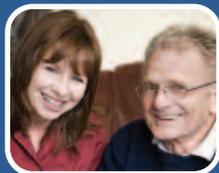


Peter Townsend -
a tribute by
Professor Dave
Gordon



Becoming an adult -
growing up with
life-threatening illness



Speaking to power -
the development of
advocacy services in
Scotland

ps

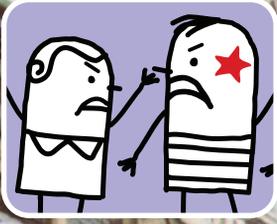
Research from the
School for Policy Studies

Who does what to whom?

Gender and domestic
violence perpetrators



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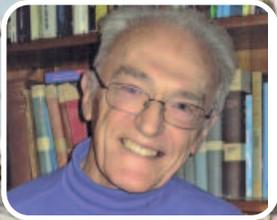


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Editor: Hilary Saunders hilary.saunders@bristol.ac.uk

Designed and produced by Kelvin Reeves Design 0177 929 1522

Message

from Sarah Payne, Director of Research

Welcome to this edition of PS, the research magazine from the School for Policy Studies. Our aim with this biannual publication is to keep you informed about our latest research findings and news.

In this issue Dave Gordon assesses the significance of the research on poverty done by our colleague, Professor Peter Townsend, who died in June 2009. Peter was Professor in Social Policy in the School for over 25 years, and played an active role in the Townsend Centre for International Poverty Research. He was a towering figure in the social science community, and left a tremendous legacy through his many major contributions to research into poverty, disability, inequalities in health, ageing and social care over a sixty-year career. He will be sadly missed both here and elsewhere.

This issue of PS also contains articles on a study of the experiences of young men with Duchenne muscular dystrophy (DMD); a study using a longitudinal approach to analyse the gender implications of incidents of domestic violence reported to the police; a paper by a visiting speaker, Professor David Donnison, on the establishment of advocacy services in Scotland; and a report by Roy Parker, Professor Emeritus of Social Policy in the School, on the trans-shipment of poor children from Britain to Canada in the late 1800s and early 1900s.

We welcome enquiries about the research we do, whether you are interested in hearing more about the projects reported here, or other work we are doing, or talking to us about future projects. You can also find out more from our website at www.bristol.ac.uk/sps

Sarah Payne, Director of Research
sarah.payne@bristol.ac.uk
+44 (0) 117 954 6775

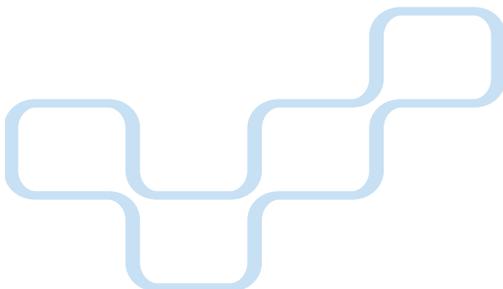
Alex Marsh, Head of School
Alex.Marsh@bristol.ac.uk
+44 (0) 117 954 5584

