<table>
<thead>
<tr>
<th>Page</th>
<th>Article</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>WELCOME TO INSIGHT</td>
</tr>
<tr>
<td>4</td>
<td>IHC UPCOMING EVENTS 15/16</td>
</tr>
<tr>
<td>5</td>
<td>SUCCESSFUL PUMP PRIMING BIDS 2014</td>
</tr>
<tr>
<td>6</td>
<td>INTERVIEW: DR MARCIA FINLAYSON</td>
</tr>
<tr>
<td>8</td>
<td>PROFILE ON JANE GROSE (CHeSCI/CMI)</td>
</tr>
<tr>
<td>11</td>
<td>CONFERENCE ROUND UP: IHC/PIOE POSTGRADUATE RESEARCH CONFERENCE</td>
</tr>
<tr>
<td>13</td>
<td>CMI GOOD NEWS STORY – FOOD AS A LIFESTYLE MOTIVATOR PROJECT UPDATE – DR CLARE PETTINGER</td>
</tr>
<tr>
<td>15</td>
<td>MEDIA, ENVIRONMENT AND THE NETWORK SOCIETY – A BOOK BY PROFESSOR ALISON ANDERSON (CCCS)</td>
</tr>
<tr>
<td>17</td>
<td>ROUND UP: DEMENTIA SEMINAR SERIES 2015 – PROFESSOR JONATHAN MARSDEN</td>
</tr>
<tr>
<td>19</td>
<td>CHeSCI GOOD NEWS STORY – CLIMATE CHANGE AND HEALTH – PROFESSOR JANET RICHARDSON</td>
</tr>
<tr>
<td>21</td>
<td>PROFILE ON CLAUDIA BLANDON (CCCS)</td>
</tr>
<tr>
<td>23</td>
<td>VOLUNTEERING IN SIERRA LEONE – LEIGH JACKSON (CHeSCI)</td>
</tr>
<tr>
<td>25</td>
<td>ROUND UP: CMI PARTICIPATORY RESEARCH CLUSTER GROUP LAUNCH EVENT – DR JULIA MORGAN</td>
</tr>
<tr>
<td>27</td>
<td>INSTITUTE OF EDUCATION AND PLYMOUTH MUSIC ZONE PARTNERSHIP WIN PRESTIGIOUS RESEARCH AWARD – PROFESSOR JOCEY QUINN (CCCS)</td>
</tr>
<tr>
<td>29</td>
<td>PROFILE ON ED PYLE (CMI)</td>
</tr>
<tr>
<td>32</td>
<td>CCCS GOOD NEWS STORY – DR NORMAN GABRIEL CO-EDITS SPECIAL ISSUE OF THE HISTORY OF HUMAN SCIENCES JOURNAL</td>
</tr>
<tr>
<td>33</td>
<td>ON MY BOOKSHELF: DR MIKE SHEAFF (CMI)</td>
</tr>
</tbody>
</table>
Welcome to the 5th edition of INSIGHT

This latest edition contains a mixture of good news, interviews, events and features and provides an insight into the activities taking place within the IHC.

On page 4, we have details about our forthcoming events; on page 11, 17 and 25, we have details of past events and we have some interesting IHC member profiles from Jane Grose, Claudia Blandon and Ed Pyle.

Please remember to use the good news form on the Faculty of Health and Human Sciences/Research/IHC page so that we can accurately capture all our activity in forthcoming publications.

With best wishes,
The IHC Team.
We have a number of exciting conferences coming up this autumn and we are always adding to the list of events that we have planned. Please check the IHC webpage http://bit.ly/1FKesnM for details of how to book your place and to find out about our forthcoming events.

IHC CMI Auto/Biography Research Cluster Conference
Ethics and Audiences
Speakers: Professor David Morgan, Professor Carole Sutton, Professor Gayle Letherby and John Scott
30 September 2015

IHC CCCS/Learning Outside Formal Education Research Cluster Conference
Insider/Outsider in Education
Including keynote speech on educational inequality, research papers, a panel discussion and workshops
Keynote Speaker: To be confirmed
28 October 2015

IHC CMI Methodological Innovations Conference
Keynote Speaker: Kalwant Bhopal, Professor of Education and Social Justice, University of Southampton – ‘Researching the ‘Other’: Towards an intersectional informed reflexivity’
Call for papers now open, please visit www.plymouth.ac.uk/whats-on/methodological-innovations-conference-2015 for further details.
03 December 2015

British Sociological Association (BSA) South West Regional Medical Sociology Group/Centre for Health and Social Care Innovation (CHeSCI) Conference 2015
Medical Sociology and Impact
Speakers to include Kass Gibson and Joyce Halliday – we will update the website with further details as they are confirmed
15 February 2016

We will also be co-hosting the School of Health Professions 2015-16 Lecture Series again – details of the speakers involved will be put on our website and included in our fortnightly events email as they are confirmed.

If you do not already receive our fortnightly events email and would like to be added to the distribution list please email us at ihc@plymouth.ac.uk
13 bids totalling £15,528.50 were granted funding in the 2014-15 round of IHC pump-priming

Funding has resulted in a range of outcomes: Presentations, academic outputs, grant proposals, community engagement and academic networking/collaborations.

Successful bids:

Julia Morgan
The development of innovative participatory and creative methodologies to explore the public health needs of children and young people in Lusaka and Kitwe, Zambia

Joyce Halliday and Julie Parsons
Reducing reoffending: an evaluation of three contrasting models to combat recidivism

Julie Parsons and Heather Knight
CMI Auto/Biography Cluster Group
Conference: Ethics & Audiences

Amanda Denton
The use of insulation to prevent temperature induced changes in walking and stiffness in people with Hereditary Spastic Paraparesis

Jenny Freeman, Sarah Robens and Hilary Gunn
Project development – Social isolation amongst severely impaired people with Multiple Sclerosis: Phase 2 Stakeholder Consultation

Jan Georgeson and Verity Campbell Barr
Exploring the impact of play on health and families

Desley White
A pilot study into the relationship between erythrocyte membrane integrity, iron status, oxidative stress and vascular dysfunction in diabetes

Sue Waite, Jennie Aronsson and Ian Blackwell
Mapping and measuring healthy outcomes in Learning in the Natural Environment (LINE)

Clare Pettinger
Food as a Lifestyle Motivator (FLM) Project – consolidation of creative methodological analysis

Andy Nichols
Achieving cost and carbon savings in neonatal practice: A feasibility study into sustainable waste management

Joanna Haynes, Marie Lavelle and Cath Gristy
Playing with Age

Naomi Tyrell
An Assessment of the Social and Educational Needs of Children in Service Families in the Context of Military Mobilities

Carole Sutton
Public Memories and Visions. The renovation of Drake’s Place Gardens & Reservoir
What is your current position and how did you get there?

