

newsletter

Autumn 2012

Welcome



**From Stuart Eglin,
Chair of INVOLVE
2012 Conference
Planning Group**

On behalf of the INVOLVE 2012 Conference Planning Group I am delighted to welcome you to the conference edition of our newsletter. We are all looking forward

to an inspiring couple of days in Nottingham.

We hope that this conference 'Putting people first in research' will provide a unique forum for people with a common interest in public involvement in health and social care research.

This time we received an unprecedented number of applications to present a huge range of talks, workshops, speed sessions and audio-visual presentations. In addition, we were overwhelmed by the incredibly high quality of the posters that were submitted this year and have tried to make sure that the programme has opportunities on both days for people to view and discuss the posters with the presenters.

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If you would like a copy of the newsletter in an audio or large print version, or if you would like it in another format, please contact us. Printed on recycled paper.

In this newsletter we have four inspiring articles from projects that will be presenting at the conference. I chose these projects to illustrate the breadth and diversity of the work we are going to hear from and which I have no doubt will lead to many thought-provoking debates and discussions throughout the two days.

I am also pleased that the conference will highlight some of the work that INVOLVE has been doing, for example:

- We will be running a 'next steps' session on day 2 to draw on views and experiences of the best ways we and others across the National Institute for Health Research (NIHR) can work together to support and sustain learning and development approaches for public involvement in research.
- In 2006 INVOLVE launched a network, invoNET www.invo.org.uk/invonet/, for people interested in developing an evidence base for public involvement in research. On day 2 an invoNET-sponsored workshop will debate questions such as: what do we mean by the 'evidence base', who are we trying to influence and what could and should the evidence be used for?
- In 2011 three research projects on public involvement in research were funded under a joint NIHR-funded call between INVOLVE and the Health Services and Delivery Research Programme www.netscc.ac.uk/hsdr/hsrinvolveprojects.html I am confident that over the two days these and other projects will help build our knowledge and understanding of how different approaches and contexts to public involvement influence research and research findings.

If this is the first time that you have attended an INVOLVE conference look out for the conference guide on the website <http://tinyurl.com/d2f7gu2> with tips and information on what to expect, which we hope will help you get the most out of the event. We welcome feedback so please do let us know what you find interesting and other issues or information you would like included in future conferences.

And finally, you can keep up with the latest conference news and views by following us on twitter @NIHRINVOLVE (#INVOLVE2012), by reading our INVOLVE conference blog, or after the conference by viewing the presentations, film clips and photographs on our website.

I look forward to meeting you at the conference.

INVOLVE Coordinating Centre news

INVOLVE Conference 2012 update

We are delighted that Sir Iain Chalmers from the James Lind Initiative will open the INVOLVE conference on 13 November and Alison Faulkner, service user researcher, will lead our final discussion on 14 November 2012. Simon Denegri, Chair of INVOLVE will give the final keynote speech. The full conference programme is now available on our website, where from November you will also find our conference blog www.invo.org.uk/resource-centre/conference/involve2012/

INVOLVE response to the Department of Health Information Governance Review

The government has been carrying out a review of information governance, led by Dame Fiona Caldicott with an independent panel of experts on behalf of the Secretary of State for Health. Simon Denegri (Chair of INVOLVE) and Sarah Buckland (Director of INVOLVE) contributed to the Information Governance Review Evidence Sessions in July and August 2012. They have since submitted a written response to the review on behalf of INVOLVE and its members. The response highlights: public support for research; the value of developing and maintaining trust and the factors that influence trust; and the importance of public involvement, confidence, consent and good communication. You can view the full response at <http://tinyurl.com/d9n68zo>. For more information about the Information Governance Review visit <http://caldicott2.dh.gov.uk/>

Plain English summaries

INVOLVE have been asked by the Department of Health to work with the National Institute for Health Research (NIHR) Programmes and other key stakeholders to:

- review and develop the question and guidance for plain English summaries in grant applications as part of the Standard Application Form
- develop criteria and propose methods for assessing the quality of plain English summaries.

