

the beacon

A review of the Institute of Health & Community Studies



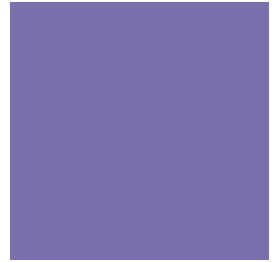
**Challenging
your
thinking**



**Citizenship
in Health
and Social
Care**

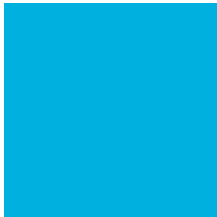


**Cultural
changes**





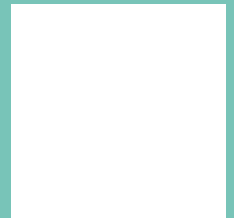
21



06



04



27



26



- 01 Introduction
- 02 Welcome
- 03 News in brief
- 04 The Centre of Postgraduate Medical Research and Education
- 06 Challenge your thinking
- 10 Citizenship in Health and Social Care
- 12 Social work with learning disabilities
- 14 IHCS research: Moving forward to new horizons



12

- 16 Growing spotlight on research in IHCS
- 18 Focus on funding
- 20 What can we do for you? Local Evaluation Team
- 21 Cultural exchanges: The benefits of international collaboration
- 22 All things great and small
- 24 Studious sorts – PhD studentships
 - Focusing on back pain - Ruth Day
 - Gender, class and 'binge' drinking - Will Haydock
 - Sleeping rough - Martin Whiteford
 - Patient-led care - Judy Gleeson
 - Peripheral vascular disease - Tanya Lesiw
- 28 Recent research reports
- 29 Courses offered by IHCS

Introducing the new Beacon magazine

It is with pleasure that I welcome you to the new-look Beacon, an important publication for the Institute of Health and Community Studies (IHCS) at Bournemouth University, as it helps to share our work with partners across a range of organisations in health and social care.



Dr B. Gail Thomas
Dean
IHCS

This is an exciting time for BU, with the corporate plan now being embedded into Schools and Professional Services as we take forward the vision of a scholarly and internationally renowned university. The appointment of a new Vice-Chancellor, Professor Paul Curran, in 2005 along with two new Pro-Vice-Chancellors, Professors Nick Curran and Rosemary Pope in 2006, has provided an opportunity to re-evaluate our contribution and re-focus our energies. I joined IHCS in September 2006 and this is the first edition of *The Beacon* that I have been involved in. We have made some changes and would be very pleased to receive feedback on it from our readers (please see the back cover for contact details).

At a graduation I attended some years ago at Brunel University, the Chancellor of the day said that the purpose of a university is the 'generation, preservation and dissemination of knowledge'. This seems to encapsulate our aims well. Academics in universities generate knowledge through research and in supporting practice

development; we help to build new ideas and test them out to ensure we extend into new frontiers and have a solid evidence base. We preserve this knowledge in our libraries, which house dissertations, theses and a variety of written works. We disseminate what we have learned in our teaching, through knowledge transfer, conference presentations, books, journal articles and publications like this one.

If you have read *The Beacon* before, you will see some differences in this edition. As in the past, we want to use it as a method of communicating with external partners, sharing the breadth of our activities and achievements. In addition, we would like to start to disseminate some of our scholarly work so there is now a section presenting articles, for those who are interested in more specific insight into our research and practice developments. *The Beacon* has become a tool for embodying the three purposes of our university as we move forward with a new strategy; we hope you find it interesting, stimulating and informative.

Editor's welcome to The Beacon

Welcome to issue nine of *The Beacon*. The purpose of this publication is to share a flavour of the work of our academic staff with partners in health and social care and to reach/inform partners who might be interested in linking with our endeavours. The purpose has remained constant but the format and style has changed and we would welcome any feedback on the new approach.

The Institute is committed to the high quality of the student experience, as is the University as a whole, and as the editorial states, the 'generation, preservation and dissemination of knowledge'. It is that knowledge that informs the learning and enterprise undertaken and informs future research questions. In order to reflect this core purpose, this edition of *The Beacon* centres on some of the research we have and are undertaking to generate new knowledge. The range of work presented includes research into male homicide, child abuse, suicide in Islamic countries, citizenship and social work practice, plus PhD studentships in sleeping rough and binge drinking and is designed to remind colleagues of the breadth of research undertaken by the school.

It is not possible to convey the full range of activity that our staff are engaged in, as we can only produce a sample of our research activity. However, if colleagues

are interested in other areas in the broad field of health and social care please do not hesitate to contact us to explore potential collaboration.

The School is naturally engaged in more research and it is expected that future editions will highlight our work in innovations in learning and teaching and our enterprise and professional activity.

We would be delighted if you wished to provide us with any feedback on the new format or on the subjects raised in this edition.

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Successful grant of £456,000 from the Health Foundation

Dr Eloise Carr, Dr Charles Champion-Smith, Professors Alan Breen (Anglo-European College of Chiropractic) and Peter Wilcock (Director, South Wiltshire Health and Social Care Academy) have been successful in receiving a grant of £456,000 from the Health Foundation's funding stream 'Engaging Clinicians in Quality Improvement' to work with primary care practices around the management of acute low back pain.

They were supported in developing the bid by crucial input from Rob Payne (Bournemouth & Poole Primary Care Trust), Trudy Affleck (South Wiltshire Primary Care Trust) and Nia Taylor (Chief Executive BackCare).

This work builds on a series of small projects over the past five years involving healthcare professionals in the management of back pain. Their work has identified that despite, good guidelines for practice, the management of pain continues to be problematic as many professionals lack the knowledge and confidence to manage back pain.

This project will work collaboratively with 10 Primary Care Practices from Bournemouth, Poole and South Wiltshire. Each practice will form a team of clinical

and administrative staff (e.g. GP, nurse, physiotherapist and receptionist) and patients. These practice teams will attend a series of eight workshops around the management of back pain and 'healthcare improvement' knowledge and skills, and will be supported between workshops to identify aspects of care that need to be redesigned to better meet their patients' needs.

An ambitious evaluation will measure patient outcomes for each of the practices before and after the workshops, focusing on improved patient outcomes, improved practices to achieve these outcomes and changes in professional knowledge about treating back pain and how to design better healthcare processes.



Awards

Professor Jonathan Parker has been elected again as Vice-Chair of the Joint University Council Social Work Education Committee (social work's equivalent to the Council of Deans) from January this year until next year.

Professor Iain Graham has been made a Fellow of the Royal Society of Medicine and a Fellow of the European Academy of Nursing Science. He has also been cited as a Global Nurse Leader by Sigma Theta Tau International.

New development in education

IHCS is working in collaboration with the South West Ambulance Trust to develop a new educational programme for paramedics in the region.

We are planning a foundation degree in Paramedic Science with a full honours route in the field of Emergency and Urgent Care. This is an exciting collaboration and will support the expansion of the roles, knowledge and skills of paramedics in our region.

The Centre of Postgraduate Medical Research and Education

Pioneering progress in the field of medicine



The huge changes currently underway in healthcare delivery, research in practice and postgraduate medical education offer tremendous opportunities for stronger links between local NHS Trusts and the University. Following discussions between research active doctors, medical educators and the University over several years, the initiative to form a Centre of Postgraduate Medical Research and Education within the Institute is well advanced.

The Centre will focus on medically-led research with an emphasis on quantitative techniques. It will complement the existing groups of Nursing, Midwifery, Community Care, Rehabilitation Science and Social Work with a view to encouraging working collaborations using mixed methodologies, and developing accredited courses for doctors as well as nurses and allied healthcare professionals. There is clear commitment from the University to invest in the Centre and there will be direct representation for the Centre on the University Research Committee.

What will the Centre look like?

The Centre will be based in its own premises within Royal London House at the Lansdowne. It will have two offices, Research and Education, each with a steering committee with representatives from local NHS Trusts and the University to ensure good two-way communication. Professor Paul Thompson, Consultant Rheumatologist at Poole Hospital, will take on the role of the Director of the Centre for the first three years. He will chair the steering groups, report to a board and represent the Centre on the University Research Committee.

Where will medical research fit in the University?

Medical research will link the existing University research groups in Biomedical Science and Bio-engineering with three new research groupings: Clinical Research including clinical trials and patient-based studies; Statistical and Research Methodology Support from the Dorset Research and Development Support Group; and Research Governance.

Bournemouth University Professors Ahmed Khattab and Denzil Claremont will continue to lead the respective existing groups. Dr David Kerr, Consultant Physician at the Royal Bournemouth Hospital, and Professor Peter Thomas, Professor of Medical Statistics and Epidemiology at the University, will lead the Clinical and Research Support groups. The research governance managers from local NHS Trusts are working on the form and leadership of the fifth group.

What about medical education?

