

<p>Institution: Canterbury Christ Church University</p>
<p>Unit of Assessment: Allied Health Professions, Dentistry, Nursing and Pharmacy (3)</p>
<p>a. Context</p>
<p>The researchers returned in this Unit of Assessment (UoA) work in the areas of health and social care, across a number of disciplines and are significantly involved in integration of research with accredited professional training, clinical services and the development of professional practice. Hence the research of the UoA is well positioned for impact with the main beneficiaries, users and audiences being those receiving, delivering and designing services in the health, forensic, mental health, and social welfare sectors, locally, nationally and internationally. As a consequence, the majority of our research is in partnership with NHS, social care, educational and charitable organisations and directly impacts users.</p> <p>The resulting types of impact are those which aim to improve the effectiveness of health, social care and educational interventions, both within clinical populations and the general public through influencing public health practices. As the majority of the researchers attached to this UoA are qualified practitioners, with excellent networks within service delivery and policy making organisations, they are well positioned to translate their research findings into practice.</p> <p>In relation to the research activity of the unit, it means that our research usually falls within one of three broad categories: 1) Direct impact on practice through empirical research originating from service or professional needs identified through the practice/academia interface (e.g. the research work of the England Centre for Practice Development and the Dementia Services Development Centre South East positioned in the Faculty of Health and Social Care); 2) Commissioned empirical research invited through recognition of the Unit's specific areas of expertise, (e.g. Prof Brown's work regarding protecting vulnerable children (2010), commissioned by the Council of Europe); 3) Review and dissemination of existing bodies of research to ensure that practice is informed by the best available evidence (e.g. Coren's contribution to Cochrane reviews including, the, Cochrane Review on parenting programmes for improving psychosocial outcomes for teenage parents and their children (2011), awarded the best review published in that year by the Campbell Collaboration Social Welfare Group)</p>
<p>b. Approach to impact</p>
<p>The impact of the research of the unit is facilitated through prioritising our relationships with research users, beneficiaries and audiences. These relationships are enhanced through a number of systematic and strategic approaches:</p>
<p>a. <i>Service user involvement.</i> This is central to our research activities and to develop this we have established a number of support structures, e.g. the University Mental Health Research and Knowledge Exchange Network (a collaboration with service user groups), and the Salomons Advisory Group of Experts (SAGE, a consultative group of mental health service users). We also employ a permanent Service-User Consultant in the Centre of Applied Psychology, who is a service-user themselves and provides research consultation from a user perspective and links students and staff with other service-user organisations. Hence, active engagement of service users in all aspects of the research process is common. For example, a physiotherapy project aimed at parents of children with disabilities, won initial seed funding from a Posture & Mobility charity to invite parents to an informal gathering to help focus the research (Hutton & Coxon, 2008). This resulted in research which allowed the development of two practical outcomes, an A-Z of postural care leaflet printed by Kent County Council distributed to 600 schools and to all UK chartered physiotherapists, secondly physiotherapists in Kent being trained to deliver a 'posture for learning' programme in schools (Hutton & Coxon, 2011). User involvement in this project was noted as an example of good practice with the researchers and parents invited to present this collaboration to INVOLVE (NIHR advisory group) and the project included in their guidance (http://www.invo.org.uk/wp-content/uploads/2011/06/INVOLVETurningthe-pyramidOct2010.pdf). This partnership between the University, NHS physiotherapists and schools resulted in a further grant of £241,000 from the NIHR Patient Benefit scheme.</p>
<p>b. <i>Influencing service development, delivery and policy making through accessible</i></p>

Impact template (REF3a)

evidence. Underpinning all the research generated through the UoA is a commitment to not only influence theoretical understanding, but also service development and policy making at a national and international level. For example, Dr Marsh's research on suicide, which includes several papers and a well-received book on the topic (*Suicide: Foucault, History and Truth*, Cambridge University Press, 2010), has influenced work with the Kent and Medway Suicide Prevention Steering group. This group comprises statutory and non-statutory groups, e.g. Samaritans, A&E consultants, police etc., and the research has led to changes in policy, to the delivery of suicide prevention training and to the identification and management of specific suicide 'hot-spots', such as railway crossings. Dr Marsh's work has also similarly influenced Canadian policy makers youth suicide prevention in terms of the training provided.

c. *Public Engagement.* The translation of research for public consumption as a first step to influencing public perceptions and consequently behaviour is seen as central to research activity of the unit. For example, Prof Burns' research associated with the re-inclusion of athletes with intellectual disabilities into the Paralympics, was awarded the Research Council's UK Podium Gold award for 'Exceptional Research', and was also awarded a British Psychological Society Public Engagement grant to disseminate this work through the production of accessible resources such as videos, fact sheets, press releases etc. Over the two months around the London Games this work attracted over 3,000+ mentions in the media, coverage on BBC radio 4, Channel 4, and was cited in *Nature*. It was also chosen as a case example by the UK Department of Trade and Investment to illustrate the contribution of UK universities to the global economy. Prof Camic's research with museums, wellbeing and social inclusion helped to shape the Royal Society for Public Health's Arts, Health and Wellbeing agenda through 'New Horizons', a first of its kind practitioner-training programme and through 'Beyond the Millennium', the Society's 2013 working group report to health and social care sectors. On a community level, local Alzheimer's Societies and art galleries in Kent, London and Nottingham have taken up his research to develop programmes to engage mental health and dementia service users and carers.