We are looking forward to carrying out this work and hope that it will progress into working with others to improve the plain English summaries for the UK Clinical Trials Gateway (UKCTG). A small advisory group has been formed and we will be consulting with stakeholders on the draft grant application question and guidance. If you have experience of writing or commenting on plain English summaries please join our discussions on the morning of day 2 at the INVOLVE 2012 conference. Information and resources for writing plain English summaries will shortly be available on our website www.invo.org.uk

New INVOLVE publication: Public involvement in systematic reviews

INVOLVE commissioned Claire Vale of the Medical Research Council (MRC) Clinical Trials Unit who worked with others to develop and write this specialist supplement to the Briefing notes for researchers. The supplement provides information and advice on the involvement of members of the public in systematic reviews. We consider involvement at three distinct levels:

1. in an individual review
2. in a group or a programme of related reviews
3. with a group, department or unit responsible for running many reviews and related research.

Advice and examples are provided for each level and we have identified some specific benefits and challenges of the different approaches, as well as covering the more general benefits and challenges that apply whichever route you take.

<http://tinyurl.com/9u878qd>

New INVOLVE publication: Diversity and inclusion: What's it about and why is it important for public involvement in research?

This paper is about diversity and inclusion for active public involvement in research. In the paper we highlight why it is important to think about including the perspectives of a wide range of people and groups in research, the main barriers to involving them and how these barriers can be overcome. We use a number of real world examples to illustrate the issues raised.

www.invo.org.uk/resource-centre/publications-by-involve/

INVOLVE postcards

To coincide with our conference, we are launching a series of INVOLVE postcards which will replace our old information leaflet. The first postcard in the series highlights who we are, what we do and where you can obtain further information about us; the second provides information on the Briefing notes for researchers; while the third highlights our Evidence library. If you would like some postcards to share with colleagues please contact admin@invo.org.uk

Farewell to Philippa

We were very sorry to say goodbye to Philippa Yeeles, our Deputy Director, who left the Coordinating Centre at the end of August. During her time with us, Philippa made a valuable contribution to the Coordinating Centre as well as externally, particularly in her work with the Research Programmes. We wish her all the best and hope that we will have opportunities to work with her again in the future.

Are you following us on twitter?

INVOLVE now has a twitter account! Follow us @NIHRINVOLVE and find out the latest news and information on public involvement in research.

Interesting articles and publications

Involving the public in systematic reviews: a narrative review of organisational approaches and eight case examples

Jonathan Boote, Wendy Baird and Anthea Sutton
Journal of Comparative Effectiveness Research, September 2012, volume 1, number 5, pages 409-420

This paper reviews the recent literature on public involvement in the systematic review process. It examines how relevant organisations involve the public in their review processes and how the public are involved in individual reviews. The authors identify strategies and recommendations for good practice and outline future research directions.

www.futuremedicine.com/doi/abs/10.2217/cer.12.46

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Evaluation of patient involvement in a systematic review and meta-analysis of individual patient data in cervical cancer treatment

Claire Vale, Jayne Tierney, Nicolette Spera, Andrea Whelan, Alison Nightingale and Bec Hanley

Systematic Reviews, May 2012, volume 1, number 23

In April 2005, researchers based at the Medical Research Council Clinical Trials Unit set out to involve women affected by cervical cancer in a systematic review and meta-analysis of individual patient data to evaluate treatments for this disease. Each of the women had previously been treated for cervical cancer. This paper evaluates the process of involvement from the researcher and research partner perspective.

www.systematicreviewsjournal.com/content/1/1/23

Public priorities for joint pain research: results from a general population survey

Vicky Strauss, Pam Carter, Bie Nio Ong, John Bedson, Kelvin Jordan, Clare Jinks in collaboration with the Arthritis Research UK Research Users' Group
Rheumatology, August 2012

This study aimed to identify the priorities for joint pain research from a large general population survey and identify characteristics associated with these priorities. A question about research priorities was developed in collaboration with the Arthritis Research UK Primary Care Centre's Research Users' Group, and this question was embedded in a postal survey to an existing cohort of adults with self-reported joint pain. Respondents were asked to rank their top three priorities for research and the authors conclude that these were linked to lifestyle and self-management opportunities rather than pharmaceutical and invasive interventions.