In view of the increasing competition for training places resulting from the new pathways generated by Modernising Medical Careers and the reduction in funding available for postgraduate medical education, there is considerable potential for developing accredited courses linked to training for local doctors, from qualification through the training grades and beyond. Doctors are likely to self fund. The courses will need to be of high quality, relevant to the doctors' training, flexible and result in tangible higher degrees.

The Clinical Tutors and Foundation Directors from local NHS Acute,



Community and Primary Care Trusts, representatives from the South West Strategic Health Authority Deanery and Bournemouth University, as the Education Steering Committee, are actively pursuing these exciting developments. Current initiatives include the joint delivery of projects for MSc Healthcare students by clinical tutors and University lecturers of the Foundation Year 2 Generic Skills curriculum, jointly supervised by local research active projects and University academics, the development of Certificate/Diploma/MAs linked to training for local doctors; and PhD studentships.

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Challenging your thinking

- Child homicide assailants
- Violent-related deaths of children
- Suicide in Islamic countries



“Huntley was an accident waiting to happen.”

Kevin Wells, father of Holly Wells

IHCS research: controversy, good news and challenge!

Research is essentially about re-thinking and re-finding old issues, and challenging established and standard views. Hence research worth its salt will often have an element of controversy, as previously held positions and practice styles are contested. As practitioners, we sometimes find it hard to give up things we thought we knew. Here are three recent IHCS research papers giving a flavour of our activities, which may reflect these disturbing features, especially when finding something ‘new’.

07

Controversy

Pritchard C & Sayers T (2007) **Exploring the potential of extra-familial child homicides assailants in the UK and estimating their homicide rate: Perceptions of risk and the need for debate.** *British Journal of Social Work*. 37. In press. Surely a boring and unappealing title, partly because in trying to determine just how many ‘Ian Huntleys’ there are in the community and their homicide rate, we need to maintain a degree of academic detachment.

This study emerged, as much research does, from a comment by a ‘service user’, the father of Holly Wells, murdered by Ian Huntley. Mr Wells is reported to have said, “Huntley was an accident waiting to happen”. We were intrigued by this, and Tony Sayer and I asked ourselves just how many ‘Ian Huntleys’ might there be in the general population?

The answer lay in what we had learned from a study of a decade of child homicide assailants, from a 4% sample of the adult male general population in the UK, i.e. 2.1 million men. We ‘know’ who kill children (see Pritchard 2004: *The Child Abusers: Research & Controversy*. Open University Press). In this study 82% of the assailants were ‘within-family’ killers, mainly mothers or those in a parental role. To our dismay, we found that more than 50% of the parent assailants were ‘mentally disordered’, and in terms of frequency the ‘Mentally Disordered Mothers’ [MDM] were the most frequent assailants. But to make sense of the actual numbers and to compare them with other categories of murderers, we calculated the rates that MDM killed to find it was 100 per million. The other ‘within-family’ assailants were ‘step-fathers/cohabiters’ with a previous

conviction for violence and because there are fewer such men in the general population than MDM, they killed four times the rate of the MDM. Mothers on the Child Protection Register killed six times the MDM rate.

The least frequent killers (18%) were the extra-family assailants, all Child Sex Abusers (CSA), but a particular type of abuser, namely those with previous multi-criminal offences, plus one child sex offence and at least one conviction for violence, designated here as ‘Violent-Multi-Criminal-Child-Sex-Abusers’ [VMCCSA]. Whilst the VMCCSA were the least frequent killers, because of the relative scarcity of such men in the general population, they killed 80 times the rate of the MDM, i.e. 8648 per million.

By projecting our ‘sample’ onto the male general population (aged 19-42, the age range of our assailants) we could estimate how many potential VMCCSA men there are in the UK at any one time. The result was 912.

Based upon the last three-year average, WHO statistics show how many child [0-14] homicides there were in the UK. This was 40 p.a. confirmed homicides, but as the VMCCSA never killed a child under seven years old, the likely annual toll would be between 14-16 children a year; out of 11.3 million children, that is 0.00014%.

Self-evidently one murdered child is one too many, but there is a danger that parents and society are over-anxious about the murder of children by ‘outsiders’. We should begin to debate the reality of risk.



Compared to ‘road deaths’ however, for every ‘Ian Huntley’ there are 10 motoring fatalities.

Self-evidently one murdered child is one too many, but there is a danger that parents and society are over-anxious about the murder of children by ‘outsiders’. We should begin to debate the reality of risk.

Our paper was not just an ‘academic’ exercise but sought to contribute to improving the protection of children by asking, comparatively, just how dangerous are these men? At the maximum, less than 2% of the VMCCSA went on to kill.

However, if we consider the VMCCSA male in epidemiological terms and as a ‘disease/syndrome/condition’, his mortality rate is 300 times that of children dying from cancer or all accidental deaths.

This leads to the practical question of what to do about such men, once it is realised that they have committed the



“To assure the public that the really dangerous men are contained, courts should actively consider giving the VMCCSA man a reviewable sentence. He stays in custody until he can prove he is safe to live amongst us.”

trio-combination of offences? We need to differentiate between types of CSA, as a significant number are pathetic nuisances who potentially might be helped to control their proclivities. Another proportion require control and monitoring but the minority VMCCSA, about 15% of all CSA, show no indication that they would respond effectively to any existing ‘treatment’ model which would reduce their likelihood of re-offending.

Whilst we are very uneasy about the following recommendation, it was argued that we must differentiate between levels of CSA dangerousness. Thus, in order to assure the public that the really dangerous men are contained, courts should actively consider giving the VMCCSA man a reviewable sentence. He stays in custody until he can prove he is safe to live amongst us. This is controversial because ‘preventative detention’ is hugely questionable. Yet many of these VMCCSA offenders had laid aside their humanity and until they are ready to take up their humanity again, they stay in custody as “they also serve who watch and wait” [Milton]. Controversial!

Good news

At the opposite end of the spectrum but potentially equally controversial, new research can claim that the protection of children from the extremes of abuse, a child dying violently, has never been better in England and Wales, and that our child protection, in these terms, is amongst the best in the world!

Pritchard C & Sharples A (2007) **Violent-related deaths of children [0-14] in England & Wales and the Major Developed Countries [MDC]: Evidence of improved protection of children?** *Child Abuse Review*. In press.

Whilst the proposition may be at odds with the general perception of how effective our Child Protection Services [CPS] is, it is based upon classic social science of Durkheim that patterns of mortality reflect what is going on in society. Indeed UNICEF (2001) argued that the extent of injuries and deaths of children are an indication of how a society meets the needs of its children. To avoid the criticism that we may have missed any ‘hidden abuse’ deaths, all

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‘violent-related’ deaths were analysed: Homicide, Undetermined and Accident & Adverse Event deaths (AAE). This is based upon the latest three-year WHO data between 1974-76, when Britain first woke up to the fact of the extremes of child abuse, up to 2000-02.

In the 1970s, England & Wales were the second highest child killers in the ten Major Developed Countries (MDC: Australia, Canada, France, Germany, Italy, Japan, Netherlands, Spain and USA) and are now second lowest, and our homicides and all violent-related deaths have never been lower since records began.

Indeed, because of the international comparison, our results challenge the media assumption that all things from the USA must be superior to British policy and practice. Whilst Anglo-Welsh Baby [<1] and All Child [0-14] Homicide rates fell 70% and 67% respectively, USA Baby rates climbed 56% and their All Child rate rose 33%. Moreover, examining the all violent-related deaths together (Homicide, Undetermined and Accident and AAE), whilst all the 10 MDC rates fell, the UK fell 77% but the USA only by 45%, with only Italy having a lower rate American Baby and All Child deaths were the highest in the developed world.

Our research cannot show what specifically brought about these reductions; self-evidently they would be socio-economic, medical, as well as child protection service contributions, but as the CPS is invariably blamed for any disasters, it is reasonable to claim that from a ‘poor’ start in the 1970s, we are clearly amongst the most effective in reducing the extreme consequences of child abuse – the violent death of a child.

“Requiring an interpreter when working with an Islamic lady with depression, I realised that when exploring possible suicidal ideation, the interpreter had in effect refused to translate because the question was culturally ‘shaming’.”

Challenge and new knowledge

Throughout the majority of my time as an academic, I continued to maintain a small, mainly mental health, non-feed practice. This provided extra job satisfaction and reminded me how tough front line practice is, whilst clients continued to teach me and provide a stimulus for practice-related research, which can contribute to evidence-based practice.

Requiring an interpreter when working with an Islamic lady with depression, I realised that when exploring possible suicidal ideation, the interpreter had in effect refused to translate because the question was culturally ‘shaming’. Unlike the Christian and Jewish ‘biblical’ texts, which simply report suicide without any moral comment, the Holy Qur’an specifically condemns the person to hell, as it is considered the same as murder (Surah 4, v 29,30). A practising Muslim colleague and I thought that as depression is ubiquitous and suicide a major consequence, suicide must also occur in Islamic countries. Yet it was known that suicide was virtually never reported in the major Islamic countries. Recently however former USSR Republics, such as Kazakhstan, Uzbekistan, whose populations are predominately Islamic, reported their mortality to the WHO (2005). This led to the following study.