I am Vice Dean (Health Sciences), Director of the School of Rehabilitation Therapy, and Professor of Occupational Therapy and Rehabilitation Science at Queen’s University in Kingston, Ontario, Canada. Being in this type of role was not part of my initial career plans. I started as an occupational therapist working primarily with older adults in community and transitional settings, focused on health promotion, participation, and healthy aging. I also volunteered extensively with the Multiple Sclerosis Society. My work and volunteer experiences raised many questions for me about how to effectively support people to maintain meaningful engagement in daily life, despite age or disability. My questions lead me to pursue an MSc and PhD in Community Health Sciences from the University of Manitoba. Upon completion of my PhD, I was recruited to Nova Southeastern University (NSU) in Fort Lauderdale Florida, and then later to the University of Illinois at Chicago (UIC). While at UIC, I was able to integrate my research interests and focus on understanding the experience of aging with multiple sclerosis, and the use of and need for health related services in this population. I started at UIC as...
an Assistant Professor, then achieved tenure and promotion, and eventually was promoted to the rank of full Professor. Although I was happy and successful in my position in Chicago, I was ready for a change and ready to return to Canada, which is my home country. I was approached and asked to consider applying for the position at Queen’s University, although was uncertain about taking an administrative role. After talking with many rehabilitation researchers who have moved into an administrative position about the impact of this role on their research efforts, I decided to apply and was eventually selected for my current position. Queen’s University has a stellar reputation and the School of Rehabilitation Therapy is well known for its collegial atmosphere. The position has been a good fit for this next stage of my career.

What are your connections with Plymouth?

I have been aware of the research work of Dr Jenny Freeman since the late 1990’s, as we share a mutual interest in multiple sclerosis rehabilitation. I was involved in co-chairing a MS Rehabilitation Research consensus meeting in 2005, hosted by the National MS Society in the USA. Dr Freeman was one of our invited speakers and I had the opportunity to meet her at that time. We have stayed in touch over the years, sharing resources, talking at conferences, and generally tracking each other’s work. Because of this longstanding connection, I invited her to participate in the International Multiple Sclerosis Falls Prevention Research Network, which I coordinate, in late 2013. Dr Freeman was interested, and also suggested the participation of Dr Hilary Gunn, who is also at Plymouth. Both of them are now active collaborators in the Network, and I have regular contact with both of them around projects and initiatives related to falls prevention among people with MS.

What are your key research interests and activities?

My research aims to generate knowledge that can be used to enable people with multiple sclerosis and their families to fully participate in everyday life. To pursue this aim, my research involves developing, implementing and evaluating self-management programs; examining patterns and predictors of rehabilitation service use and outcomes; and translating knowledge to strengthen clinical practice. My specific areas of expertise include fatigue management, falls prevention, and caregiver support. My current funded studies include: (1) A longitudinal investigation of transitions into nursing homes among people with MS, with a specific focus on trajectories of health care utilization, (2) A pilot feasibility study of an interactive, self-directed fatigue management education program for people with MS, (3) An investigation of the factors associated with bone mineral density screening among people with MS and the extent to which bone mineral density can be used as a predictor of risk of fall-related fractures in this population. I am also working as a co-investigator on several other MS studies testing fall prevention interventions, promoting activity, and understanding the experience of relapse management. In addition to these various projects, a major focus for me over the last year and a half has been building and seeking funding to support the work of the International MS Falls Prevention Research Network. This group includes 10 MS fall prevention researchers from 5 countries (Canada, US, UK, Italy, Ireland) and 4 disciplines (occupational therapy, physical therapy, neurology, kinesiology). Our goal is to develop and test a multi-factorial fall prevention program for people with MS to reduce falls, improve dynamic balance, and improve community participation.
PROFILE ON
JANE GROSE

CHeSCI/CMI

A Career in Serendipity

I was asked once at an interview if there was any comprehensible thread throughout my CV. I responded by saying ‘serendipity and luck’. I got the job. Stay with me on the journey and you will understand what I mean.

An unremarkable and miserable time at a secondary modern left me wandering around for a couple of years but along the way I managed to scrape together enough O-levels to start nursing at the Middlesex Hospital in London. Long before the nursing process or Project 2000 basic nursing care provided me with the joy of walking on to a medical ward and having time to sort things out, change all the beds, do the bed baths and listen. Night duty was often sitting on a patient’s bed (yes – so shoot me!) listening. In fact I felt so strongly that some patients would be better just having someone who listened that once I qualified I immediately asked to be an RMN. I was lucky, a new course had been developed, 13 months later I qualified again. Psychiatry was not in a good place at that time, the large ‘asylums’ were closing and my experience working in them made me feel this was necessary but ‘Care in the Community’ the Government’s alternative was not well thought out, and would never be well funded, so I left London and left the UK.

I travelled to India to work in a rural medical centre. I had met a person at a party in London who had mentioned she knew of someone, who knew someone who had started a hospital so I wrote to him. Kabliji Hospital and Rural Health Centre (www.kablijihospital.com) had just opened and I was the first nurse. We had 30 inpatient beds and saw about 100 outpatients a day and ran a 24 hour service. I employed local men and women and trained them as health care workers. We carried out cataract surgery and minor operations and ran an antenatal and under-fives clinic that served 10 villages. The villagers asked us for a school and we developed one on the campus. In the last 35 years the hospital and school have gone from strength to strength. Students from Kabliji school are now welcomed at the big private schools in Delhi and child mortality, and therefore the birth rate, has reduced dramatically. I now visit each year as a Trustee. Please visit the website and give generously.
After two years working 24 hours a day I was a bit tired but by then committed to women’s health. I came home for a break and worked as a clinical nurse teacher whilst training in family planning and sexually transmitted infections. I felt dissatisfied with the grumbles in the NHS when we are all so fortunate so I left again and this time for North Yemen. I worked as a British volunteer in a community programme on the Red Sea coast. This time we had a team of medical staff developing maternity, under-fives and an immunisation programme. It was hard work, 45o in the shade a little water and a limited diet. A family tragedy called me back to the UK again and I went to live in Cambridge.

At my interview for Charge Nurse in the Genito-Medical Clinic at Addenbrookes Hospital the imperious Nursing Officer said ‘How can you work as a Charge Nurse when you have never been a staff nurse?!’. I explained that I thought running two rural medical centres in difficult circumstances for over four years might have given me a few skills but as I wasn’t following due process she was unconvinced. However I did get the job thanks to an enthusiastic young Consultant who thought I might do.

During my time we developed a rape crisis drop in centre and had an open door policy for all gay men. We were hearing about a new disease that seemed to be killing people in San Francisco. As HIV/AIDS crept over the pond the gay communities in Cambridge asked me to help them with a helpline. I wrote a proposal to the Director of Public Health and the Cambridge AIDS programme was born. As Director I supported the needle exchange programme and HIV testing and we started an AIDS education centre and a helpline. I was once again back in listening mode as I trained the helpline workers in telephone counselling.

After three years and a lot of sitting at dear friend’s bedsides as they died I decided I needed a break. The community work we had been doing was picked up by the Global Programme on AIDS at the WHO and I went to Geneva to start writing training manuals for young people on HIV/AIDS and sexual health. A chance meeting with a friend led me to develop this work at the Federation of Red Cross and Red Crescent Societies and we worked with young people from 145 countries to make sure the training manuals met their needs.