<http://tinyurl.com/8c3n7wg>

Social care, service users and user involvement

Edited by Peter Beresford and Sarah Carr
Jessica Kingsley Publishers, 2012

This recently published book provides an introduction to practical, philosophical and theoretical issues of user involvement. It explores practical examples of user involvement in different settings and contributions are from a diverse range of perspectives.

<http://tinyurl.com/8fyzc78>

Understanding and improving transitions of older people: a user and carer centred approach: final report

Jo Ellins, Jon Glasby, Denise Tanner, Shirley McIver, Deborah Davidson, Rosemary Littlechild, Iain Snelling, Robin Miller, Kelly Hall, Katie Spence and the Care Transitions Project co-researchers
National Institute for Health Research Service Delivery and Organisation programme,
September 2012

This study aimed to explore older people's experiences of care transitions in two areas: entry into and moving between dementia services, and going into and leaving hospital. A further aim was to conduct the research in a way that would help to embed the findings in local policy and practice. A group of older people were recruited as co-researchers, working in partnership with University of Birmingham researchers to design, plan, carry out and analyse the research as well as contribute to feeding back the findings. An independent evaluation of the co-research model was carried out, and it was felt by all stakeholders to have had positive impacts on the process and outcomes of the study.

www.netscc.ac.uk/hsdr/projdetails.php?ref=08-1809-228

Co-research with older people with dementia: Experience and reflections

Denise Tanner

Journal of Mental Health, June 2012, volume 21, number 3, pages 296-306

This paper discusses the implications for people with dementia of involvement in research as co-researchers. The project that informed the study was part of a larger national study (see above). It aimed to involve older people with dementia in all stages of the research process, including planning the research methods, conducting interviews and making sense of the findings. The study found that it is possible to involve older people with dementia in a meaningful way in research processes and that both co-researchers and participants can benefit significantly from their participation.

<http://tinyurl.com/cjy8tez>

NDA (New Dynamics of Ageing) News

New Dynamics of Ageing Research Programme,
University of Sheffield, May 2012

The seventh edition of NDA News, the newsletter of the New Dynamics of Ageing (NDA) Research Programme focuses on involving older people in research from both the perspective of researchers and of older people themselves. It features an article on the practical impact of involvement written by Dr Tracey Williamson, Research Fellow (User Involvement/Public Engagement in Research) at the University of Salford.

www.newdynamics.group.shef.ac.uk/assets/files/NDA%20News_7.pdf

Mental Health Research Network guide to finding and reading a research paper

Joanna Carpenter for the National Institute for Health Research Mental Health Research Network, June 2012

This guide is aimed at helping the general public, service users, and carers gain access to the results of mental health research. It explains how research is published as research papers, what the different sort of papers are, how they are structured, how to identify a particular research paper and how to get hold of it. Many useful links are also provided.

<http://tinyurl.com/d8w7qp2>

If you have written or know of any articles or publications relevant to public involvement in research that might be of interest to readers, please contact Helen Hayes at the Coordinating Centre with details: hhayes@invo.org.uk

Involving people with communication disability in participatory research: the Friendship and Aphasia project

By Carole Pound and Cressida Laywood

The Friendship and Aphasia project explored definitions and experiences of friendship for working-aged younger people who have aphasia. Aphasia is a communication disability affecting the ability to use and understand spoken and written language. It also has profound impacts on the ability to work, to take part in leisure and life and to develop and sustain relationships. Although there is growing interest in social support and participation as an aspect of health and wellbeing for people living with long term conditions, friendship is a surprisingly neglected area of research.