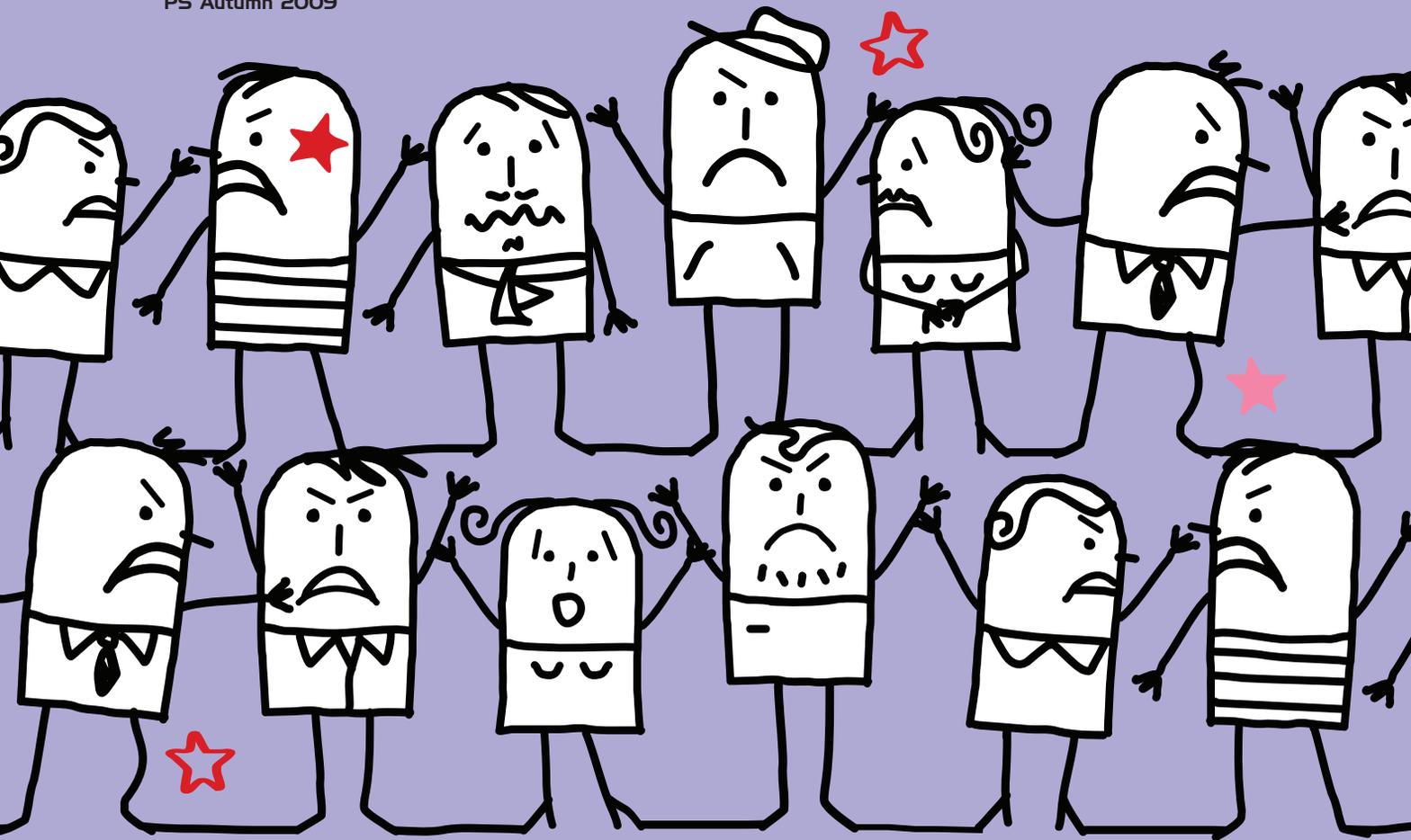


Dr Sarah Payne
Director of Research



Professor Alex Marsh
Head of School





Who does what to v

Gender and domestic violence perpetrators

While the majority of incidents of intimate partner domestic violence recorded by the police involve male-to-female abuse, little is known about the nature of the incidents where men are recorded as victims and women as perpetrators, nor about the circumstances where both partners are recorded as perpetrators. This research was commissioned by the Northern Rock Foundation to fill this gap and to examine the implications of gender where individuals are identified as domestic violence perpetrators by the police. The research provides a unique picture of the nature of domestic violence reported to the police, building a longitudinal picture (tracking cases over six years) rather than focusing merely on a snapshot or a single incident of domestic violence.

Professor Marianne Hester

Centre for Gender and Violence Research

Comparative samples where men, women, or both, were recorded as perpetrators were developed from domestic violence incidents recorded by the Northumbria police. A total of 96 cases were included in the research - 32 with men, 32 with women and 32 with both recorded as perpetrator. The cases were tracked from 2001 to 2007.

The anonymised data were downloaded at police headquarters, including description of incidents, police action and comment on the incident and/or history of the case. Data from interviews with five of the victims (one male, four female) were also included in the analysis.



Image: istockphoto.com

Whom?

