted it, including Finland, Australia, Croatia, Iceland and New Zealand. The policy and strategy incorporates all of the key findings indicated in section 2.

Other services that have benefited directly from the bullying policy and strategy include HM Prison Service and Romania Prison Services. Ireland has trained over 1,000 prison officers nationally and internationally in approaches to bullying, with this extending to include other professional groups such as psychologists, prison governors, psychiatric nurses and hospital managers. Following a direct request from the Romania government, in 2010 Ireland trained all 65 psychologists from the Romania Prison Service in the management of bullying and aggression.

One example of the practical implications of the work comes from the recent Government Homicide Inquiry at Broadmoor High Secure Hospital (Chaired by Robert Francis, QC) in 2009. As part of the management of the inquiry, the NHS invited Jane Ireland to conduct research into the nature of patient-to-patient aggression and how this was informed by staff views and the environment. This led to a research and consultancy grant to UCLan (ended in February 2011 but with implementation ongoing). Ireland continues to work with this Trust to develop their strategies to manage patient bullying since this was a pivotal feature of the homicide inquiry. Indeed, CQUINN (Commissioning Quality) NHS targets in Broadmoor, Rampton and Ashworth High Secure hospitals have included those focusing on developing 'Healthy Ward Communities' which have been based on the work of Professor Ireland.

A second example concerns consultancy work with the HM Inspectorate of Prisons: Ireland has worked as a consultant for the Inspectorate since 2001 and has advised on their report recommendations and provided detail on the background to prison bullying. The work has also been used by the Prison Reform Trust and the Home Office more broadly to develop anti-bullying strategies for prisoners. Requested research into the prevalence of bullying within individual establishments has been regularly undertaken. Since 2005 prisons have had to conduct twice-yearly surveys into the nature and extent of the problem: Professor Ireland and her group commonly assist with this, frequently using the DIPC.

5. Sources to corroborate the impact (indicative maximum of 10 references)

Since the work is forensic in nature, a number of the policies and implementation guides are restricted in access, in accordance with security policies. This particularly applies to the high secure estate. However, contacts to verify the work can be provided and these include:

- a. Contact 1. Dr Kevin Murray, Clinical Director, Broadmoor High Secure Hospital, (for report and grant commission).
- b. Paragraph 2.5 for PB/RL Action Plan Level 1 Inquiry - Board summary of Ireland's commissioned involvement. (UCLan can supply).
- c. Contact 2. Professor Derek Perkins, Head of Psychological Services, Broadmoor High Secure Hospital, (for continuing consultancy).
- d. Contact 3. Martin Fisher, Principle Psychologist for Area, HM Prison Service, (to confirm influence on policy and provision of training to officers/areas). Ireland's book

is also listed as background reading for the Prison Service Order (i.e. PSO 2750)

- e. Contact 4. Astrid Henderson, Director of operations, Ashworth High Secure Hospital, (for policy development, research and consultancy confirmation)
- f. The publications listed in section 3 provide evidence of the DIPC.
- g. A reference to the influence of Ireland's work on the Canadian Correctional Service can be found in: <http://www.csc-scc.gc.ca/text/prgrm/fsw/wos31/wos31-CSIE-eng.pdf> or <http://www.csc-scc.gc.ca/text/prgrm/fsw/wos31/wos31-CSIE-eng.shtml>
- h. See also <http://www.esrc.ac.uk/my-esrc/grants/RES-000-22-0268/read>