The project team included eight people who have aphasia and a PhD research student. Together the team:

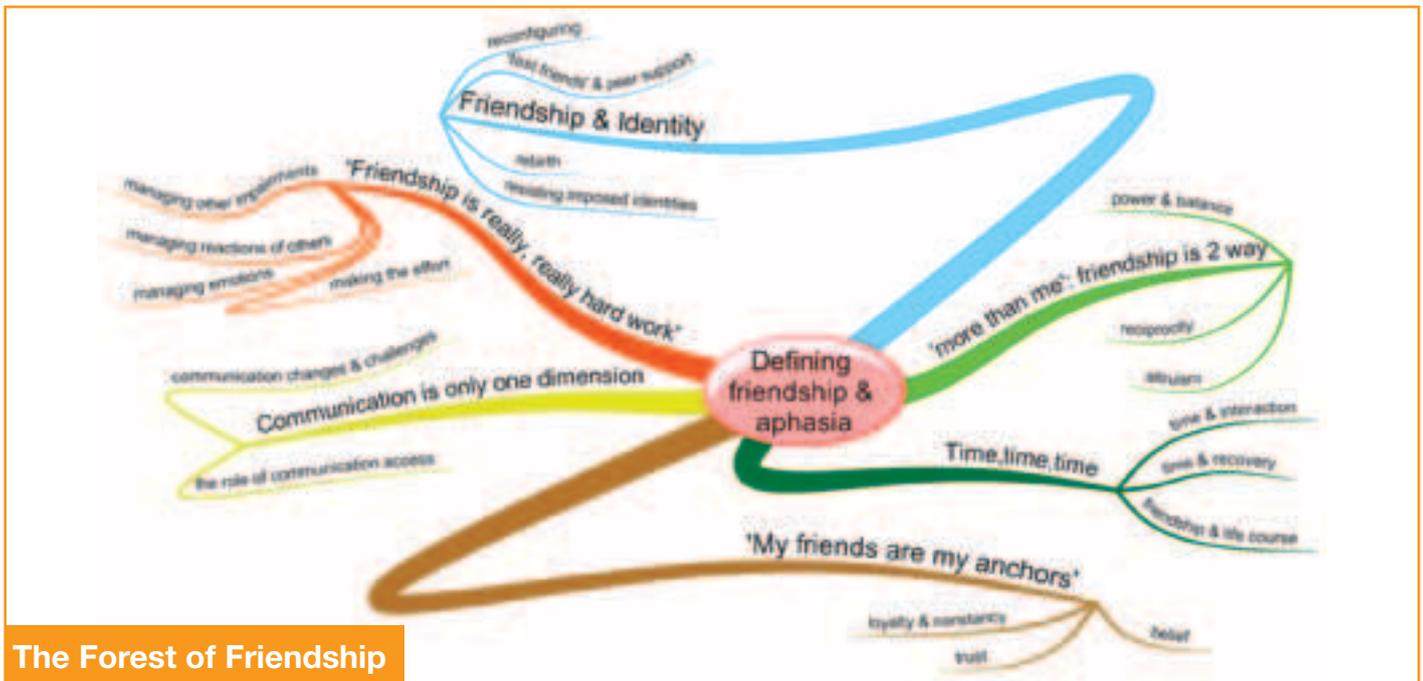
- prioritised topics and questions for the research
- designed the project and materials
- ran and evaluated a Friendship and Aphasia storytelling event
- worked together to understand and interpret interview data from 28 people with aphasia.

We used a participatory action research methodology, involving cycles of reflection, planning and action.

Involvement of advisors/co-researchers with aphasia from the outset and on a long-term basis was critical to the success of the project. For example the original project as envisaged by the researcher had a communication rather than relationship focus.