Leveraging impact from research carried out within the unit is supported through activities including:

1. The establishment of specific centres focussed on applied research, through which to develop and channel the impact of research e.g. England Centre for Practice Development, Centre for Health and Social Care Research, Sidney DeHaan Research Centre for Arts & Health and the secondment of staff to these centres
2. Staff education around impact – a number of seminars and educational events have been held to develop skills and understanding in this area and introduce supportive resources e.g. ESRC's impact toolkit, and ways of monitoring impact.
3. Supporting and encouraging staff to maintain their practitioner status and networks, and to hold organisational positions which may assist in the dissemination and impact of the research of the unit, e.g. Coren's 'Action for Children' research on interventions in the aftermath of child sexual abuse resulted in her participation on the NSPCC advisory on the development of such interventions
4. The unit is committed to making its research accessible outside of the academic context through the use of digital and virtual modalities, including social networking, blogs, and publically accessible videos. For example, a very successful blog has been launched by the Centre of Applied Psychology ([discursiveoftunbridgewells](http://discursiveoftunbridgewells.com), 35,000+ visits) to encourage wider engagement with mental health research and policy. Investment has been made in a program of staff training to encourage use of a greater variety of mediums of dissemination.
5. Including specification of potential impact for bids for any internal research funding and monitoring the achievement of specified impacts.

c. Strategy and plans

The University Strategic Plan (2011-15) promotes the targeted support of excellent research with impact, and through the establishment of centres such as the Centre for Health and Social Care Research, resource streaming through QR funding and the Strategic Investment Fund (SIF) significant investment has been made into the promotion of research into health and social care across a range of CCCU organisational structures and disciplines. The next stage is to maximise this investment and bring added value, opportunities and collaboration to these activities through a

Impact template (REF3a)

clear health and social care research strategy, mapping current areas of strength and focussing future developments. This strategy will be developed over the next two years and will aim to build capacity within the workforce, develop supportive infra-structures, and maintain and widen the spectrum of research collaborators with the purpose of delivering excellent quality research which has a significant and measurable impact. To these ends the following plans are in place to both capitalise on impact opportunities and capture evidence and example of good practice:

1. Further develop staff understanding of how to facilitate and measure impact, by encouraging involvement in the wider University's educational activities in this area, but also by combining resources across the organisational components contributing to this UoA and using the feedback and examples of good practice from this REF and other resources to tailor staff development events around research impact in the health and social care sectors.
2. Build capacity and systems to make full use and learn more about contemporary methods of academic dissemination, such as using the virtual environment, public lectures, attendance and participation in practitioner conferences, and contributing not just to academic journals but practitioner journals and the wider public media, and so influencing are three target audiences of practitioners, policy makers and the general public.
3. Imbed Individual Research Plans (IRPs) within the academic staff's appraisal system, which asks them to identify knowledge exchange activities in which they are engaged, potential impacts from their research and how these may be evidenced. Thus encouraging systematic reviewing of progress and facilitating individual developmental plans. This will also provide a strategic benefit in being able to capture impact data across the research unit and promote examples of good practice.
4. When QR funding or other internal funding is used to facilitate specific research projects, approval will be made in part in terms of explicit identification of potential impact and how this will be evaluated. The health and social care research strategy will also be used in this context to strategically direct research into areas of identified priority.
5. Such health and social care priorities, and how researchers within this Unit might contribute will in part be focussed through our established collaborations with existing and forthcoming networks aimed specifically at encouraging synergy between HEIs, service providers and commissioners. These include: the Kent, Surrey and Sussex Academic Health Science Network (KSS-AHSN) and the Comprehensive Local Research Network (CLRN-KM). This will further allow us to optimise the relevance and reach of future health and social care research, by aligning it specifically to identified health and social care priorities, being clear what our HEI can bring to the table, and assisting in locating the right expertise, at the right time, in the right place. Internationally, the UoA is contributing to research on growing global concerns such as dementia, diabetes, mental health, obesity, and improving the quality of professional practice.
6. Further enhance the structural and cultural support of researchers to maintain and capitalising on their practitioner links through attendance at professional meetings, taking up professional organisational roles, contributing to professional practice and development. Thus ensuring that their research has significance and reach, and pathways to dissemination are open to maximise impact.

d. Relationship to case studies

The two case studies have been chosen because they exemplify the UoA's roots in clinical practice and the application of research to identify and address clinically relevant issues, with an emphasis on dissemination to enhance future service provision. The Arts Health and Wellbeing research group have clearly demonstrated through a progressive, externally funded research programme that singing improves mental and physical wellbeing in a range of disorders. This low cost, highly motivating intervention is now being adopted in Australia, Canada and Europe and the research programme is attracting large external funding to expand the intervention to wider clinical groups. More locally the intervention is now being adopted as policy in the UK through engagement with the Royal Society for Public Health. Likewise the case study on mental health care in forensic settings shows how the quality of life for this sometimes challenging and hard to reach group can be enhanced by good quality engagement and serious attention to service user perspectives, in addition to the introduction of advancing technologies and new roles, both of which have been adopted locally as part of routine clinical practice.