During my time in Geneva I travelled back briefly each term to Keele University and did an MBA in Health management so by the time I left Geneva I was able to begin a 15 year freelance career in community development, HIV/AIDS and reproductive health working nationally in the UK and internationally.

I was getting itchy feet again and also missed India and by chance my husband was offered a job with the Department for International Development in Delhi so we packed up our four year old and 10 month old daughters and all went to live in Delhi for four years where I carried on my freelance job, visited Kabliji Hospital and set up a telephone helpline for a Cancer Charity CanSupport (www.cansupport.org please give generously). I was so happy to be back in India and our girls flourished in the sunshine.

We returned to the UK in 1999. Our girls have grown up in Devon and have now gone on to live their lives. I freelanced for a while and then joined the teaching team at the new Peninsula Medical School Postgraduate Institute. During this time, as I was sitting on the floor doing cutting and sticking with our children, a friend discussed with me the possibility of doing a PhD and within no time I enrolled at the joint Universities of Exeter and Plymouth. I was interested in the endless use
of the term ‘psychosocial care’ which was bandied about by both Government and academics as some kind of a cure all and so returning to my first interest in listening as a treatment I decided to try to define it for people with long-term conditions, specifically MS.

I spent the next three years post PhD in the Neurological Research Group at Tamar Science Park working with Professor John Zajicek on the qualitative aspects of a NIHR grant. Our work was to interview people with progressive MS to explore their experience pre-diagnosis and to try to develop measures which might more accurately identify deterioration.

Serendipity struck again when I met Professor Janet Richardson in one of the University’s café’s. She discussed her work in sustainability and the potential effects of climate change on health service resources and there I was happy to change tack again, return to a School of Nursing and Midwifery, and work on an issue which is world changing and potentially devastating to the way we will provide health services in the future. It is exciting and challenging work not least of all because there is a need to convince people of its importance. However I consider myself incredibly lucky to be working in a University that has sustainability as a key performance indicator, is first in the People and Planet League, and has a research institute (Institute of Sustainable Solutions Research) devoted to bringing people together to carry out ground breaking research. We also have an equally world renowned pedagogical approach to education for sustainable development (Centre for Sustainable Futures). The team there helped me with my steep learning curve. Our research has won a Green Gown Award for innovation and we are currently working with 3 other European countries to develop training materials for nurses to learn about sustainability (www.nursus.eu)

So going back to the question ‘is there a comprehensible thread to my CV?’ I have been fortunate to be in the right place at the right time but I have taken every opportunity offered and developed it to make it my own. Nursing is one of the most adaptable professions and provided nurses are open for adventure their skills can be used to the benefit of people with specific illnesses or to develop patient/person centred approaches to the delivery of health care.
‘R/Evolution: Research as Transformation’ was the theme of the fourth annual Institute of Health and Community/Plymouth Institute of Education postgraduate research conference. The theme for this conference drew attention to the transformative nature of postgraduate research – asking the question: what is the transformative potential of new knowledge upon our field of study, future practice and the future lives as researchers? The conference aimed to encourage postgraduate researchers to consider the transformative potential of their research, how it could be shared, published and utilised and where it might lead in the future. Around 50 staff and students attended the one day conference this year. Throughout the conference, both students and supervisors were asked to make comments and suggestions about the supervisory relationship and process via post-it notes. This exercise was led and collated by Dr Ulrike Hohmann who is able to provide feedback to anyone who is interested – please contact her on ulrike.hohmann@plymouth.ac.uk

These conferences provide an excellent opportunity for doctoral researchers to present work in progress, in different ways according to the stage of the research or aspect to be presented, and get feedback from peers and from a wider body of academic staff. The conference presentations were included in three thematic streams: methodological/theoretical issues in education; educational didactics and issues.
of inclusion and social justice. There were 27 oral presentations, round table discussions and poster presentations reflecting a wide variety of topics and methodological approaches. Students enrolled on both the taught professional doctorate (EdD) and the PhD programmes contributed to the day. The participants included full time and part-time students from the UK and from Saudi-Arabia, Spain, the USA, Ireland, China and Ghana. They included students from all phases of schooling, further and higher education and from both informal and formal education settings. Some students are just at the start of their studies and others close to completion.

Dr Nick Pratt opened the conference and introduced the visiting speaker, Dr Joan Smith, Post Graduate Tutor for the EdD programme at University of Leicester. Joan’s keynote presentation ‘Becoming a resilient researcher; peer review, rationality and the transformative potential of critical friendship’ drew on her interest in improving pedagogy in doctoral research methods teaching and reported on her HEA funded research project ‘Developing doctoral students’ critical writing skills through peer assessment’ (2014).

The conference ended with a Panel, chaired by Dr Joanna Haynes, on the theme ‘Transformation of researcher identities through networking, collaboration and engagement with professional, academic and wider communities’. Panel members included Drs Verity Campbell-Barr, Valerie Huggins, Louise Webber and Ciaran O’ Sullivan, who reflected on their varied experiences and had specific advice for those currently engaged in doctoral study. This was followed by questions and comments from the audience. The conference congratulated the first three students to successfully complete their EdD thesis.
The ‘Food as a Lifestyle Motivator’ (FLM) project – update

Dr Clare Pettinger

Plymouth has high levels of deprivation with 12 years difference in life expectancy across the city. There is increasing local evidence that those on the lowest incomes suffer disproportionately from poor nutrition (Fairness Commission, 2014). Homeless individuals are known to experience multiple vulnerabilities, including substance misuse and mental illness. This can lead to marginalization, low motivation and lack of personal support strategies and networks. The FLM pilot project has explored the use of creative methods to gain insight into the food experiences of service users at Devonport Lifehouse homeless centre. The project gained funding through an Institute for Sustainability Solutions Research (ISSR) small collaborative award in May 2014.

The primary objective of this exploratory pilot study was to involve support workers and service users with creative qualitative approaches ‘Participatory Action Research’ (PAR) (Minkler and Wallestein 2003), summarised in table one.

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<th>Method</th>
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<tr>
<td>Surveys with homeless centre staff (n=10)</td>
<td>Service users’ motivations, barriers and engagement in food activities</td>
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<td>‘Photo elicitation’ using focus group to discuss images with service users (n=6)</td>
<td>Food experiences and engagement with process</td>
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The FLM project has fostered a strong multidisciplinary team ethos that has permitted integrated, but diverse, interpretation of the project findings, leading to five key themes pertinent to the service users’ food experiences: i) Power and empowerment; ii) Occupation; iii) Emotion; iv) Meaning of food; v) Space and place.