Monthly meetings ensured co-researchers were regularly involved in decision-making as it unfolded rather than ratifying decisions previously made by the researcher. When we were working intensively on developing presentations and materials we scheduled one-to-one meetings outside the group

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The Forest of Friendship

or contact by Skype/Facetime to create more opportunity for face-to-face discussion.

Co-researchers with personal experience of aphasia and other stroke related challenges such as mobility and memory impairment ensured practical issues around engaging participants were thoughtfully considered throughout. This included designing accessible materials and thinking about how best to engage people with little speech in interviews and storytelling. The advisors with aphasia also systematically advocated for inclusion of people with severe aphasia who are typically excluded from mainstream stroke research due to difficulty participating in interviews and surveys.

An innovative aspect of the project was the team's decision to develop and run a storytelling event to share and gather experiences of friendship. This was instead of conducting a second wave of researcher-led interviews. The event helped us to capture the diversity of individuals' experience and explore in more depth common themes of friendship and aphasia that had emerged in the one-to-one interviews.

Involvement of co-researchers with impairments of reading, writing and memory posed challenges to discussing abstract theory and sharing complex transcript data. As part of co-analysing piles of verbal data from the research interviews, the group developed a visual mind map of friendship, nicknamed the Forest of Friendship. The branches and twigs of the diagram were based on a thematic analysis of interview data. Together we worked at generating, pruning,

re-positioning and re-naming different branches of the diagram to represent our evolving sense making. The diagram/model helped us remember previous discussions and decision-making. It has also acted as a tool for clarifying and disseminating our findings.

A major challenge and frustration for some advisors was that collaborative, academic discussion placed considerable demands on language and memory. This could emphasise the very nature of their impairments and post-stroke abilities.

We believe that the involvement of co-researchers with aphasia has led to:

- A different research question - how do younger people with aphasia understand and experience friendship?
- A different methodological approach – interweaving stories from both interviews and learning events rather than a piece of research guided by interviews conducted and analysed by the researcher
- A different tone to findings – presenting stories which are not focused primarily on loss and problems but which illustrate diverse, everyday and different aspects of friendship after aphasia
- A more action orientated agenda for the research – co-researchers with aphasia have advocated throughout for practical, creative and user-focused outcomes
- A more creative approach to making sense of friendship and sharing findings. For example,



Selecting friends using stones

we used a modern dance sequence to illustrate the anchoring quality of friendships. We also worked with an artist and a poet with personal experience of aphasia to create images and poems for our storytelling event.

Involvement has also had personal benefits. For Carole, the PhD researcher, involvement in the group has helped her:

- feel more confident about using alternative research methods
- experience the research process as more enjoyable and less lonely
- feel more accountable to the community of people with aphasia regarding practical and meaningful project outcomes.

For Cressida, involvement as a co-researcher has meant:

- feeling involved in the 'vision and attitude' of the research
- feeling a sense of purpose and 'intellectual satisfaction' (as enjoyed previously in work and study but harder to find now)
- thinking more deeply about friendship both personally and in terms of wider issues relating to people with aphasia.

You can read more about the project on our website www.friendshipandaphasia.weebly.com

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Is there another 'P' to consider in relation to longitudinal birth cohort studies?

By Verity Katuszka and Emma James

The Avon Longitudinal Study of Parents and Children (ALSPAC), affectionately known as Children of the 90s, is a large-scale population study which recruited over 14,000 pregnant women in 1991-92. It has followed up these families ever since and has accrued a wealth of health and lifestyle data collated from questionnaires, physical examinations, health records and biological sample analysis. The study is very proud to be celebrating its 21st anniversary this year and is very grateful for the continued support of the study families but, over the last 20 years, the number of actively engaged participants has reduced considerably. Response rates were particularly good in the first few years but the attrition rate reached its peak when the study children were 15-16 years old. To reduce the problem, ALSPAC has developed methods to encourage participation.