Gender, incidents and arrests

The vast majority of men had at least two incidents recorded (83%), many a lot more than that, and one man had 52 incidents recorded. In contrast, nearly two-thirds of women recorded as perpetrators had only one incident recorded (62%), and the highest number of repeat incidents for any woman was eight. These data indicate that the intensity and severity of violence and abusive behaviours from the men was much more extreme.

Men were significantly more likely than women to use physical violence, threats and harassment. While verbal abuse was used in most incidents by both men and women, men were also slightly more likely to be verbally abusive. Men were more likely to damage the women's property, while the women were more likely to

damage their own. Men's violence tended to create a context of fear and control, which was not the case where women were recorded as perpetrators. Cases involving men as sole perpetrators were those most likely to result in intense fear and control of partners.

Mr P had 24 incidents of domestic violence against Mrs P recorded, including assaults and threats to kill. The four children were removed by Social Services. The police record notes: "...he keeps turning up at her address (...). She doesn't always ring the police because Social Services have told her if she has more domestics she won't ever get her children back". Mrs P said she was fearful of Mr P, which may explain why she retracted her statements and he was not convicted.

Incidents with women as perpetrators mainly involved verbal abuse, some physical violence, and only small proportions involved threats or harassment. However, women were much more likely to use a weapon, although this was at times in order to stop further violence from their partners. The police descriptions also characterised female perpetrators as to a greater extent having mental health or other health issues. The police were more likely to question whether they had identified the correct perpetrator in instances involving women.

As might be expected from the nature and severity of the domestic violence incidents, there were more arrests overall of men than of women. However, women were arrested to a disproportionate degree given the fewer incidents where they were perpetrators, and were three times more likely to be arrested than the men.

"Men were significantly more likely than women to use physical violence, threats and harassment."

"...women were much more likely to use a weapon... at times in order to stop further violence"

Alcohol

The majority (63%) abused alcohol to some degree, although more so in dual perpetrator cases (88%). Men were more likely to be recorded as abusing alcohol. In some instances where the men were heavy drinkers, the women appeared to 'manage' the men's behaviour by calling the police to remove the men. However, intervention by the criminal justice system did not appear to stop the violence other than in the short term. Few instances involved referrals to alcohol services. In the case with 52 incidents recorded both partners were alcoholics with high levels of chaotic behaviour and violence.

In one case the man was recorded as perpetrator in 14 incidents and the woman was arrested once for grievous bodily harm with intent. Most of the violence occurred post separation, and the police indicated that he was using the children to get back at his ex-partner.

Children

Involvement of children – for example, ringing the police – was a constant theme, with children recorded as being present in over half the cases when the violence or other abuse took place (55%). Post-separation issues related to child contact were mentioned in nearly a third of cases (30%).

The full report can be accessed at:
<http://www.bris.ac.uk/sps/news/2009/20.html>
 and at:
http://www.nr-foundation.org.uk/publications_domabuse.html



Photo supplied courtesy of Policy Press

Peter Townsend: The paradigm shift in poverty research

A tribute by Professor Dave Gordon

Professor Peter Townsend was the greatest social scientist of the 20th Century. He made seminal contributions to the study of inequalities in health, disability, social care of the elderly, human rights, domestic and international social policy.

He is, however, best known for his lifelong work which revolutionised both the theory and practice of poverty research.

“Peter Townsend did not only create new knowledge – he then acted upon it. He did not just understand the world – he changed it.”

Professor Dave Gordon

Townsend Centre for International Poverty Research

In the early 1950s, most academics and politicians believed that poverty should be defined and measured in terms of people’s minimum needs for physical subsistence and that it had effectively been eradicated in the UK by the Welfare State. In 1965, Peter Townsend and Brian Abel-Smith produced *The Poor and the Poorest*, empirical analyses of recent Family Expenditure Surveys which proved that poverty remained persistent and widespread.

Townsend argued conclusively that no ‘absolute’ definition of poverty, related to either subsistence or basic needs, was scientifically valid. Poverty could only be objectively and scientifically defined and measured using his ‘Theory of Relative Deprivation’: *“Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities*

which are customary, or at least widely encouraged or approved, in the society to which they belong" (Poverty in the United Kingdom, 1979).

