

Institution: Queen Margaret University
Unit of Assessment: UoA 24 Anthropology and Development Studies

a. Context

The environment template describes the growth of the unit in which most of the submitted staff are located. Only 3 of the researchers submitted were in post prior to 2008 and only one strand of the current research activity (psychosocial wellbeing in populations affected by conflict and emergency) was in place before 2005. This has presented challenges in constructing impact case studies. The two impact case studies submitted consist of one that is associated with the original strand of work and one that is associated with work that has been developed since 2005 (policy analysis and processes of change in health systems). The latter relates to the work of the submitted researchers as a whole, some of it before their employment in QMU. This body of research is now clearly embedded in QMU.

Our work on *psychosocial well-being* has targeted impact on policy makers (multilateral and bilateral agencies), service delivery organisations (international humanitarian organisations, public and voluntary sector providers of services to asylum seekers and refugees) and has also directly addressed the improvement of communications between these two. We hosted the Psychosocial Working Group (PWG) from 2000 onwards. The PWG's conceptual framework provided the foundation for international guidelines for good practice now used as the 'gold standard' in the Mental Health and Psychosocial humanitarian sector (IASC Guidelines <http://bit.ly/18z4mmA>). Similarly, our work on building a theoretical framework for refugee integration is being used in both policy and practice to shape refugee integration programme funding and priorities. The work of our group focuses on finding ways of identifying local resources and seeking to strengthen their impact through growth in capacity, providing mechanisms for constructing communities of good practice and sharing in the process of knowledge building. Examples of this include the 'Mental Health and Psychosocial Support' (MHPSS) network (www.mhpss.net), established and led by Strang, and our work with Mercy Corps, Terres des Hommes, the Scottish Refugee Council and the NHS to develop tools for measuring social connection and other aspects of psychosocial well-being.

The main user groups of the *policy analysis and processes of change in health systems* strand are governments and international agencies, as a route to influence on government policy. This work is primarily focused on the equity and effectiveness of public health systems and how governments can enhance this by performing a stewardship role for the whole health system, including the private sector. One premise of the associated case study is that international agencies have significant influence on government health policy and that working with such agencies and providing input to the processes by which they develop policy guidance is an important route to influencing government policy. We provide evidence of citation of our research in those processes alongside evidence of direct input to individual governments.

b. Approach to impact

Impact of research has always been a primary concern of the group. We have been particularly concerned with the relationship between research and the development process that includes engaged users applying research findings to enhance development.

Our case study on research into refugee integration exemplifies the results of maintaining a close relationship with stakeholders at both grassroots and policy levels in order to develop and share insights that can impact at both levels. Another example of our work in stakeholder engagement is the MHPSS network in which we have invested over a seven-year period which we host and which has been financially supported by a range of international funders including Lloyds TSB foundation for Scotland, UNICEF, WHO, International Federation of the Red Cross and Red Crescent Societies, UNHCR, Terre des Hommes and, most recently, Grand Challenges Canada through a CAD 850,000 grant. Exchange and use of knowledge and learning within the global field of MHPSS has been severely constrained by poor access for field-based practitioners and policy-makers in low and middle-income settings to technical resources and expertise. Researchers in academic settings often face comparable challenges in ensuring that the focus of their work is relevant to local priorities. The MHPSS network responds directly to these challenges by providing

Impact template (REF3a)

a hosted online platform for connecting stakeholders in the field and actively supporting sharing of knowledge and resources. Between September 2012 and September 2013, this website, www.mhpss.net, grew to 2,326 members, had over 160,000 pages viewed and approximately 3,300 hours spent on the site by 40,163 unique visitors from 2300 cities in 168 different countries. It has also been adopted as the main online platform for use by the UN Inter-Agency Standing Committee Reference Group on MHPSS, comprised of the key agencies that undertake and lead MHPSS responses in humanitarian crises.

The ReBuild consortium, as with other DFID RPCs, is charged with the responsibility of achieving use of its research for development, and not merely to complete a series of research projects. It employs a research uptake manager and aims to deliver multiple output formats to meet the needs of a range of users of its research. Its website <http://rebuildconsortium.com/> had in the 12 months to October 2013 averaged 178 hits per day, with over 5500 unique visitors.

We are active in a range of more traditional academic networks and networks that enable research user interaction, collectively in organisations such as the Development Studies Association, the Global Health Workforce Alliance, NIDOS, the Scotland-Malawi partnership, Glasgow Refugee, Asylum and Migration Network, 'Ethnicity in Mind'; and as individuals in professional associations such as the International Health Economists Association, the International Society for Critical Health Psychology, the American Anthropological Association, Health Systems Global and the UN Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergencies. We are actively engaged in academic debate across institutional and international boundaries and in the research-to-policy-and-practice-interface, evidenced by the extent of our participation in academic and international meetings.

In both areas of work, we use the mechanism of technical assistance to embed our research in the activities of the identified users. Our social connectedness work has been applied by Mercy Corps, Terre des Hommes and the Scottish Refugee Council, in part because we have worked with them to support these applications. Besides the work described in case study 2, which documents, for example, Witter's extensive engagement at country level in supporting processes of user-fee withdrawal, we are currently working with the Indonesian government to support human resource policy development in the context of their current attempt to achieve universal health coverage. This builds directly on the research project 'Removing financial barriers to access RMNH' (Chirwa et al. 2013 <http://bit.ly/16kuDkJ>; McPake et al. 2013 <http://bit.ly/1bF20Cu>).