From my own ‘critical dietetic’ perspective, this project has consolidated evidence that highlights the homeless community as being diverse and experiencing multiple vulnerabilities. Although this group is particularly prone to inadequate nutritional intake, we have found the themes to be similar to what you might expect in the wider population, suggesting these individuals are not necessarily ‘marginalized’ from mainstream nutritional health discourse. In fact, their knowledge and understanding of ‘healthy eating’ was very good, but circumstances (e.g. cost, access,  

1 Devonport Lifehouse is a Salvation Army homeless centre in Plymouth, providing ‘Stage 2 housing (up to 2 year stay) for 62 residents. The centre emphasises improving health, wellbeing and life skills
2 Photo elicitation’ is based on the simple idea of inserting a photograph into the research process. This method has been used successfully in the homeless population (Wang et al 2000)
institutionalization) prevented them from translating this into positive behaviours. One service user had ‘turned his life around’ through food (Ross, image 1) but another used food as a way to withdraw from social places (Nemo, image 2). Analyses are ongoing and we are currently working on two articles for publication, one general and one methodological paper.

The participatory methods that we have developed seek to address some of the power imbalances that arise because of inequalities, enabling marginalized groups to gain more control over their food choices. Through this pilot phase, we have given a voice to the service users and strengthened local partnerships with service providers and centres using food activities to support socially-excluded individuals. The potential impact of this work should not be underestimated – it aligns with local priorities, for example, Plymouth’s 10 year inequalities strategy to support positive health-enabling choices. It also serves to enhance health and wellbeing in these communities to strengthen social assets, promote social sustainability and tackle social justice.

Two recent funding successes have come from the FLM project: February 2015 (£1K) IHC pump priming award and more recently June 2015 (£1K) ESRC event to be run during Festival of Social Science in November 2015. A bid has been submitted for a British Academy/Leverhulme small grant to run ‘FLM Phase Two’ – which will develop the methods and explore a wider range of service user engagement with food activities.

Research Team

Dr Julie Parsons (sociology); Ms Carole Sutton (Sociology); Dr Richard Ayres (GP); Miranda Cunningham (OT); Andrew Whiteford (Social work); Gia D’Aprano (Research Assistant); Professor Gayle Letherby (specialist consultant)

Special thanks to Dr Lyndsey Withers and Devonport Lifehouse for their support

References


“... food has become a major part of my life. I really enjoy cooking, actually it beat the demons in my head... Look how far I’ve come...” Ross

“...I can’t eat in the dining room because I’m scared of crowds and large groups of people...manners, elbows out, passing wind and shouting at each other...” Nemo
The links between human health and environmental issues are increasingly recognized with climate change acknowledged by The Lancet as the most important public health challenge of the 21st century. The news media play an important but complex role in informing attitudes and influencing behaviour.

Professor Alison Anderson, director of the Centre for Culture, Community and Society has recently published a new book on the subject entitled Media, Environment and the Network Society, which provides a timely and far-reaching analysis of the shifting role of the media in covering some of the most important global environmental challenges we face today. Anderson examines the influential theory of ‘network society’ and discusses its significance for understanding the nature of contemporary environmental activism and the media politics of the environment. She argues that the success of an environmental campaign cannot be judged by media visibility alone. Among the key questions the book seeks to address are: What factors trigger particular environmental stories to make their way into the headlines while others are ignored? How do issue attention cycles operate? And how do some actors seek to keep issues off the agenda?

The chapters focus specifically on climate change, the Deepwater Horizon oil disaster and emerging technologies such as synthetic biology and nanotechnology.

Reviews

‘Media, Environment and the Network Society is a much-needed rethinking by one of the field’s leading scholars of many of our assumptions about media and environmental activism. Anderson’s conceptually-smart analysis takes us well beyond activists’ quest for access or visibility to the rapidly changing and complex terrain of global media politics — including digital media — in a networked world.’

Professor Robert Cox, University of North Carolina at Chapel Hill, USA

‘Anderson expertly navigates the complex terrain of media, environment, politics and power. As one of the founders of this academic field, she provides a nuanced and rich account of how environmental issues are constructed and contested across a range of media platforms and social actors, including NGOs, businesses, citizens and celebrities. In placing emphasis on the power dynamics of online and offline media and activism in particular, Anderson lends us critical insight into the contemporary formations of the mediatised politics of the environment.’

Dr Julie Doyle, Media and Communication Studies, University of Brighton, UK

‘A skilful guide through the rapidly-changing media landscape in which environment communication now takes place and through the new scholarship that has accompanied it. Anderson writes with the clarity of a good journalist and the rigour of a good academic.’

Dr James Painter, Reuters Institute for the Study of Journalism, University of Oxford, UK
ROUND UP –
DEMENTIA
SEMINAR
SERIES 2015

Dementia is a growing health and social concern in the UK and around the world. Current and future developments in health and social care for dementia were highlighted by national and international experts over 5 evening lectures in February and March 2015. Two 45 minute lectures were provided each evening with a break to allow networking and refreshments. The aim was to provide a mixture of clinically-oriented lectures and research focused lectures. The series was funded by the Health Education England South West Clinical Academic training program and co-hosted by the Institute of Health and Community. It was attended by over 110 people per week who came from a wide variety of social and healthcare backgrounds as well as the general public. Each session was videoed and placed on the IHC website (www.plymouth.ac.uk/research/institutes/health-community) to allow access to people across the South West and further afield.

The seminar stated with Gertje van Roessel and Alieke Scholten from the Netherlands describing the innovative Buurtzorg approach. This is a nurse led service that is now established across the Netherlands. The model allows the nurse to deliver all the care avoiding the fragmented services seen with other models of care. Data from the service highlights how the service delivers care cost efficiently with high employee satisfaction. Week two provided an overview of dementia care policy by Dr Ian Sherriff, Plymouth University and the carers and patients’ perspectives by Keith Bucknall and Professor George Giacinto Giarchi, Plymouth University. Laura Walker and Katie Smith provided an example of the innovative implementation of evidence based care with their “memory matters” service.

Laura Walker RMN and Katie Smith RGN giving their presentation on the Memory Matters South West service
Overviews of interventions and the latest research followed in the ensuing weeks: an evaluation of the South Devon Learning community scheme was provided by Professor Rod Sheaff, Plymouth University whilst Dr J Wenborn, University College London provided an overview of the development, training and running of a randomised controlled trial of Occupational Therapy for people with Dementia. Professor Ray Jones, Plymouth University highlighted the use of technologies for aiding communication and social interaction for people with dementia including his own research in this area. The final week saw presentations on the use role of exercise and pharmacological interventions in dementia by Professor Jon Marsden, Plymouth University and Dr Denise Taylor, Bath University.

Feedback indicated that the evening lecture series was easily accessible to many and that this was a suitable way to highlight current evidence based practice whilst teaching people through real world examples about research methods and practice. In particular the series exhibited the expertise in this area in Plymouth University and the IHC. Thanks must go to Andrew Wills and Adrienne Allen-Laing who were instrumental in organising this series.

Following on from the success of this series, we will tackle another priority area in spring 2016 – “Older People Living with Frailty Lecture Series”.
On 17th June, Jane Grose (CHeSCI, CMI) and Janet Richardson (CHeSCI) joined the Royal College of Nursing (RCN) (http://bit.ly/1R5i819), the Campaign for Sustainable Healthcare, and healthcare professionals at The Climate Coalition #forthelove of climate change lobby at Westminster (http://bit.ly/1iA6gMd).