Pritchard C & Amanullah S (2007)
An analysis of suicide and undetermined deaths in 17 predominantly Islamic countries contrasted with the uk.

Psychological Medicine. 37, 421-430. Using standardised WHO mortality data on confirmed suicides and **undetermined** deaths, designated ‘Other External Causes of Death’ [OECD], which report ‘violent’ deaths similar to methods of suicides but where there was no evidence as to whether the death was intentional, accidental or there was an assailant. To put these rates in context for Western researchers, we compared the Islamic countries with UK mortality patterns.

Against expectations, four of the former USSR Islamic countries had higher suicide rates than the UK. The predictions that they would have disproportionately high OECD rates was borne out in 14 of the 17 Islamic countries, which were significantly different to the UK. For example, Egypt reported a male suicide rate of nine per million [pm] but 136pm OECD; transposed into numbers this was 36 suicides but 4,800 OECD.

The literature shows that suicidal behaviour in some Islamic countries, as in Britain until 1962, remains a criminal offence and some psychiatrists have to confront the threat that they are bringing Islamics into disrepute if describing suicide. This paper has apparently already been cited by these colleagues, to encourage the necessary debate to take place. Equally, it should remind British practitioners that though we also need to be culturally sensitive, belonging to Islam does not protect people from suicide, and the issue being ‘re-interpreted’ could have fatal consequences.

One tangential result is that, led by Sarah Hean who knows Latin America, we are currently looking at another culture

which stigmatises suicide, ‘Catholic’ Latin America. We found disproportionately high OECD deaths. Out of 18 Latin American countries, 14 had markedly significant different patterns of suicide and OECD compared with the average 10 MDC mortality patterns. In particular Younger Aged (15-34) people, especially males, had substantially higher OECD and suicide rates than the general population – all suggesting that the Latin American countries also may have substantial levels of ‘hidden’ suicide.

If we ‘culturally’ deny a phenomena, both service user and professional may be less well equipped to seek appropriate help, not least because there is considerable evidence that many actual suicides could have been prevented.

These are but three examples of IHCS research activity, which cross boundaries and demonstrate the value of a ‘social science’ as well as a social work perspective in areas usually assumed to be primarily ‘medical’. Yet the wise practitioner knows that our service users are, like ourselves, part of wider humanity, and ‘the proper study of humanity, is humanity itself’, which is always multi-methodological and multi-disciplinary.

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Citizenship in Health and Social Care

At first glance ‘citizenship’, as an academic concept, might seem a million miles away from conventional concerns about health and social care.

Yet, when we take time to think about what citizenship might mean, we can begin to see that it is a central plank to a health and social care service that is ‘free at the point of delivery’. This understanding of ‘citizenship’ led Beveridge and Bevan to plan for and construct the welfare state in a particular way. Interestingly, the notion of paying our taxes in order to receive collective health and social care services informed Marshall’s original study on citizenship in the late 1940s/early 1950s. However, it is also the case that for many people in contemporary Britain, appropriate health and social care services are often the precursors that both allow and encourage people to lead independent lives as ‘active citizens’. In fact, much of the change that is being undertaken in health and social care services, in terms of management and

delivery, is focused on realising these goals. In this way our understandings of what citizenship ‘is’ and ‘can be’ are closely intertwined with our views about health and social care, and the delivery of such services in our communities.

For several years the Community Engagement, Participation and Development academic group have had an active engagement in research and consultancy projects that have had a direct impact on citizenship. Thus, we have worked closely with statutory agencies in the region, looking at needs and how they might distribute finances that are designed to help vulnerable people remain living independently in their own homes and communities. Our three-year involvement in Citizenship, Opportunities

And Safety Training (COAST), a local initiative between Advance Housing & Support and Streetwise, the interactive safety centre in Bournemouth, promoted citizenship training and skills development for adults with learning difficulties. Dealing with issues such as bullying and hate crimes, and helping vulnerable adults to develop skills that might encourage them to lead more active, independent lives has had a positive, profound effect on hundreds of people, and has widened their horizons. Our work not only identified the ongoing need to continue to provide such training and skills development for vulnerable adults, it also identified that a major stumbling block to facilitating more independent living for adults with learning difficulties was the need to educate and train carers. Our findings, published before

“Our three year involvement in ‘COAST’, a local initiative between Advance Housing & Support and Streetwise, the interactive safety centre in Bournemouth, promoted citizenship training and skills development for adults with learning difficulties.”

the now notorious incidents of abuse that have come to light over the past few months in statutory services for adults with learning difficulties, identified that out-moded attitudes, systems and structures acted to mitigate against independence and the notion that people with learning difficulties have ‘rights’ as ‘citizens’.

Building on the Bournemouth University report on the project, the COAST team made a successful bid to the National Lottery for a national three-year project, called COAST 2 COAST. We are acting as research consultants for this new project, which commenced in September 2006.

Citizenship is also a theme in social and health care services through the notion of public engagement and activism around issues that matter to communities. The Community Engagement, Participation and Development academic group are also engaged working with the Universities of Plymouth and West of England and Peter Fletcher Associates in devising a Senior Council for Devon County Council. The Senior Council will be the main forum through which the county will be able to consult with residents aged over 50 years. The demographics of an aging population in the South West will increasingly lead health and social care organisations to rely on older people as carers, and strategies that include people and enable them to participate in decision making will facilitate this. Our current work in establishing a Senior Council has included accessing some of the marginalised groups of older people, such as older gay men and lesbian women.

One major success story in building a thematic piece of work around citizenship has been the successful bid for a Bournemouth University PhD Studentship. In October 2006, Martin Whiteford joined

the Academic Group as a PhD student exploring the links between rough sleepers, citizenship space and identity. One way of exploring and making sense of citizenship is to interrogate how citizenship is both understood and experienced by marginalised groups of people. Martin’s work will explore this concept by looking at how it might apply for those at the very margins of contemporary society. Indeed, one aspect of his work is likely to pay particular attention to Oakley’s contention that citizenship rights for one group of people are often paid for by the loss of rights of another group. Oakley’s point provides a starting point from which we can begin to explore the curbs on rough sleeping and the way that the police ‘move’ homeless people on from town centres. How homeless people might access health and social care services is similarly a citizenship issue, and brings questions about Beveridge’s notion of cradle to grave services for everyone into sharp relief.

Another important focus of our current research is on the voluntary sector. Our group has recently been commissioned by Dorset Community Action to conduct research aimed at finding out more about the breadth and diversity of voluntary organisations in the county, and their capacity to become more involved in public service delivery. Gillian Taylor (Researcher) and Dr Rosie Read (Senior Lecturer) will be producing a major report in the early summer based on a wide scale survey, focus groups and telephone interviews. Rosie Read has also conducted research on volunteers and volunteering within health and social care in the Czech Republic, and is currently looking for further funding sources to further develop this work. To this end she applied to the British Academy for research funding in the autumn of last year and has recently learned that she has been successful.

Our interest in citizenship and marginalised groups of people has encouraged us to develop work around the citizenship rights of gay men and lesbian women. Lee Ann Fenge, Rosie Read and Mark Redmond have recently applied for a Leverhulme grant to conduct a three-year study into one aspect of the changing citizenship rights landscape for these groups of people. We hope to have positive news later in the spring when decisions about funding are made.

In exploring the relevance of citizenship to health and social care, and in attempting to expand critical understanding and debate on the interrelationships between community, marginalisation and citizenship, Rosie Read has recently started a seminar group comprising staff and students drawn from across the University. The group meets on a monthly basis and the meetings are held on the Lansdowne Campus.

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An emerging success: Social work and learning disabilities

Social Work and Learning Disabilities is emerging as a strong all-round academic group within IHCS. Over the past 18 months the team has experienced a range of changes in personnel, with leavers and starters changing the composition of the team.

There has been a developing clarity in its direction of travel, as it responds to the University's Corporate Plan, and in respect (as seems ever to be the case!) of the standards and requirements underpinning many of its programmes.

To provide a glimpse of some of these changes, this article focuses on two research projects and a developmental review revealing the particular strengths of the Social Work and Learning Disabilities group in continuing to make a positive difference in practice settings. The research projects are funded by the Sector Skills Council for social care, Skills for Care (SfC). The first project builds on the increasing reputation of the group in pedagogical and practice research and links the qualifying and post-qualifying arms of the academic team in its reach. Focusing on the continuing and perceived educational needs of newly qualified social workers, this study considers how the Social Work degree (the new qualifying award for anyone calling themselves a social worker, which began in 2003) is

believed by practitioners and managers to prepare social workers for the exigencies and complexities of everyday practice. It also explores in addition how this intersects with and helps them to identify their post-qualifying education and training needs (a new suite of awards, from Honours up to Masters level, beginning nationally from September 2007). The study is the first of its kind, drawing on the

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views of first-year practitioners and their managers and assisted by a steering group that, crucially, includes people who use social services. Not only does this project reflect the interface between qualifying and post-qualifying awards and the teams within the academic group, it also

provides opportunities for less experienced academics to develop knowledge and skills alongside more seasoned research active staff: a clear example of releasing potential! It builds on one of the strengths of the group in working collaboratively with those who use social work and social care services, which is fundamental in driving forward ethical practice and creates an ethos from which students will clearly benefit.

