



UEL Research & Knowledge Exchange Conference 2013

Call for Abstracts

Name & Title of Presenter:	Dr. Mike Chase
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Title of Abstract:	A story of <i>quid pro quo</i> knowledge transfer
Key Theme/ Key words:	Knowledge transfer in community health and social care services

Abstract (No more than 400 words):

A story of *quid pro quo* knowledge transfer

This research project (undertaken as part of a PhD thesis) exemplifies a proposed model for initiating and fostering knowledge transfer in local community health and social care services. The project stemmed from me contacting local service providers and commissioners (within one local authority in the South of England) with a view to establishing a *quid pro quo* relationship. In return for the opportunity to research how service users and providers experienced the transition to the 'new age' of social inclusion services (see research abstract below), I undertook a mixed methods independent evaluation of the current provision. The audit incorporated a formal internal report, with recommendations for practice, which has since been used to help restructure the social inclusion service (Chase, Thomas & Costall, 2010). The report then formed the basis for a recently submitted research paper highlighting the practical, ethical and theoretical issues that emerge when translating contemporary social inclusion policy into practice (Chase, Costall, Thomas, Wilson & Zinken, 2013; abstract below).

My presentation will begin by contextualising the project in terms of research aims and how initial community links were established. I will then briefly summarise the methodology, main research findings and research impact. I will finish by outlining my recent efforts to initiate a similar impact model local to UEL, and by opening up for discussion the opportunities for, and barriers to, extending this type of knowledge transfer initiative.

Bonding or bridging? A mixed-methods analysis of a UK based contemporary psychiatric day service

In the UK, drop-in 'bonding' day services for people affected by severe and enduring mental illness have now been superseded by provisions intended to encourage and adept people to make 'bridges' to more 'socially inclusive' environments. We examined how service users and providers experienced the transition from 'bonding' to 'bridging' facilities. Analysis incorporated formal and informal interviews with service users and staff, participant observations of day activities and quantitative analysis of attendance data. 61% of the potential 130 registered service users opted not to attend the new service on a regular basis. For those 51 service users who did attend, the service did not afford 'bridges' to 'socially inclusive' environments, as service providers intended. Instead it provided important social contact and support, and relief from social isolation and illness symptoms i.e. 'bonding' opportunities. Importantly, these same service users reported experiencing isolation and loneliness when the social inclusion project was closed.

(Chase, Thomas, Zinken, Wilson, & Costall, 2013)

Other references

Chase, M., Thomas, C. & Costall, A. (2010). *'Bonding' or 'Bridging'? A case-study evaluation of the 311 Wellbeing & Recovery Service*. [Internal report for Portsmouth Health and Social Care Commissioners and Portsmouth MIND]