Our banner, supporting the University logo and the slogan ‘Climate Change is a Life and Death Issue’, had been carefully designed and made during discussions about what politicians and healthcare professional bodies should be doing about sustainability and climate change.

Approximately 10,000 people lined the streets around Parliament to lobby their MPs to take action on climate change. Meanwhile, discussion in the House of Lords (http://bit.ly/1WmGeLf) focussed on the Climate Change Act and steps the Government would need to take in order to decarbonise Britain by 2050. At the lobby we managed to talk with Ben Bradshaw MP about the need to be proactive, and to address climate change and health in a positive way, stressing the links between good health promoting activities (reducing meat consumption, being more active – cycling etc) and the associated benefits to the environment.

The RCN is moving this agenda forward through a number of initiatives, for example they are members of the Climate Health Alliance, have responded to and are signatories to both NHS Sustainable Development Plans (2010-2015, 2015-2020). Through Bernell Bussue’s good offices (RCN Director London Region) they made a public intervention in support of the proposals for London’s segregated cycle highways, citing pollution reduction and its associated health benefits as one of the key reasons for doing so. The RCN Congress this year provided an opportunity for a debate submitted by the Welsh Office on Climate Change and Health (http://bit.ly/1FsVevY). The resolution: That this meeting of RCN Congress urges Council to lobby governments within the UK to take
all actions to prepare the UK health services for the effects of long term climate change was passed (448 (98.53%) for; 31 (6.47%) against, 3 abstained).

The interest the RCN and its members are taking in climate change and health are very timely. The Lancet Commission (www.thelancet.com/commissions/climate-change-2015) report on Climate Change and Health published on 17th June shows that climate change is already having significant health impacts, and calls for co-ordinated action for health professionals and Government. The launch of the Lancet Commission report included discussion on twitter (http://bit.ly/1G6FXCP). Dr Peter Carter, Chief Executive & General Secretary of the RCN commenting on the Lancet Commission report said (http://bit.ly/1KGzDnx) climate change: is an issue that our health services cannot afford to ignore. Our over stretched health services are already straining, and unless we reconfigure them to be sustainable they will find it hard to withstand the increase in demand that climate change will undoubtedly bring.

On the same day as The Lancet report was published, a summit took place in the US at the White House on climate change that included leading environmental health nurses and healthcare professionals. President Obama talked of the need to find out how medical and healthcare schools were integrating climate change issues into education!

The recent publication of the pope’s encyclical Laudato Si’ (http://bit.ly/1Gi1BTu) and the Lambeth Declaration on Climate Change (http://bit.ly/1Ge8tRK) highlight issues of social justice and inequalities (including inequalities related to health), and further add to the need for societies to take action.

So what can we do? Climate change and sustainability present an urgent and pressing challenge to healthcare. At Plymouth University we have already embedded sustainability topics into our nursing curriculum using an evidence-based approach (http://bit.ly/1LaARNt) that draws on our own research as well as that of others. However there is more to do to raise awareness and develop mitigation and adaptation strategies. We can continue to support this agenda through inter-disciplinary research and education, collaborating with other organisations, such as the RCN (www.rcn.org.uk) and Centre for Sustainable Healthcare (www.sustainablehealthcare.org.uk) policy-makers and sharing the sustainability and health training tools we have already developed (www.heart-etools.com). Our work with other Universities across Europe, and in particular the NurSusTOOLKIT project (www.nursus.eu) will enable us to develop and share educational materials to nurses and other health professionals to deal with the current and future challenges of maintaining a sustainable healthcare system within a changing climate.

For more information see: Sustainability, Society and Health Research: http://bit.ly/1KUOZ6Z

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Jane and Janet outside RCN HQ with Mark Platt (RCN Policy Advisor), Rebecca Gibbs (The Centre for Sustainable Healthcare), Alice Monro (nurse, climate and health activist).
I have been working within the Institute of Education (IoE) as a Research Assistant for almost two years now. During this time, I have had the opportunity to look into different aspects of education research within very unique contexts, in projects led by Jan Georgeson, Linda La Velle, Jocey Quinn and Sue Waite.

I have found a vibrant community with wide expertise and interests where my previous research experience on international human rights law and migration studies has been welcomed. Because of my personal history, I am particularly interested in indigenous rights, the sociology of law, inclusion and social justice.

I grew up in Colombia, in a city that, back then, held the unfortunate title of ‘the murder capital’ of the world. We lived in the cross hairs of a society overtaken by violence; where drug cartels, revolutionary groups, paramilitary groups, and the government all fought for control. Despite all the fear and violence, a few exceptional people engendered a strong sense of community that sustained us. Since then, I respect and value the importance of belonging and contributing to a strong community and the power of inclusion.

As a migrant living in the United States, community took a different shape and brought other challenges. In Miami, I studied Sociology and Anthropology at Florida International University because I wanted to understand how cultural contexts and migration (either forced or voluntary) changed people and their values. More significantly, it was the first time I experienced living in a state with a functioning legal framework that presumably supported human rights, and consequently its communities. As an undergraduate, I was part of a project led by Dr Alex Stepick on volunteerism and civic engagement that inspired me to subsequently join the Peace Corps. Thus, after graduation I spent two illuminating years in Niger that were immensely rich and yet painful and difficult. I learnt so much. From my time in Niger, I am proudest of the fluency I achieved in Hausa (the local language spoken in that part of West Africa), it opened many doors; and
once more, it enabled me to feel as part of a community. Living in a small village on the edge of the Sahara, gave me valuable insights into different societal structures and its complex context. Based on that day-to-day experience, I facilitated girls’ literacy campaigns and assisted with emergency food distribution during the 2005 famine. Most importantly, I assisted my community with projects they wanted to develop; it was a real window into cooperation at subsistence levels.

Subsequently, following on my interest in indigenous rights, I visited Chiapas in Mexico to volunteer as a human rights observer in a Zapatista community. Zapatista communities are exemplary in their democratic practices amidst their organised struggle; they have become a permanent source of inspiration in my life.

Niger and Chiapas reigned my desire to find out more about human rights and responsibilities. Thus, I enrolled at the American University in Cairo with the hope of understanding the legal framework that sustains human rights with the discrepancies of their implementation at ground level. Hence my master’s dissertation focused on the cause of the Saharawi people living in refugee camps in southern Algeria. I visited the camps and interviewed their residents to explore their understanding of the right to self-determination, of which theirs is landmark case in international law. I found that most people are disillusioned with the obfuscation of the implementation of their recognised legal rights; leaving them feeling powerless and isolated in their chosen path of peaceful challenge.

Here at the university, I have felt welcomed, encouraged and supported for which I am immensely grateful. My work as a research assistant has given me the opportunity to get to know the community much faster and a deeper level than that I could have expected in such a short time. My heartfelt thanks to Hephzi Herman for the photograph that accompany this profile; a very talented young photographer who is part of one of the projects conducted in the in IoE.
“One minute I was getting ready for Christmas, the next I was in a lab in the middle of the jungle surrounded by medics in space suits!” says Dr Leigh Jackson, CHeSCI, reflecting on a month he’ll never forget volunteering in an Ebola testing and treatment centre in Sierra Leone.