The second study arose in response to perceived racist behaviour experienced and reported by a student from a black and minority ethnic (BME) group whilst undertaking practice learning (social work's new term for placements).

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As a result of this experience, the team sought the views and opinions of all BME students who wished to participate in a focus group. The information gained exposed a clear need in our rural, predominantly mono-cultural region to identify and address the particular needs of BME students whilst in practice. In consultation with SfC a proposal was developed to create a steering group to lead, develop and support BME students in placement, and to survey supportive practices in other universities in the South West region.

Both these projects promote the need for students to receive positive educational experiences, seek to make a difference to practice and are having a real impact on social work and social care. However, what they also provide is an opportunity to raise and promote the academic profile of the group. Both projects have resulted in abstracts for papers being submitted to the national social work conference, JSWEC, in July, and will result in dissemination in academic journals and the professional press. These concerns are further echoed in a developmental project to reconsider learning disabilities' position in social and health care, and to contribute to the debate towards national change. As a result of localised discussions the team have been involved in wider debate with the Valuing People Implementation group, Skills for Health & Skills for Care and the Department of Health on potential changes

to the education and practice of learning disability services in the future.

It has been possible to respond to the changing social care world and develop these studies because of the way the academic group is organised, with a small established research team integrated within the group and with emerging research strategy negotiated and developed by all members. The group also embraces the importance of a rounded approach to scholarship and research.

This brief outline of some of the projects taking place within the Social Work and Learning Disabilities academic group provides a glimpse into its direction of travel, which envisages the following:

- Enhancing our reputation across the social work/social care constituency as a whole and establishing BU's place as an academic leader in social work and social care
- Increasing research project funding and building a platform for greater success in attracting larger and, hopefully, research council grants
- Increasing the potential for all staff to be research active, to raise the number of quality publications and conference papers

- Making a positive difference to the field and practise of social work and social care by providing evidenced- and research-based approaches to practice to our students
- Demonstrating responsiveness to students and employer stakeholders whilst maintaining and enhancing academic quality
- Ensuring that we move in the direction of travel set by the University Corporate Plan.

Professor Jonathan Parker

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Welcome to research at IHCS...

...a developing critical mass of academics in key areas of research strength, growing international recognition and a considerable track record in commissioned projects.

Moving forward to new horizons

At this time of transition, we are looking forward to embracing new developments linked to the corporate plan and the Vice-Chancellor's vision for Bournemouth University's future. We have a strong foundation from which to take forward new initiatives in research –

The years 2007 and 2008 are important in our historical development as we see increased investment in research, building on our achievements via a further round of new full-time studentships (making 16 in total) linked to our centres and groups, new research leadership positions and new professorial and senior lecturer appointments. In addition, the Research Assessment Exercise (RAE), which we have been planning for over the last six years, takes place in 2008. We have been developing several collaborative initiatives with partners in the South West and Europe which will increase in profile over the next two years, as will our international collaborations.

We have recently moved to our newly refurbished offices and postgraduate suite in Royal London House on Christchurch Road and can now offer doctoral candidates a pleasant and stimulating environment in which to work. This has been made possible through a Higher Education Funding Council grant to enhance our research presence and offer a substantive research environment for developing researchers. We now support over 50 doctoral students and have seen 15 doctoral candidates complete and graduate in the last two years. The Professional Doctorate in Practice is now recruiting its third cohort, offering a range of professionals an opportunity to research and develop their practice in integrative

new ways, which will generate new insights for many disciplines as well as for doctoral education itself.

The research centres and groups in qualitative research, practice development, mental health, women, mothers and families, pain management and biomedical and clinical applications have been producing a range of papers for international journals, in addition to focused work to attract research grants and develop collaborations with other research teams globally. Dr Eloise Carr has been successful in receiving £495,000 from the Health Foundation, and the MS Society has awarded Professor Peter Thomas £225,000 to work with an interdisciplinary team.

The Centre for Qualitative Research (CQR)

has recently received funding from the Arts & Humanities Research Council's 'Nature of Creativity' scheme, in consortium with the Arts Council for England, Department for Trade and Industry and the ESRC. Our project, entitled 'Social Science in Search of its Muse: Exploratory Workshops in Arts-related Production and Dissemination of Social Science Data', includes a series of four workshops that are currently attracting participants from more than 20 universities throughout the UK. Along with several international conferences, a successful range of masterclasses, presented by world-renowned scholars, is being offered by the Centre and is attracting waiting lists of potential participants from across the UK.

Students from the Masters in Practice Development programme, PhD students and faculty participants in BU's Releasing the Potential scheme are all currently taking advantage of this productive series. We look forward to hosting Professor Margarete Sandelowski (qualitative systematic review) and Professor Carolyn Ellis (autoethnography), both from the USA, this Spring.

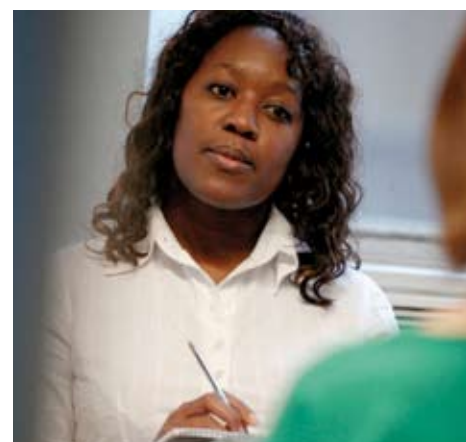
During 2006, in recognition of its work in advancing qualitative research across the country, the CQR was also appointed as the international coordinating site for the UK for the International Institute for Qualitative Methodology, Canada (www.uofaweb.ualberta.ca/iiqm). The CQR is therefore responsible for linking with other universities as cooperating sites.

We have recently completed a breastfeeding module

for the award-winning DIPEX website (www.dipex.org). DIPEX is an Oxford-based charity that presents individuals' personal accounts of health and illness in written, audio and video format via the internet to help the public and health professionals understand more about the experience of those conditions. There are currently 19 modules available with more on the way.

The prestigious Journal of Psychiatric and Mental Health Nursing

(Blackwell Publishing), part of the Centre of Excellence in Applied Research Mental Health, has been going from strength to strength as indicated by the move from six to eight issues per year. Furthermore, it has recently been successful in its application to be included in the Institute for Scientific Information databases. Using indicators such as impact factor, immediacy index and cited half life, these databases can offer useful insights into the communication of scholarly research (www.blackwellpublishing.com/jpm).



This year also sees the launch of the local evaluation team

who are poised to assist local services in developing and evaluating their work – see the article on page 21. Future developments include the establishment of new centres of excellence in line with the BU corporate plan, the first of which is the Centre for Postgraduate Medical Research and Education. We look forward to announcing more new initiatives over the coming months such as pan-university centres of excellence in qualitative research, practice development, and well-being and quality of life.

Professor Kate Galvin

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For more information about IHCS Research, see:

www.bournemouth.ac.uk/ihcs/research

Growing spotlight on Research in IHCS

With an ever-expanding team, recent office moves and preparation for the forthcoming Research Assessment Exercise, it has been a busy time for research staff in IHCS. Here follows a summary of our activity over the last few years by way of illustrating our achievements and the changes that have taken place.

Since 1999, the Institute of Health and Community Studies research team has produced regular reports listing the various academic activities that staff within the department have been involved in. This has proved to be a valuable exercise for showing the diversity of research areas and outputs that staff have contributed to. Over the years, these reports have included information on postgraduate studentships, research funding and ongoing projects, published material such as books and journal papers, updates from each of the academic groups, and staff profiles.

With the recent rebranding of the University and the Vice-Chancellor's vision for change, it seemed an appropriate time to take a fresh look at the way the Institute's research activity is presented.

An increase in the number of staff within the department generally and in those who are actively carrying out research has meant that simple lists do not easily reflect the developments that have taken place over the two years since the last Academic Activities Report. Furthermore, the development of the IHCS website has meant that a great deal of information is now easily accessible online (see www.bournemouth.ac.uk/ihcs/research). This means we can now share our achievements in more creative and visual ways, and what better place to do so than in the new-look Beacon.

What follows is therefore a brief snapshot of some key areas of research activity. Space constraints mean that we can't be comprehensive in our reporting, but at least we can aim to represent a cross-section of what's on offer. After all, there's always the next issue of The Beacon...