In 2006, ALSPAC realised that to ensure participants would continue taking part in the study we needed to involve them in the research planning. We recruited members of the young cohort to join an advisory panel, known as TAP. In the past six years TAP members have been

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TAP members at work

asked to advise on study documentation, data collection proposals and study design; members sit on the study's ethics committee and frequently share their opinions about the future of ALSPAC.

Whilst best practice might suggest that individuals involved in the research planning should not become participants in the same research, we feel that for longitudinal cohorts, and certainly for ALSPAC, our study participants are absolutely best placed for involvement in our research planning. As we have been a part of our participants' lives for more than 20 years some of them have become expert research participants. It is not appropriate for us to consult the general public because they cannot know what it is like to be an ALSPAC participant and therefore cannot tell us what is acceptable to our participants, where participation turns into burden or how best to engage with a cohort of people we have been following for 21 years. As ALSPAC is an epidemiological study our participants are also not under our care. So whilst some of our participants may be patients or service users outside of the study, it would not be appropriate or necessary for us to involve patient groups in our research planning. The fact that six years on TAP is still playing a very important part within ALSPAC is evidence of its achievement and success.

TAP member Emma says: "From the participant perspective it is great that we get a unique opportunity to see the whole research process. In a recent example TAP members, including myself, were asked to advise on proposed study

documentation, we spoke to the scientists wanting to conduct the research and highlighted logistical issues that they had not considered. We advised them that participants would feel more comfortable, in this particular situation, if they hired a female member of staff to complete the data collection and gave our opinions around the subject of reimbursement for participants' time. Some months later I have also had the opportunity, as an ALSPAC participant, to take part in this particular piece of research. It is really reassuring for me to know that the researchers take our opinions and ideas into consideration and great that I get an opportunity to see this happening first hand. I feel like I'm helping to improve the study for other ALSPAC participants by being part of TAP, which will hopefully encourage my peers to continue to take part in the study for years to come."

ALSPAC's experience demonstrates that when developing methods to involve participants of a longitudinal study, neither 'public' nor 'patient' accurately describes their research relationship. Therefore, we believe that another 'P' is necessary when it comes to PPI (public and patient involvement in research).

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Community researchers: Engaging hard-to-reach groups in research on sensitive health topics

By Mubarak Ismail

Participation in research is crucial in identifying and addressing health inequalities and persistent health problems, particularly for those groups who are disengaged, excluded or seem hard to reach. Engaging such communities in research enables them to address issues that are persistent and relevant to their lives. Community members can be involved in designing and interpreting data and identifying culturally appropriate interventions that have impact locally. One approach to researching sensitive topics with hard to reach groups is recruiting community researchers (CRs). Drawing on the experiences of researching tuberculosis (TB) in the Somali community in Sheffield (Gerrish et al 2010) this article highlights key lessons of using a community participatory approach and the recruitment of CRs to help reduce stigma associated with TB among hard to reach populations.

Recruiting community researchers

We found the recruitment of community researchers an essential part of conducting and facilitating the research process. Community researchers were recruited with help from community leaders. A community leader was part of the interview and selection panel. This allowed the team to test the knowledge and experience of the candidates of working with the Somali community and also their abilities and skills in the Somali language.

Training

After recruitment, community researchers were familiarised with what the research involved and the research process. Training in the research process included qualitative research methods, interviewing techniques, informed consent, practicalities of data collection, confidentiality, anonymity and note-taking. Training sessions were taught by an experienced academic researcher and were interactive with some role play. Sensitivity to cultural traditions and



The Sheffield Somali community

stigma associated with the topic were explored to minimise the research risks, and protect the safety and interests of research participants. A TB awareness session for the community researchers was conducted by the TB specialist nurse; this was to provide CRs with some background knowledge about TB and to counter negative views about researching TB in the Somali community. The TB training also included some guidance and information for members of the Somali community on how to access TB services.