Leigh, a Research Fellow in Applied Health Genetics, in the School of Nursing and Midwifery, has just returned to University duties (in mid-February) after completing a mandatory period of time away from campus. Sitting in the Reservoir Café, it’s a far cry from the camp in Makeni, where he spent December and January analysing blood samples to help contain and combat the spread of the disease.

“I had been following the Ebola story on the news with a feeling of growing frustration and sadness,” Leigh says. “It’s a nasty disease, but one which can be stopped relatively easily with just soap and water. But it takes the right people and processes to contain it.”

In November, Leigh contacted Public Health England after hearing that they had established field labs in Sierra Leone, and enquired as to whether they might find a use for his skills. Having completed his PhD in stem cell research, he was no stranger to working in labs using polymerase chain reaction equipment (a technique used to study DNA in molecular biology).

With permission from his supervisor Professor Heather Skirton, and the blessing of the then Head of School, Dr Ann Humphreys, Leigh underwent a medical, a psychological questionnaire and an interview with a counsellor, before being invited to a week’s training session on December 15 at Salisbury Plain. Within days he was on the plane to Africa.

“I didn’t even have the chance to come home to Plymouth,” Leigh said. “It was quite a shock, probably more so for my family with whom I’d had the delicate conversation some weeks previously. They were worried, of course, but then my dad had volunteered on the Plymouth lifeboat for 17 years, so he didn’t have a leg to stand on!”

Leigh joined a team of 14 Public Health England volunteers, who came from universities, pharmaceutical companies and hospitals from around the country. Based in
the one brick building on the camp, up to ten volunteers at any one time would work on blood samples and swabs brought in from the community or taken from patients who had been invited to attend the centre.

Working in an isolator, through no less than three pairs of gloves, Leigh and the team would process up to 60 samples per day, using a centrifuge to spin the blood, a process that would enable them to extract the plasma and neutralise any risk of transmitting the disease. Once that was done, they could then work without protective gear while they tested the plasma for signs of Ebola and malaria.

If the sample was found to be positive for Ebola, the patient would be admitted to the centre for treatment, or if it had come from the community, then containment, clean up and burial teams would be dispatched to the location. Anti-malaria drugs would also be issued if anyone was found to be suffering from the disease.

“Most of the swabs had come from dead children, and that is the grim reality in an area where infant mortality is so high,” said Leigh.

Unlike at many of the other charity-sponsored camps, the volunteers at the International Medical Corps camp (the charity behind the Public Health England operation) were allowed to go out into the community. Leigh’s hotel was in the centre of Makeni, and he had the chance to visit the local markets and speak with the people.

“We had many locals come up to us in the street and thank us for our help, and that was inspiring. But it was also important for the people. When the outbreak started, many were in denial about the disease. Then, when the clean-up and burial teams started to arrive, clad in their all-over protective suits, it was a very intimidating thing for them to deal with, not to mention a challenge to their social traditions around burial. So to be out there in the community, presenting a human face so to speak, was great.”

By the time Leigh departed for England, the camp’s turnaround time for obtaining results was down to as little as two hours. And it had also released its 19th patient back into the community – meaning more people had been successfully treated than had died in the centre.

“It’s the singing and dancing of the patients when they leave the facility that stays with you,” Leigh says. “And with every handprint and name on the ‘survivors’ wall’, we’ve helped to address not just the medical, but the cultural and social challenge of combatting Ebola in Sierra Leone.”
The launch of the Centre for Methodological Innovations Participatory Research Cluster led by Dr Julia Morgan, Dr Caroline Leeson and Dr Naomi Tyrell took place on Friday 12th June 2015.

Following a one day workshop on participatory research with children and families last year, it was felt that there was a mandate to continue meeting in order to discuss issues surrounding participatory research and hence the idea of the cluster group was created. It is hoped that the cluster group will meet three times a year to focus upon innovations in participatory methods, as well as the conceptual and practical issues of engaging in participatory research.

The morning’s session focused on what makes research or practice participatory and in terms of research how does qualitative or quantitative research, for example, differ from participatory research?

The keynote was delivered by Dr Kay Tisdall, Professor of Childhood Policy, Programme Director MSc Childhood Studies and Co-director of the Centre for Research on Families and Relationships in the School of Social and Political Science at the University of Edinburgh and was entitled ‘Better knowledge, improved ethics and more inclusive? Participatory research methods with children and young people’. She focused on four questions:

- What is participation?
- What are participatory research methods?
- What are the claims of participatory research methods?
- What are the current challenges for participatory research methods and for adult researchers?

Kay has a particular interest in children’s rights and children’s legislation and policy and diverse research interests: methodological interests in research with children; theoretical interests in participation; collaboration and rights; policy interests in ‘joined up’ policy, particularly in relation to disability and children. Through her work, Kay has consistently challenged the powerful discourse that prevents many children and young people from participating in decision making, education and governance and her work continues to reflect on the ways in which researchers and practitioners might work together with children and young people in ways that are meaningful, participatory and respectful of the rights of each individual.
In-depth discussion took place around the claims of participatory research methods including how far do participatory methods bring about ‘better knowledge’ and what do we mean by better knowledge – better for whom? Kay led a creative exercise where there was an exploration as to how far we could really say that participatory methods resulted in ‘better knowledge’, were more ethical and more inclusive. Kay encouraged members to come and partner with the Centre for Research on Families and Relationships at Edinburgh University.

Caroline and Julia then led a discussion about understandings of participatory research, central tenets of participatory research and to highlight the importance of working in partnership with research participants. They were keen to highlight the importance of the transfer of power in participatory research and how this is often a significant failure in research that purports to be participative.

The morning concluded with an excellent lunch which supported many lively debates and further fostered the development of links and relationships between academics from different faculties and practitioners. It is the intention of the cluster to continue to promote these relationships as many creative opportunities and partnerships are likely to arise as a consequence.
Institute of Education and Plymouth Music Zone partnership win prestigious research award

Professor Jocey Quinn (CCCS)

Plymouth University and Plymouth Music Zone have been awarded more than £150,000 to explore the potential of music making to enhance the lives of people impacted by dementia, autism, strokes and other conditions which affect their communication.

The two organisations have received funding from the Arts Council Research Grants Programme for a two-year project, titled Beyond Words: The non-verbal/unspoken in inclusive music practice: implications for the Arts in a post-human world. Their project is one of only eight awarded nationally. Other projects include those led by the Royal Shakespeare Company and the London School of Music.

It will see researchers from the University’s Institute of Education/IHC and practitioners from the Devonport-based charity working together to explore how people with limited verbal communication are helped by, and included in, music making.

As well as analysing the impact on individuals, the project – which starts in June – will also interview 100 families and carers and involve other agencies such as social workers and teachers.