Up for assessment

This year sees us busy compiling information for the next Research Assessment Exercise (RAE), which is a national initiative to assess the quality of research of all higher education institutions. This happens every few years and is conducted jointly by the Higher Education Funding Council for England, the Scottish Funding Council, the Higher Education Funding Council for Wales and the Department for Employment and Learning, Northern Ireland.

Universities and colleges from across the UK submit a selection of their research outputs for assessment. Each subject area has its own panel of reviewers who rate the submissions to provide a final 'score'. This peer review process partly informs the distribution of public funds for research by the four UK higher education funding bodies, so there is a real incentive to do our best. For more information, see the University Research Assessment exercise 2008 web pages at: www.bournemouth.ac.uk/rae/index

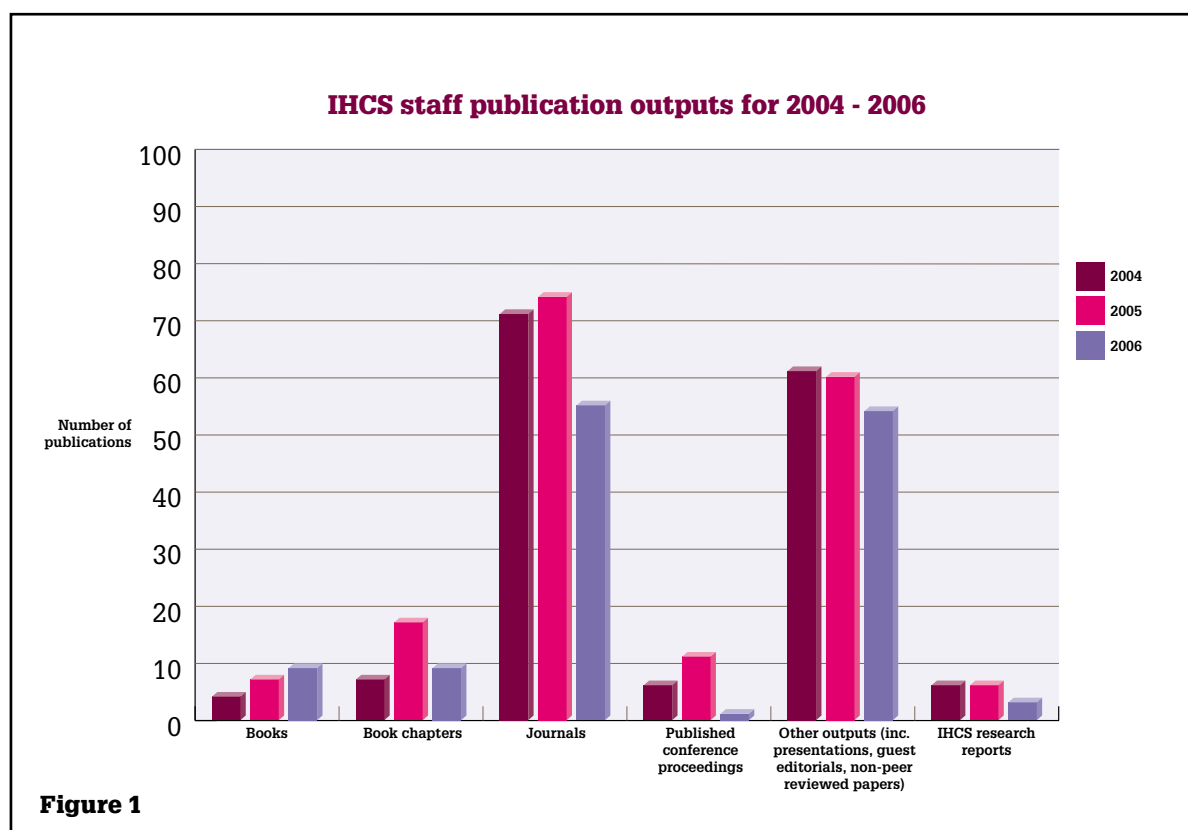
Although the deadline for submissions is November 2007, staff momentum to get writing and publishing has been growing over the last two years. You can see the range of outputs in the illustration on page 17 (Figure 1). Although 2005 shows a peak in the number of items published, 2006 was a very busy year for me as Editorial Assistant, with more staff coming to me for advice and editing services than in previous years. Many papers will be published in the coming months, depending on the production cycle of the particular publication. Competition for space is fierce as journals deal with a peak

Indicators of academic esteem	Approx no. of staff
Postgraduate examinations	72
Advisory groups/steering committee membership	67
Reviewing for journals	65
International collaboration	48
Invited conference presentations	44
Reviewing for research	33
Impact of research on governance	25
External refereeing/ appointments and fellowships	20
Significant plenary presentations and workshops/ seminar series	16
Editorial board membership	15
Conference direction	14
Editorships	14
Awards	13
Editorials etc.	10

in their submission rates in the run-up to the RAE. At the time of compiling this report, some papers were not available for including in the figures and so will be counted for the next edition of the Beacon.

As well as submitting their publishing outputs to the RAE panel, academics have to show other areas of activity that boost the 'esteem' of the department or institution. These esteem indicators can include a variety of elements from being a reviewer for an academic journal, examining

“The Institute is largely unrecognisable, with new staff, new academic groups and the growth of various centres of research excellence.”



or supervising postgraduate students or editing a publication, to being a member of an influential advisory group or being asked to give keynote lectures or seminars.

Table 1 (page 16) gives a flavour of the kinds of things IHCS staff get involved with.

What's the score?

This is only the second time that IHCS has been entered for RAE assessment. During the previous assessment in 2001, the submitted institutions were rated from 1-5* and so our result of a 3b was a positive start for a young department in a new university. Since then the Institute has become largely unrecognisable, with new staff, new academic groups and the growth of various centres of research excellence. Changes in the emphasis of the assessment process means that RAE 2008

will be rated according to four indicators of quality and so we wait in anticipation for the publication of the final results in December 2008.

Old hands and new recruits

As part of the development and growth of IHCS research, the department has taken on a number of new doctorate students who are carrying out work in a variety of areas across health and social care. Profiles of some of the work are featured later in this section and show just how varied the interests and expertise of IHCS staff are. Not only do the skills and experience of IHCS staff enhance the profile and stature of the department within the University, but they demonstrate our versatility to the wider world – among other higher education institutions,

funding organisations, professional bodies and schools, for example. The message is simple: health and community studies is about more than just working in a hospital or a doctor's surgery!

Anita Somner

Editorial Assistant, IHCS

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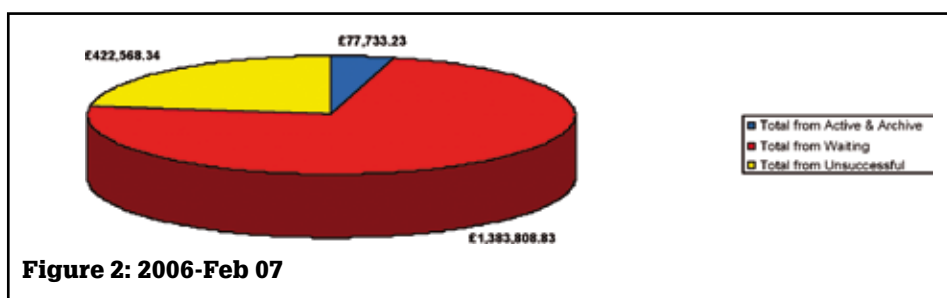
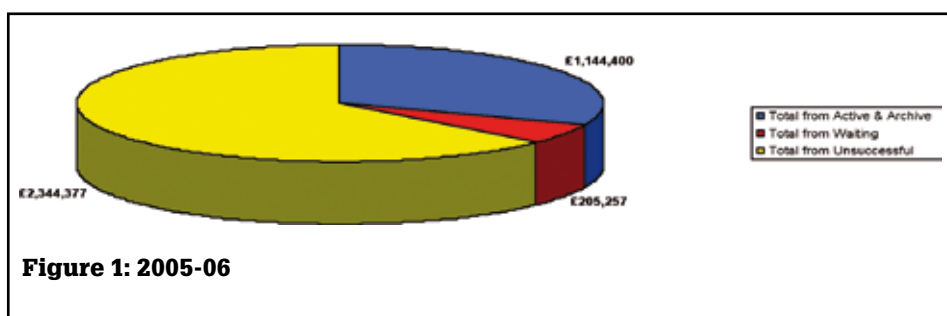
Focus on Funding

Finding sources of funding and fulfilling the funding bodies' application requirements are a challenge for researchers.

It requires skill in writing to a specific style and word length in addition to an all-round knowledge and experience of the research process itself, not to mention project management and leadership qualities.

It is therefore pleasing to see that, over the last three years, there has been a substantial rise in both the number of research bids submitted by IHCS staff and the amount we have requested from funders. Table 1 demonstrates the increase in both these areas.