Our PhD programme also provides a route by which we can work with individuals influential in policy processes in specific countries. Many of our PhD students are employed in policy branches of Ministries of Health and in strategic roles in humanitarian and international agencies. Their research is designed to support strategic and policy processes they are, or will be, engaged in. For example, one current PhD student (Thidaporn Jirawattanapisal) is employed in the policy and planning unit of the Thai Ministry of Health and her research will inform the development of human resources policy to support universal access to antiretroviral treatment. Another (Ananda Galappatti), will use his research on MHPSS after war and disaster in eastern Sri Lanka to inform his work with the Good Practice Group, a social business for the development of MHPSS services.

Both sets of work consider where the publication of research findings is most likely to attract the attention of policy actors at national and international levels. Journals such as the Lancet and Health Policy and Planning are widely read by such actors, who often have medical backgrounds and are usually focused on health-specific publications. The 'Journal of Refugee Studies', 'Social Science and Medicine' and 'Intervention' are key references for academics, policy makers and practitioners involved in addressing the mental health and psychosocial well being of communities affected by conflict and disaster.

c. Strategy and plans

Significant outputs will start to emerge from the ReBuild programme during 2014. We intend to use the MHPSS model and link to its site as a means of broadening engagement with its research outputs. The research from the ReBuild programme aims to inform governments of countries which will in the future emerge from conflict, and humanitarian agencies which support such countries, of

Impact template (REF3a)

the experience of those that have been through this process before. The ReBuild programme has a research uptake strategy which therefore focuses on building and maintaining relationships with research users, especially at international level (bilateral agencies, UN agencies and senior staff of international humanitarian agencies) where there is potential to translate and disseminate findings across settings, and aims to influence policy and practice guidance emanating from those agencies. Among the specific activities we are undertaking to support this process is the development of a theme group within the Health Systems Global organisation, focused on fragile and conflict-affected states. This was proposed jointly by ReBuild and the Health and Fragile States Network and has now been established. We have proposed a special issue of the journal Conflict and Health as a means of disseminating emerging research results, but also as a means of creating a platform through which engagement with policy makers at national and international level will be conducted. Articles in the special issue are planned to form the basis of a panel to include policy makers' commentaries in the next Health Systems Global symposium in Cape Town in 2014. Established theme groups have guaranteed panel space in the symposium.

By setting up the Mental Health and Psychosocial Support Network, the IHD group has established itself as an authoritative voice in the humanitarian field with a permanent place on the IASC Reference Group which provides strategic leadership for the sector. The network itself is now independently funded and guided by an Advisory Board of leading agencies from across the world. We are able to continue this work in collaboration with existing partners (Regional Psychosocial Support Initiative, Africa; Scottish Refugee Council; Greater Glasgow and Clyde NHS) and are being approached by other stakeholders who would like to become involved. The capacity of the group is being increased by the addition of a post-doctoral researcher employed to undertake the evaluation of a three year Big Lottery funded programme, 'Holistic Integration Service', led by the Scottish Refugee Council. This capacity is supplemented by the contributions of a range of affiliate researchers on a project by project basis.

Key to all this activity is the maintenance of relationships that are already strong (UNICEF, Mercy Corps, Terre des Hommes, Scottish Refugee Council, DFID, GIZ, WHO-SEARO, World Bank) and participation in international consultations which some of these agencies organise. For example, McPake is regularly invited to consultations organised by WHO-SEARO on universal health coverage and has participated recently in consultations for the region as a whole (April 2012), in Nepal (September 2012) and Myanmar (September 2013). She has also participated in consultations organised by the World Bank on health labour markets (participation in regional workshop for Africa; March 2013) and a globally focused workshop in Washington DC (February 2013). Strang is a permanent member of the UN Inter-Agency Standing Committee which acts as a steering group for UN MHPSS response, policy and capacity building. She is also regularly invited to advise the Scottish Refugee Council and Scottish Government on refugee and asylum issues.

We are also involved in the development of new relationships, exemplified currently by recent collaboration with Oxfam with whom we have jointly submitted a proposal to DFID in relation to violence against women, with World Vision, with whom we are agreeing joint research on their MHPSS programme in DRC, with Save The Children UK, with which we have jointly submitted a proposal to the Research for Health in Humanitarian Crisis programme and with AusAID, for which we are undertaking technical assistance commissions.

<h4>d. Relationship to case studies</h4>

Case study 1 exemplifies on-going engagement through collaboration and technical assistance and the integration of policy and academic research agendas. The original piece of research was commissioned by the Home Office and fed directly into national and local government policy. Subsequent publications spread awareness of the work beyond the readers of the original report, impacting on government policy in other countries and spawning a plethora of related research.

Case study 2 exemplifies the approach of maintaining and developing multiple relationships with international agencies, engaging in technical consultations and other policy related meetings, publishing work of relevance to current policy debates in places advisers to key agencies are likely to look, and engaging in policy advisory roles and in technical consultations at country level.