The results will be shared at an international conference – Privileging the Unspoken in Arts Practice for a Post-human world – to be held at the end of the research, which will also allow researchers and practitioners from across the Arts to explore how they can work with those who communicate non-verbally.

Jocey Quinn, Professor of Education, leader of the Learning Outside Formal Education research group and Deputy Director of the Centre for Culture, Community and Society at Plymouth University, said: “We are absolutely delighted to be awarded this prestigious grant from the Arts Council Research Grants Programme in partnership with Plymouth Music Zone. We already have a strong bond with them and we see this award as recognition of the way we have built a growing relationship between cutting edge arts practice and cutting edge educational research. We have called the project Beyond Words and it is difficult for us too to express in words how excited we are at the prospect of this innovative and worthwhile research project.”

Plymouth Music Zone and Plymouth University first began their research work together last year when two Independent Evaluations of the charity’s work in residential homes and a domestic refuge went onto Plymouth Music Zone multi-sensory music studio
receive regional and national recognition for ‘outstanding excellent and innovative arts and health practice’. Awards included a national Special Commendation from the Royal Society for Public Health in their Arts and Health Awards 2014 given to only 7 projects in the UK. Both reports were launched at CCCS symposia involving researchers, practitioners and project participants, including elderly people making their first ever visit to a university.

Plymouth Music Zone’s Executive Director, Debbie Geraghty, added: “I am thrilled at the possibilities of what this research partnership with Plymouth University has the potential to do for others. Over the past few years at Plymouth Music Zone we’ve seen first-hand the powerful impact of using music to reach out and really connect with so many people affected by a whole range of health conditions or challenging circumstances that can so easily make them feel cut off from the world around them. This research programme is a tremendous opportunity to show the value of music acting as a potential lifeline for those who cannot or do not speak.”

The Research Grants Programme seeks to build collective knowledge and deepen understanding of the impact of arts and culture, and to promote greater collaboration and co-operation between the arts and cultural sector and research partners.

Phil Gibby, Area Director, South West, Arts Council England said: “This is excellent news and we’re delighted for Plymouth Music Zone and Plymouth University, especially because the high level of interest in the fund from the sector meant we had to make some very difficult decisions. The studies will help us understand and demonstrate how the arts can make a real difference in people’s lives and hopefully reach out to those who often feel cut off from experiences the rest of us take for granted. I’m looking forward to hearing more as the project develops.”

More about Plymouth Music Zone

Plymouth Music Zone (PMZ) is a music charity which believes in the power of music and diversity to connect people and build a richer sense of self and community. It uses music and cutting edge technology to help transform the lives of the most disadvantaged people in Plymouth. The organisation works with around 100 partner organisations a year, using highly skilled Music Leaders to deliver a diverse range of high-quality interactive creative music-making activities, performance opportunities, events and specialised training.

PMZ is a multi-award winning social enterprise with Silver Investors in People status, based in one of the most deprived areas of Plymouth. It employs 25 staff delivering around 60 music workshops to up to 1000 people weekly and responds to need identified through ongoing consultation, evaluation and collaboration with new and existing partners. External independent evaluations have provided powerful evidence of the deep impact of its work in creative music-making sessions. PMZ’s slogan “Music Making a Difference” embodies its ethos and belief in the power of music to engage communities.

More about Arts Council England

Arts Council England champions, develops and invests in artistic and cultural experiences that enrich people’s lives. We support a range of activities across the arts, museums and libraries – from theatre to digital art, reading to dance, music to literature, and crafts to collections. Great art and culture inspires us, brings us together and teaches us about ourselves and the world around us. In short, it makes life better. Between 2015 and 2018, we plan to invest £1.1 billion of public money from government and an estimated £700 million from the National Lottery to help create these experiences for as many people as possible across the country. Find out more at www.artscouncil.org.uk
I have been a social science student at Plymouth University for 8 years – first while studying for an undergraduate degree (BSc), then a master’s (MSc) and now I’m months away from submitting my thesis as part of my PhD. Alongside my PhD work, I have taught social science students social theory and research methods while also working with a private research consultancy – The Drug and Alcohol Research Service (DARS).

My research interests include gambling addiction, problem gambling, substance use and addiction (including illegal substances and ‘legal highs’), behaviour change, addiction recovery and treatment, harm reduction and exploration of risk environments, addiction theory and recovery. I am experienced in the analysis of qualitative and quantitative data in attributable and relational forms as well as techniques of interviewing, surveying and of social network analysis (SNA).

10 years ago my life was very different having just scraped a couple of A-Levels and having failed another. I ‘failed’ the entrance exams for grammar school so I took my A-Levels at the local secondary school where few would go on to university. I was not expected to enter academia anyway and did not really even consider the option. No one in my family had attended university, I was not regarded as particularly academic, and my parents wanted me to become a plumber – a vocation in which my older cousin has done well for himself: “People will always need plumbers”, I was told. At school special classes were held for those few interested in applying for university – and I was not in attendance.

Looking back, I realise that although I did not do very well at school I had always been very inquisitive and always questioned what I was told. One of my mother’s favourite stories is that at primary school “Edward didn’t know why he was there”. Apparently the answer was simple: you went to school to get good qualifications, so you could get a good job and which provided enough money to live. The better you did at school the better life you were able to lead. Even as a school boy I thought that there must be more to it and, of course, there is.

Not knowing what to do after school, I enrolled at the local college to study journalism and quite by chance ended up studying, among other subjects, A-level sociology. I did not know much about
sociology but having read the course description it seemed interesting. The course covered various aspects of society from the family, to education, to crime, to politics – all subjects I had been interested in but never had an opportunity to study academically. It was not just the subject matter than made the course interesting. My college sociology lecturer came of age in the 70’s/80’s, had been involved in the British punk scene, and in political activism of that time. Her teaching revealed a vehement passion for social and political issues and I can still to this day recall much of her teaching of Marxist thought. I achieved a good sociology A-level and as many of my college friends were applying for university, I decided to do so as well.

I was required to complete an undergraduate dissertation and free to choose an area to investigate, to design the research and conduct the project as I saw fit; I relished the opportunity. Aware of the lack of quantitative skills among social science graduates and seeing an opportunity to differentiate myself from others in the job market, I chose to design my research to be strongly quantitative. I explored the UK Data Archive and found the British Social Attitudes series. Using data from 2000 and 2006 (which were the most recent available at the time) I conducted a repeated cross-sectional analysis of how attitudes to marriage had changed over the 6 year period using both bivariate and multivariate techniques. My findings and conclusions were far from ground breaking but it did allow me to develop and demonstrate skills of quantitative analysis.

My Master’s research was commissioned by anaesthetist and editor for the Cochrane Collaboration, Dr. John Carlisle. While producing a systematic review of studies testing the efficacies of drugs for preventing nausea after surgery, Carlisle noted that some study authors were publishing results which differed substantially from the reports of most other authors who had investigated the same drugs. Carlisle suspected that some of those authors who were publishing significant different results from the rest of the scientific community represented distinct communities of researchers who were, at best, producing biased results and, at worst, falsifying data/results. Using theory and techniques of Social Network Analysis (SNA) and under the supervision of Professor John Scott (CBE) I created and analysed a co-authorship network of authors of those studies in Carlisle’s systematic review plus studies published since – a significant task given that there were 1007 eligible studies published by 2670 distinct authors.