Year	Number of bids submitted	Amount
2003-04	13	£1,460,042
2004-05	27	£1,711,706
2005-06	40	£3,260,025
2006-Feb 07	23	£2,376,553



We have moved towards submitting more bids to the highly prestigious Research Councils: we submitted bids to both the Economic and Social Research Council (www.esrc.ac.uk) and the Arts and Humanities Research Council (www.ahrc.ac.uk), some of which were successful. At the end of 2006, we also submitted four applications to the British Academy. We are increasingly submitting – and being awarded – bids as part of a collaboration with both national and international partners. Figures 1 and 2 demonstrate the level of bidding (across all

activities, research, enterprise and limited aspects of students and learning) in 2005-06 and 2006-Feb 07.

But who is applying?

When I first started in the role two and a half years ago, it was mainly the senior members of the research group who were bidding for research money. However, recent changes at the University have meant that increasing numbers of people are taking an interest in research, and I am now helping more people from more diverse

roles across IHCS. These have included lecturer-practitioners, members of the web design team, lecturers and research assistants, in addition to the more senior research staff. I anticipate that this trend will continue as Bournemouth University focuses its efforts more determinedly on research and enterprise.



Releasing potential

Bournemouth University is currently undergoing a period of intense change. A contribution to this change is a shift in focus towards research and knowledge transfer.

The Releasing Research-Enterprise Potential scheme is currently being piloted across the University as a way of supporting staff to enthuse them and give them confidence in their research/knowledge transfer capability. Staff who wish to develop their interest in research and knowledge transfer – whether new members of staff or existing staff who would like to progress further – are directed to this programme where a combination of activities is on offer (www.bournemouth.ac.uk/staff_development/releasing_potential/projects). In addition, we plan to run some general ‘What is research/what is knowledge transfer?’ workshops in IHCS over the next few months, which we hope will encourage people who aren’t currently involved in research/knowledge transfer to develop an interest and identify potential areas where they can get involved.

Jenny Roddis

IHCS Bid Co-ordinator

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Every project, programme or service that you may be involved with, whether new or established, needs to be regularly evaluated to ensure that it is running effectively. The need to evaluate programmes is consistent with the Government's overarching commitment to evidence-based policy.

What can we do for you?

Local Evaluation Team: Giving you the information you need to make decisions

The newly formed Local Evaluation Team (LET) at IHCS could help you. The team specialises in combining clear and focused thinking with the appropriate qualitative and quantitative techniques to give you an understanding of what your project is doing.

The team's approach involves establishing the most suitable methodology for evaluating your project, and providing a skilled and effective team to carry out the work within the constraints of the project requirements and the budget and timescale available. The team is coordinated by a project manager who will ensure that projects are delivered on time, to a high quality and that customers are kept informed of progress.

The aim of the LET is to develop standards and effective monitoring strategies for organisations. The team members have many years of research experience from a variety of backgrounds including health, education and social care. The team's areas of expertise include:

- General health and well-being (including children, men and women)

- Family and community
- Social care
- Mental health
- Education
- Partnership development and collaboration
- Mentoring and supervision
- Training and development
- Management structures

The team's skills lie in providing short-term commissioned evaluations using both qualitative and quantitative tools such as:

- Online surveys
- Postal surveys
- Telephone surveys
- Individual/group interviews
- Focused interviews
- Observation
- Secondary data collection

During an evaluation, the team will encourage personal involvement from all stakeholders in every aspect of the process, helping people to accept and use information and therefore make effective changes for the long term. Evaluation training and development for staff and users within organisations will also be offered by the team, along with start-up advice and information for organisations considering evaluation in addition to ongoing consultation and mentoring.

If you think you could benefit from the LET's expertise, you can find out more by contacting:

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What better way to learn about another culture than to experience it first hand. For many students, living and working in a foreign country is an important part of becoming rounded, open-minded professionals who can appreciate the issues and diversity beyond their own country's geographical boundaries.

Cultural exchanges:

The benefits of international collaboration

International collaborations with IHCS are key to providing such opportunities, both for students and staff. One such project, funded by the European Commission, involves reciprocal exchange visits between institutions across the EU and Canada (see the Spring 2006 edition of *Beacon*). Entitled 'Inequalities in access to health care for rural communities', the aim is to give nursing and nutrition students practical experience of public health activity and theoretical input to their speciality area.

IHCS's European partners in this include Uppsala University in Sweden, Kuopio University of Health Sciences in Finland and Tallin Medical School in Estonia. The three Canadian partners are Mount Royal College in Calgary, University of Prince Edward Island and University of Moncton in New Brunswick. Now in its third year, the student exchanges are almost complete. Altogether, 60 students will have been able to undertake an exchange focusing on inequalities in health. Currently, IHCS is hosting three students from the University of Prince Edward Island and one from Mount Royal College who are at the start of their placement in the rural communities of Blandford and Weymouth. Later this year we expect to receive five student nurses from the University of Moncton.

While they are undertaking an exchange visit, the students are asked to critically consider one of the Ottawa Charter (1986) areas which focus on developing healthy public policies. The students need to critically consider whether practice and policy reflect the Charter in the country they visit. On their return, the students report on their reflections and



evaluations of the exchange visit, which provide interesting descriptions of their experiences of another culture. As one IHCS student who visited New Brunswick reports:

"One of the most memorable times was working at the health centre on the First Nation reserve and learning about the First Nation culture in Canada. Through this experience with the First Nations I gained another perspective of health and nursing. It was interesting to learn about and

"I am sure the memories and skills I have gained from this adventure will last a lifetime."

- IHCS exchange student

become involved in traditional First Nation approaches to health and healthcare."

A Canadian student visiting Dorset also found the exchange to be "a cultural experience" commenting; "I am sure the memories and skills I have gained from this adventure will last a lifetime." Other Canadian students believed that the range of experiences they had were very helpful and included "different services, different roles for health care staff" and "multiple

disciplines and different health care approaches". It was interesting that they noted some inequalities in access to health care through the focusing of healthcare provision within urban areas and the inadequacies of local transport. However, they also saw ways in which the community tries to deal with these, such as Wimborne Day Hospital's transportation bus.

As a testament to the lasting impression of going on an exchange visit, it has been rewarding to hear one IHCS student say that, even after six months since her return, "almost every day I have something to say or reflect about my experiences in Canada."

Ultimately, this project has further developed international academic partnerships within IHCS and with the partners involved. Further joint international project work is now being undertaken as a result of this partnership, with students and staff involved in the MSc Public Health courses at both Uppsala and Bournemouth Universities.

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All things great and small

To receive funding to carry out a piece of research is a real achievement for any researcher and certainly helps the department's coffers too! However, it's not just about the money or the prestige.

At the end of the day, real people are affected by the issues that are under investigation and even the smaller scale projects can make a difference to people's lives. For example, Jaqui Hewitt-Taylor, a Practice Development Fellow at IHCS, has recently been awarded a small grant by the British Academy to support a case study related to children with complex and continuing health needs. Here she explains why localised projects such as this are still important:

It's the little things...

There are an increasing number of children and young people who live with complex and continuing health needs. These children would once have spent the majority of their lives in hospital. However, the hospital environment is not appropriate for them to grow up in, and providing them and their families with the support they need to enable them to live at home is now the aim in most cases.

There is a significant amount of literature relating to diseases, interventions and the practicalities of the care and support these children require. However, there is less evidence about how far the support that is provided meets the needs of the child and family; in relation to achieving their potential as individuals and their ability to function as a family, rather than how well the physical care needs of the child are met. This is a significant factor in the quality of life that individuals can attain.

This study will explore the perspectives of the child, their family and those involved in providing their support, to provide some insight into what actually matters for them. Although the focus is on children and their families, it is important to increase understanding between all parties and appreciate the real world constraints that service providers have to work within.

“It will form a limited but potentially significant part of the evidence concerning an area that is currently relatively under-investigated.”

The study will therefore also explore the views and experiences of staff who provide support.

The study is a small, exploratory qualitative case study, which will not be generalisable beyond the family concerned. However, by highlighting the issues for one family and those who provide their support, this work is likely to be a useful starting point for further investigation and practice development. It will form a limited but potentially significant part of the evidence concerning an area that is currently relatively under-investigated. This area will become increasingly important as the population of children with complex needs increases further and services are required to develop to enable these children and their families to enjoy the best possible quality of life.

This work also adds to a developing portfolio of work within IHCS related to supporting children and adults who have complex and continuing health needs. This includes partnership programmes with Clinovia Ltd related to caring for children with complex needs and supporting clients with long-term conditions; training and education projects with Primary

Care Trusts; the development of student placements with Clinovia Ltd; and external advisory roles for independent reviews of the provision of support for children and their families.