The community researcher's role

Community researchers' roles vary from being a community member/leader to being a researcher. These different roles require specific skills and abilities, and an ability to manage conflict within roles and deal with community expectations (Salway et al 2007). Key tasks for this study included conducting research interviews and focus groups, analysing data from different perspectives, facilitating the wider participation of the community in the research process, raising awareness about the purposes of the research, making sure that all the different stages of research were appropriate and applicable to the community, and identifying those who were 'hardest to reach'.

Recruitment strategies for the study (Gerrish et al 2010) were planned at the early stages of the project in partnership with community representatives and community leaders. Barriers to participation were identified and tackled early. Community leaders and CRs helped the research team to understand what would be feasible in their communities and whether the research would be deemed relevant and necessary. In recruiting participants, CRs were active in their communities where they had already established links and

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networks. They helped to carry out the fieldwork with other research team members, participated in community events, attended prayers at local mosques and used various opportunities to engage with the community informally.

CRs played an important role in making contact with the Somali community, raising awareness about the aims and objectives of the research, gaining the trust of the community, and enabling the community to engage and participate in the research process.

Challenges for community researchers

Community researchers face many challenges while working with their communities and with academic researchers. These challenges arise in part because of a lack of clear boundaries between the CR role and that of being a community member/leader (Salway et al 2007). Dealing with gate keepers and negative perceptions of the research topic, managing relationships during and after the research, lack of time and prioritising are some of the biggest challenges. Other challenges include developing research methodology skills and the ability to feel competent in conducting interviews, and adhering to project deadlines.

In this study, community researchers were supported by experienced researchers to overcome some of the obvious challenges. The ongoing dialogue between CRs and academic researchers helped in motivating and facilitating opportunities for co-learning and sharing.

References

Gerrish K, Ismail M and Naisby A (2010) Tackling TB together: a community participatory study of the socio-cultural factors influencing an understanding of TB within the Somali community in Sheffield

Salway S, Platt L, Chowbey P, Harriss K and Bayliss E (2007) Long-term ill-health, poverty and ethnicity: a mixed methods investigation into the experiences of living with a chronic health condition in the UK. The Policy Press: Bristol ISBN: 9781 86134 993 4

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Becoming 'them' and remaining 'us'... or the road to ruin?

By Rosie Davies and Kath Maguire



The authors

We are both service user researchers studying public involvement in research for a PhD, and this sometimes feels like a road to confusion. Taking the journey to become a research professional can feel in opposition to our identities as a service user and carer and poses difficult questions about who we are and our place in the world of involvement. Some professionals seem to feel it is wrong for members of the public to take on researcher roles, describing such people as 'amateur' researchers; some researchers want 'naive' service users, patients and carers, not people with involvement experience. Where do such perspectives leave us? Can we retain our identities as people who feel changed by our encounters with health services and gain an identity where we are accepted as professional researchers, or are we on a journey that makes us unacceptable as both researchers and members of the public? These questions are at the heart of a workshop that we will be running at the INVOLVE Conference in November.

These are real questions which we continue to explore, but some of the issues we have identified already are:

- It seems to us that public involvement in research describes a very wide variety of roles and that members of the public are therefore likely to need different experiences and skills to do them. Some involvement jobs need people

who have the skills to engage in strategic discussions in national research funding committees while others need people who have recently used particular health services.

- Doing a PhD is the route for almost everyone who wants to become a professional researcher, so in what sense might we be still be amateurs if we get our PhDs? Does the term not apply to us? If it does, is it a means of undermining our credibility, making us suspect as not fully socialised in a professional identity?
- Criticism of 'professional' service users and carers in public involvement seems to be about the need to emphasise the key place of lived experiences in relation to health problems and use of health and social care services. We agree that such experiences are at the heart of all involvement. But if it was only about experience of a particular health condition and use of services it would be just as good to have a professional researcher or clinician - who had, for example, been treated for cancer - as having an 'ordinary' member of the public involved in a cancer research study. So perhaps a key aspect of public involvement means **both** having relevant lived experience **and** coming from a social and structural position that is different from professional researchers and clinicians. It seems to us that while everyone's experiences of using health services must be acknowledged as legitimate, having a different perspective is also important.
- Can we continue to bring a different perspective while becoming professional insiders too? Both of us have had experiences with health and social care services which changed our lives and identities in significant ways and which are an ongoing part of our lives and work. We think we can continue to draw on such experiences in public involvement roles, but we think we are not suitable for all roles. To remain useful as both a service user and carer perhaps we need to learn to hold and draw on different aspects of our identities and be aware of how they interact, sharing different parts of ourselves in different situations and bringing outsider parts of us in to insider situations.
- Another question is whether or not we have been empowered by our involvement experiences to become professionals. This seems to suggest that someone else has given us power which we lacked. While we