Among other findings my research indicated that, as suspected, there existed a very strongly connected and closed subnetwork of authors who published only with each other and never with the wider researcher community. Further research by others indicated that one of the most central authors in this subnetwork had committed research fraud and this led to the retraction of 183 papers published by that researcher (Retraction Watch, 2012). The project allowed me to learn techniques of SNA and gain familiarity with relational data that relatively few social scientists have experience with under the guidance of an expert on SNA.

Coauthorship network of authors of RCTs testing drugs for postoperative nausea

After graduating with my MSc, I held two temporary research positions before returning to study for a PhD. The first was as a researcher in a think-tank called the New Local Government Network. At the time the recently formed Conservation-Liberal Democrat coalition government had
launched their ‘Big Society’ agenda which involved cutting public service provision and encouraging citizens to take a more active role in their communities (i.e. providing support that would otherwise be provided by the state). Based on the premise that areas with higher levels of social capital would be more resilient to cuts in public provision, my role involved measuring levels of social capital across local government authorities in England and presenting this data spatially on a map of the UK. This provided me with experience of presenting quantitative data geospatially. Higher levels of social capital are represented by darker shades:

Heat map of social capital across England


In my next role, I conducted some evaluation research for a small charity, Westminster Befriend a Family (WBAF). At this time local government authorities had had funding from central government reduced and were cutting funding for charities. This led to greater competition from charities for increasingly limited funding. My role was to evaluate the services provided by WBAF – showing not only how the charity benefited service users but also those volunteers who supported the charity. The project provided me greater insight into evaluation research – an area that I had little experience in before.

While working with WBAF, I was contacted by Professor Ross Coomber who asked if I would like to help put together a proposal for a research project. Our bid was successful and the project is my ongoing PhD research. It explores the influence of social-setting on gambling addiction and recovery. The research is broadly qualitative and the main method of data collection is in-depth semi-structured interviews with three groups of participants: ex-gambling addicts (who still gamble); gambling addicts; and regular gamblers (who have never experienced addiction). The research explores what is it about the lives of ex-gambling addicts that allows them to regain control over gambling and, in comparison, what is it about the lives of gambling addicts that impedes recovery? Furthermore, how have some gamblers maintained regular (and often heavy) patterns of gambling without experiencing addiction or related harms? Prior to my PhD research, I had considered my strengths to lie almost exclusively in quantitative research, but now I also have extensive expertise in collecting and analysing qualitative data.

Twitter: https://twitter.com/Ed_Pyle

References
Norman Gabriel, CCCS, organised (with Professor Lars Bo Kaspersen, Copenhagen University) the very successful international conference, ‘Norbert Elias and Figurational Sociology: Prospects for the Future’, Department of Political Science & Department of Sociology, University of Copenhagen, Denmark, back in April 2011. 95 participants from 18 different countries attended. From this conference he co-edited with Lars Bo a Special Issue for The History of the Human Sciences, Norman Gabriel and Lars Bo Kaspersen (2014) (eds) Norbert Elias and Process Sociology – Across Disciplines, Vol. 27, (3): 3-135. The History of Human Sciences is an international peer-reviewed journal that provides an important forum for contemporary interdisciplinary research in the social sciences, in the humanities and in human psychology and biology. The special review included articles on sociology, early childhood, economics and linguistics – see right for more details of the articles.

Articles


The Making of the English Working Class

EP Thompson, 1963

By Dr Mike Sheaff, CMI


Originally published in 1963, The Making (as its often referred to) explores radical organisations, millenarian movements, Methodism, conflict over wages, and much more. When first reading it in the 1970’s, I was attracted by Thompson’s unashamed statement of purpose: “I am seeking to rescue the poor stockinger, the Luddite cropper, the ‘obsolete’ hand-loom weaver, the ‘utopian’ artisan, and even the deluded followers of Joanna Southcott, from the enormous condescension of posterity.” (Thompson, 1980: 12)

Since then, ‘history from below’ has become more common, but the book is important for other reasons. Thompson’s dominant theme is the role of agency: “I do not see class as a ‘structure’, nor even as a ‘category’, but as something which in fact happens in human relationships... The finest-meshed sociological net cannot give us a pure specimen of class, any more than it can give us one of deference or of love.” (Thompson, 1980: 8).

Citing Smelser’s work, Thompson is dismissive of sociologists’ attempts to categorise class, “as a component of the social structure”. He likewise rejects Ralf Dahrendorf’s approach in Class and Class Conflict in Industrial Societies as, “a study of class obsessively concerned with
methodology, to the exclusion of the examination of a single real class situation in a real historical context”. (Thompson, 1980: 10).

For Thompson, class is a shared identity, formed through common experiences: “it is a relationship, and not a thing”.

Categorization and measurement provide the bed-rock of much social science, but may tell us little about the meanings constructed by actors themselves. With increasing use of qualitative sociological methods the terrain of debate is no longer dominated by Thompson’s structuralist and determinist targets; but issues raised in response to his work remain.

Echoes of Smelsner’s attack on Thompson’s alleged lack of rigour in the selection of his historical facts, and the “bias of radical historical specificity”, can be heard in some criticisms of qualitative research: “Brief conversations, snippets from unstructured interviews... are used to provide evidence of a particular contention. There are grounds for disquiet in that the representativeness or generality of these fragments is rarely addressed”. (Bryman, 1988: 77).

Yet, whatever limitations this places upon interpretive social and historical research, such forms of investigation are themselves part of social and historical processes. Thompson acknowledged shortcomings in the book as early as 1968 in a Postscript, and in a 1980 preface wrote, “the major theses of this book still stand as hypotheses which must never be petrified into orthodoxies.” (1980: 16).

The development of knowledge involves relationships, emerging through dialogue and argument. Several of Thompson’s claims have been challenged, notably his interpretation of the role of Methodism. And although he gave greater attention to the role of women than many of his contemporaries, his focus was predominantly upon a male working class.

Thompson’s writing encourages reflection on the relationship between a writer as scholar and as partisan. His commitment, which may be considered evidence of his bias, shines through in his prose. Perry Anderson, in his 1980 critique of Thompson, refers to The Making and a later book this way: “Readers of The Making of the English Working Class or indeed Whigs and Hunters will always remember these as major works of literature.” (Anderson, 1980).

Thompson combined scholarship with passion. George Orwell, in his 1946 essay, Why I Write, explained the motivation as being that, “there is some lie that I want to expose, some fact to which I want to draw attention”, adding, “But I could not do the work of writing a book... if it were not also an aesthetic experience.”

Thompson gave voice to those hidden from history. Through that voice, their collective responses to shared experiences in times of change, anxiety and uncertainty, still speak to us today.

References