Making the most of it

At the other end of the spectrum, more complex projects need more funding so as to organise and carry out the work effectively, usually over longer timescales and involving more people. IHCS has been lucky to win a number of large bids in recent months – the Multiple Sclerosis (MS) Society is currently supporting a randomised controlled trial of a cognitive behavioural technique to help people with MS manage fatigue. The research team for this project has been drawn from seven different organisations from across the

“The £225,000 grant will support the team to carry out a large trial of the programme in these three centres to see how effective it is in improving people’s ability to manage their fatigue.”

South and South West, including IHCS, and is made up of consultants, occupational therapists, psychologists and clinicians – a truly interdisciplinary effort!

Professor Peter Thomas from the Dorset Research and Development Support Unit at Poole Hospital was the lead applicant on the bid. He and Head of IHCS Research, Professor Kate Galvin, explain how the money will make a difference:

A daily struggle with fatigue is a fact of life for many people with MS. Fatigue can be an early symptom of MS, and the severity of fatigue can change during the course of the disease. Over the past year, our research team has been awarded research grants from the MS Trust and BUPA Foundation to develop a group-based programme to help people with MS manage their fatigue. The programme is based on cognitive behavioural and energy effectiveness approaches, and has been designed so that it can be easily incorporated into existing health service structures. This makes it different from other fatigue management programmes.

Cognitive behavioural approaches to managing fatigue have been found to be useful in other long-term illnesses such as chronic fatigue syndrome. The purpose of the programme is to help participants (a) realise that fatigue in MS is normal, (b) use the energy they have more effectively, and (c) develop helpful thinking styles about their fatigue and the impact it has.

In the next year the research team (Dorset Research and Development Support Unit [RDSU], the MS Service at Poole Hospital, Dorset Health Care Trust, Southampton University, Bristol RDSU, Peninsular Medical School and IHCS Centre for Qualitative Research) will be collaborating to pilot the programme in Poole, Southampton and Bristol NHS centres and to make preparations for the next phase of the work. The £225,000 grant will support the team to carry out a large trial of the programme in these three centres to see how effective it is in improving people’s ability to manage their fatigue, and in reducing the severity of their fatigue and the impact it has on their life.

Decisions about whether to incorporate a new intervention into clinical practice are usually made by senior clinicians and health service managers, so we will also research the costs of the programme in relation to how effective it is, and interview the health professionals and managers involved in the study to find out what problems have arisen and how they were resolved. The study includes a qualitative component, which aims to gain deeper insights into the findings of the trial, and a health economic component to examine the cost impact.

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Professor Peter Thomas

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Studios sorts

Committing to full-time postgraduate study can be a daunting, challenging but ultimately rewarding experience. The research team has recently welcomed a number of new doctorate students and, as the following vignettes demonstrate, their different backgrounds, interests and expertise serve to enhance the IHCS community both within the University and beyond.

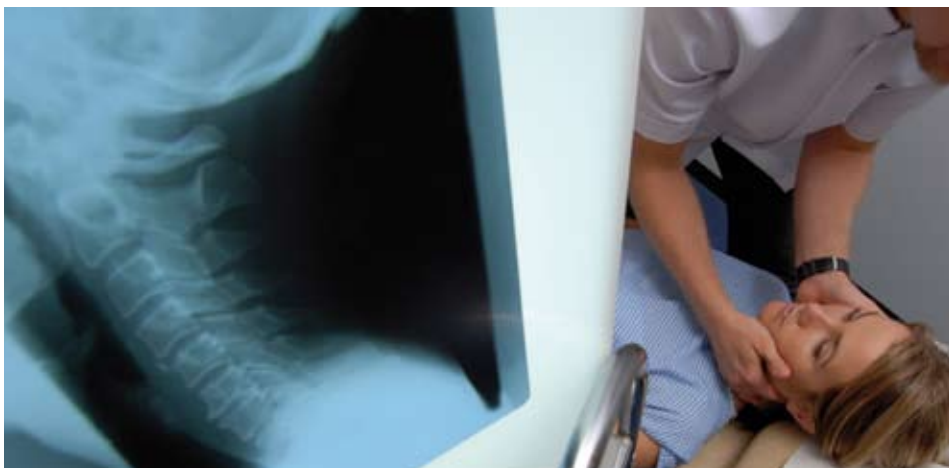
Focusing on back pain

Having spent the last 15 years working with people who have pain, finding ways of managing that pain and the impact it can have on their lives, I was really excited to have the opportunity to conduct research into the use of Focusing with people who deal with low back pain on a day-to-day basis.

Back pain is the second most common reason for time off work and can lead to severe disability. It certainly causes a huge amount of suffering.

Focusing is a psychotherapy-based intervention which can be used in a self-help way or in therapy. It is little known, possibly because it is a quiet and gentle way to work with your body. Focusing enables you to sense your own bodily

“Focusing is a psychotherapy-based intervention which can be used in a self-help way or in therapy. It is little known, possibly because it is a quiet and gentle way to work with your body.”



experience; to find the whole felt sense of a situation or issue. It asks you to befriend your body and what it is experiencing; to be quiet and let your body speak to you, rather than you telling it what to do!

Using a mixed methods approach I hope to discover whether using Focusing changes the meaning or emphasis that the pain has for people. If the meaning is changed, does it make for any other changes for these people? Current healthcare philosophy is around self-management and the use of Focusing sits well with this agenda. It is something that people can learn to do themselves and it can impact on areas of life beyond the health arena. If it is successful with my participants, I hope

that it will prove to be a strategy that could be offered widely to people with chronic low back pain.

I am really enjoying the opportunity to do this – it feels like a real break after many years in the NHS. I have been involved in pre- and post-registration learning for nurses and am passionate about getting others to see pain as a real issue – not just something that is inevitable and best ignored. This drive has also involved me politically at a national level in trying to raise awareness of the impact of pain. I maintain my sanity out of hours with orchestral and choir commitments as well as taking out any angst on the allotment!

Ruth Day

PhD student, IHCS

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Gender, class and 'binge' drinking

I started a PhD as part of the BU studentship scheme in October 2006, with the title 'Gender, class and 'binge' drinking'. In 2005-2006 I took an MA in Social Research at Goldsmiths College, London, having read History and Politics at Corpus Christi College, Oxford. My background is primarily that of a social scientist, and this study will take an ethnographic approach to understanding drinking among young people in Bournemouth.

There is a wealth of commentary on young people's drinking habits in the press and television documentaries, but academic work on the subject remains lacking. There are quantitative studies that focus on the number of units young people drink, and the possible epidemiological links between drinking and ill-health, yet often these only consider the beliefs and understandings of the young people themselves in passing.

We cannot fully understand drinking, or associated phenomena such as interpersonal violence, without considering the viewpoints of those who indulge in these activities. An ethnographic approach, which aims to understand the social world from the viewpoint of the research participants, therefore offers a balance to other more quantitative epidemiological perspectives.

"Alcohol policy cannot be sensitive or successful without understanding the role that alcohol plays in young people's lives."

My study will primarily consider how young people's identities influence – and are influenced by – their drinking practices. The facets of identity that are of most concern, as the title suggests, are gender and class. These characteristics are usually

clearly highlighted in both academic and popular reports of drinking: it is hard to find a report of drinking practices in the UK that does not focus on women's drinking practices and their relationship to traditional notions of femininity. I am now beginning to make contact with both retailers and regulators of the night-time economy, such as the council, police and bar managers. The study could be of use to policy-makers within Bournemouth and – perhaps! – Britain as a whole. Alcohol policy cannot be sensitive or successful without understanding the role that alcohol plays in young people's lives.

Will Haydock

PhD student, IHCS

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Sleeping rough

I came to Bournemouth as a PhD candidate via a somewhat meandering and indecisive route. I initially studied for a BSc in Anthropology and Sociology at Swansea University, and then went on to do a Master's degree in Political Sociology at the University of the West of England. Following this, however, I underwent a radical change of orientation and decided that what I was really interested in was welfare rights and community engagement in particular. Having spent time as an advice worker for Bristol Citizens' Advice Bureau, I finally succumbed to the idea of developing the insights and skills I had gained in the voluntary sector and applied for the MA Social Work programme at the University of East Anglia. During this period I spent time working with unaccompanied children seeking asylum and also at a project for children and young adults affected by homelessness.

I now realise that both my professional life and academic interests have consistently

been informed by a commitment to social justice and the importance of giving 'voice' to marginalised groups and communities. I therefore enthusiastically accepted the opportunity to undertake my current research, which explores the links between homelessness and citizenship through an intensive ethnographic study of rough sleeping in Bournemouth and Dorchester.

“I now realise that both my professional life and academic interests have consistently been informed by a commitment to social justice and the importance of giving 'voice' to marginalised groups and communities.”

This study will show that formal citizenship is a contested subject, while also drawing particular attention to the nature of citizenship as it is experienced by homeless people. I aim to address three existing areas of academic literature: the impact of rough

sleeping on social inclusion and exclusion; public space as a contested terrain; and citizenship. Moreover, I hope to directly contribute to and extend emerging critical homelessness studies. Overall, the aim is to create a coherent, critical and well-informed body of research that has the potential to contribute to a new understanding of homelessness and citizenship within and beyond the academy.