have been given opportunities by others we have taken up and used those opportunities in a particular way, a way that many people would not be interested in. The focus on empowerment within public involvement in research suggests that patients, service users and carers as a group lack power, and while having health conditions clearly affects the control we have over our lives and our choices and abilities, it does not make sense to us to see all patients as powerless; would the Prime Minister need empowerment if he became a patient? In involvement situations we have both experienced professionals behaving in ways that disempower service users and carers, and situations where service users and carers have behaved in ways that disempower professionals and researchers. So, while professionals, particularly doctors, have more structural power than others in society, such power is resisted by service users and carers. Whether or not we are involvement 'successes' as newly empowered citizens, and how power is used and resisted in public involvement activities are questions we continue to think about, alongside the question of whether we risk being disempowered by occupying an ambiguous position as both 'us' and 'them'.

Our challenge is to both remain 'us' and become 'them' and avoid being marginalised and disempowered! We plan to develop our thinking about these tangled issues in the hope of finding a deeper understanding.

Contact: **Kath Maguire, PhD student, Peninsula College of Medicine and Dentistry** or **Rosie Davies, PhD student, University of the West of England**

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Deadline for contributions for our next newsletter: **4 January 2013**

If you have any questions on contributing to the newsletter, please contact Paula Davis

Tel: **02380 651088**

Email: **pdavis@invo.org.uk**

noticeboard

This is a regular column which can be used to advertise events, initiatives and publications about public involvement in research and development. If you would like to put an item on our noticeboard please contact the Coordinating Centre.

NICE Public Health Advisory Committee seeks community members

The National Institute for Health and Clinical Excellence (NICE) is setting up new Public Health Advisory Committees to develop national guidance on actions to promote health, prevent ill-health, and reduce inequalities in health between social groups. NICE is seeking applications from members of the public with experience of public health action to join the committees as 'core' community members alongside a small core group of professionals with technical expertise. The 'core' members will work on a range of different public health topics. They will be joined by professional and community 'topic expert' members who will be recruited later in the year and will cover specialist areas such as the health of people in prison or other offender institutions, work and health, oral health, older people's health and needle and syringe programmes.

For information on the skills and experience required for this role, the support available to members and how to apply visit www.nice.org.uk/getinvolved/joinnwc/LayMemberPHAC.jsp

**Closing date for applications:
5pm on 2 November 2012**

Friendly disclaimer: The views expressed in this newsletter and in any enclosures are those of the authors and not necessarily those of INVOLVE or the National Institute for Health Research. Articles are selected for the sole purpose of stimulating ideas and debate on public involvement in research.

FAST-R service

Feasibility And Support to Timely recruitment for Research (FAST-R) is a national service provided by the South London and South East hub of the Mental Health Research Network (MHRN). FAST-R aids researchers with public involvement, recruitment, regulatory requirements and funding support. It offers researchers across England access to people with experience of mental health problems and their carers, who have been trained to offer advice about patient information sheets, consent forms, recruitment strategies and other protocol materials. All researchers including students and principal investigators working on large multi-centre and industry studies with a mental health focus can apply to use this fast, free and confidential service. To apply to use the service please visit www.mhrn.info/pages/fast-r-service.html

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