Martin Whiteford

PhD student, IHCS

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Patient-led care

During my three-year research studentship, I am investigating the impact of the 'Creating a patient-led NHS' White Paper (Department of Health 2005) on the provision of public health nursing services in England.

I saw the studentship as a great opportunity to focus full-time on studying for a PhD and I am receiving excellent support from IHCS and my supervisors, Ann Hemingway and Jerry Warr. The Graduate School has also put on a comprehensive training programme to support our research learning needs.

My background is in nursing and public health nursing practice and education. Since completing a Master's degree in Policy Studies in 1996, I have continued to have an interest in teaching and research around how health policy affects (or doesn't affect!) nursing practice 'on the ground'. The PhD will allow me to focus in depth on a particular White Paper and assess its impact on practice. By carrying out

the research at a time of great change and opportunity for public health nursing, I hope to illuminate the factors that both drive forward and inhibit practice developments in relation to specific government directives. The findings may be of potential benefit when considering future policy implementation, helping to bridge the gap between policy and practice.

I will be focusing particularly on health visiting and school nursing. To target my initial data collection, I am looking for specific practitioners or Trusts who are working in innovative ways in response to the White Paper – for example, in terms of patient involvement or new ways of service delivery. **If any Beacon readers are involved in, or know of, such examples of innovative practice in health visiting or school nursing (anywhere**

"I will be focusing particularly on health visiting and school nursing."



in England), please let me know and I will follow them up!

Judy Gleeson

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Peripheral vascular disease

My research is focused on identifying the extent of asymptomatic peripheral vascular disease in the local population.

I came straight into this research project having previously completed an undergraduate degree in Health Science at Bournemouth University. This provided me with proficiency in areas such as public health, psychosocial aspects of health, health promotion and physiology, which have enabled me to proceed with this research area.

Peripheral vascular disease is a common and serious disease that is often highly under-diagnosed. It is felt that, through the use of a simple non-invasive test called a Doppler ultrasound, peripheral vascular disease can be detected at an early stage,

"This project aims to highlight a significant proportion of the Dorset population with undiagnosed peripheral vascular disease."

allowing for practical health interventions that are designed specifically for the patient; for example, lifestyle changes and modification of risk factors.

This project aims to highlight a significant proportion of the Dorset population with undiagnosed peripheral vascular disease, which would justify the development of a screening service and health promotion programme. This will be of benefit to the patient for reasons including the prevention or a delay in onset of highly disabling symptoms and improved lifestyle. Early detection will also benefit the healthcare service as a result of reduced treatment

costs. It is still early days but I am currently in the process of completing an ethical application to the local research ethics committee at Poole Hospital and am getting to grips with life as a PhD student – however, I am looking forward to the challenges and opportunities this experience will bring.

Tanya Lesiw

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Recent research reports

This is a list of the research reports that have been produced by staff since 2004. They have been loosely grouped into evaluation topics but, as you can see, a broad range of subjects is covered under each heading. A back catalogue of reports can be found on the IHCS research website along with copies of the previous Academic Activities Reports.

See: www.bournemouth.ac.uk/ihcs/resreport

Education and training

Mental health awareness for prison staff

Charles Musselwhite, Dawn Freshwater, Eleanor Jack, Lisa Maclean. September 2004, ISBN: 1-85899-193-5

Mental health awareness training for prison staff: evaluation of a training video

Elizabeth Walsh. November 2004, ISBN: 1-85899-201-X

Mapping of education and training for mental health practitioners in the south west

Charles Musselwhite, Dawn Freshwater, Kate Schneider, Kate Galvin. January 2005, ISBN: 1-85899-194-3

Evaluation of mental health awareness training at HMP High Down

Elizabeth Walsh, Charles Musselwhite. July 2005, ISBN: 1-85899-213-3

Evaluation of practice

What makes a good nurse?

Iain Graham, Christine Partlow, Elaine Maxwell. June 2004, ISBN: 1-85899-183-8

Identifying specialist practice as part of PDU development

Iain Graham, Steven Keen. November 2004, ISBN: 1-85899-200-1

An evaluation of the preparation and role of emergency care practitioners in Dorset

Gill Jordan, Les Todres, Di Halliwell. May 2005, ISBN: 1-85899-208-7

Perspectives on the consultant nurse role

Sabi Redwood, Eloise Carr, Iain Graham. July 2005, ISBN: 1-85899-209-5

The appropriate use of CCTV observation in a secure unit

Jerry Warr, Mathew Page, Holly Crossen-White. July 2005, ISBN: 1-85899-184-6

An evaluation of the effectiveness of the Lecturer Practitioner role within an acute surgical setting

Marion Seddon, Hilary Walsgrove. December 2006, ISBN-10: 1-85899-222-2, ISBN-13: 978-1-85899-222-8

Programme evaluation

Preventative strategies in homelessness: a special report for Purbeck District Council

Mark Redmond. April 2004, ISBN: 1-85899-181-1

Towards supporting vulnerable people: a needs survey for the Borough of Poole supporting people partnership

Wendy Cutts, Mark Redmond. December 2004, ISBN: 1-85899-202-8

Sure Start Bournemouth local programme. three-year evaluation report

Ann Sharples, Siobhan Sharkey, Dawn Jackson, Christopher Vincent, Holly Crossen-White, Phil D'Eath, Kate Galvin. June 2005, ISBN: 1-85899-212-5

Academic centres in practice evaluation report

Charles Musselwhite, Chris Vincent. November 2005, ISBN: 1-85899-214-1

Research methods

Communicating qualitative research findings: an annotated bibliographic review of non-traditional dissemination strategies

Steven Keen, Les Todres. April 2006, ISBN-10: 1-85899-217-6, ISBN-13: 978-1-85899-217-4

IHCS research: a review of the past ten years. final report & executive summary

Carol Lewis. January 2007, ISBN-13: 978-85899-228-0

Courses offered by IHCS

Undergraduate & Graduate	
Pre-Qualification	Post-Qualification
<p>Undergraduate professional courses: BSc (Hons) Nursing with professional registration: Adult, Child Health, Learning Disabilities, Mental Health Advanced Diploma Nursing with professional registration: Adult, Child Health, Learning Disabilities, Mental Health Diploma HE Nursing with professional registration: Adult BSc (Hons) Midwifery Advanced Diploma Midwifery Diploma HE Operating Department Practice BSc (Hons) Physiotherapy BSc (Hons) Occupational Therapy BA (Hons) Social Work FdSc Paramedic Science*</p> <p>Undergraduate non-professional courses: BSc (Hons) Applied Biology (Health Science)* BSc (Hons) Nutrition BSc (Hons) Exercise Science (Health Rehabilitation) BA (Hons) Community Work FdA Early Years FdA Health & Social Care Cert HE in Caring for Children with Complex and Continuing Health Needs Cert HE in Supporting Clients with Continuing Health Needs</p> <p>Undergraduate top-up courses: BA (Hons) Early Years, Care & Education Top-Up BA (Hons) Health & Social Care Top-Up*</p>	<p>BSc (Hons) Acute Care Specialist Practice* BSc (Hons) / BSc Applied Health Studies BSc (Hons) Emergency & Urgent Care Practice BSc (Hons) / BSc Clinical Practice BSc (Hons) Professional Leadership BSc (Hons) Psychosocial Interventions for Psychosis BSc (Hons) Therapeutic Interventions for Addictions BSc (Hons) Midwifery Practice BSc (Hons) Nurse Practitioner Continuing Professional Development units (degree & masters level)</p> <p>QSW Awards (Post-Qualifying Social Work) Level H Units: Consolidation & Preparation for Specialist Practice (CPSP) Unit Enabling Work-Based Learning Unit</p> <p>Graduate Certificates: Graduate Certificate in Consolidation & Preparation for Specialist Practice</p> <p>BA (Hons): BA (Hons) Approved Social Work Practice BA (Hons) Children & Family Studies BA (Hons) Leadership & Management in Health & Social Care BA (Hons) Vulnerable Adults & Community Care Practice</p> <p>Graduate Diplomas: Graduate Diploma Approved Social Work Practice Graduate Diploma Children & Family Studies Graduate Diploma Leadership & Management in Health & Social Care Graduate Diploma Vulnerable Adults & Community Care Practice</p>
Postgraduate	
Pre-Qualification	Post-Qualification
<p>Graduate Diploma Nursing with professional registration: Adult, Child Health, Learning Disabilities, Mental Health</p>	<p>MSc Nurse Practitioner MA Midwifery Practice MSc Applied Gerontology MA Health & Social Care Education / Practice Education MSc Public Health MA Practice Development MA / MSc Professional Development</p>

* course subject to validation

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