He believed subsistence and basic needs definitions of poverty to be inadequate as they failed to acknowledge people's social roles and obligations. In all societies, people require resources to mark births, deaths and to give presents on special occasions such as birthdays and marriage and on religious festivals. These social obligations are as important and sometimes more important than people's physical and material needs. Parents will sometimes go hungry or without heating in order to be able to buy their child a birthday present.

Townsend showed that: *"poverty is a dynamic, not a static concept...Our general theory, then, should be that individuals and families whose resources over time fall seriously short of the resources commanded by the average individual or family in the community in which they live . . . are in poverty."* His methodological research, particularly the Poverty in the UK survey, invented the measurement of poverty through combining indicators of resources and deprivation in order to identify a scientifically valid poverty line.

Townsend's empirical work showed that poverty was a pervasive structural phenomenon rather than due to the fecklessness or 'bad' behaviours of the 'poor'. Targeting regeneration interventions at the poorest housing estates could never effectively eradicate poverty; profound changes were required to the structures in society which caused poverty.

Townsend argued that the causes of poverty could only be adequately understood in relation to the power and privilege of the 'rich'. Internationally, this required knowledge about the structures of

society which served the interests and maintained the power of both national and international elites and transnational corporations. Poverty could only be effectively eradicated if some power and resources were redistributed from the 'rich' to the 'poor'. Townsend criticised academics, successive Labour Governments and UN organisations for failing to engage with this 'problem of riches'. He quoted fellow Fabian, RH Tawney, approvingly:

"Nothing could be more remote from Socialist ideals than the competitive scramble of a society which pays lip service to equality, but too often means by it merely equal opportunities of becoming unequal." He warns against "the corrupting influence of a false standard of values, which perverts, not only in education, but wide tracts of thought and life. It is this demon – the idolatry of money and success – with whom, not in one sphere alone but in all, including our own hearts and minds, Socialists have to grapple."

Peter Townsend did not only create new knowledge – he then acted upon it. He did not just understand the world – he changed it. He helped to found both the Child Poverty Action Group (CPAG) and the Disability Alliance, organisations whose advocacy and campaigning work have helped improve thousands of lives. Peter also worked effectively with politicians and policy makers, such as UNICEF and the International Labour Organisation (ILO), to improve the human rights of poor adults and children, including campaigning for a global child benefit, as a means to reduce poverty.

UNICEF acknowledged the debt they owed to him with the following tribute: *"Peter Townsend will be missed by UNICEF, but even more by the millions of poor children around the world, who never heard his voice,*

"Townsend criticised academics, successive Labour Governments and UN organisations for failing to engage with this 'problem of riches.'"

but whom he never forgot either in his research or in his advocacy, nor, most importantly, in his heart. Yet his voice will echo beyond his lifetime, and continue to influence efforts to end child poverty, in the rich and the poor world."

Peter Townsend's final lecture, was an e-lecture on Social Policy and Poverty to South African MSc students. Unfortunately, they did not have time to thank Peter before he died. The students have now sent a short and poignant farewell:

Hamba Kahle – "Go well" Champion of the Poor.

"Townsend's work showed that poverty was a pervasive structural phenomenon rather than due to the fecklessness or 'bad' behaviours of the 'poor'."



Becoming an adult

Growing up with life-threatening illness

Duchenne muscular dystrophy (DMD) is an inherited neuromuscular disease which affects boys. The mean age of death without specialised treatment is 19. During the last few years, however, there have been significant improvements in the ways DMD is managed. Many have reached, or are reaching, stages of adulthood that were, at the time of their childhood, largely unexpected and unplanned.

Advances in medical technology have meant that a whole generation of young men with DMD are alive, who simply were not expected to be. But how does the major life-course transition to adulthood work, when you have grown up imagining that you will probably not live much beyond your teenage years?

“When I’m older I want to do mechanics and stuff like that. I’d really like to do a car up – a race car or something... get my hands dirty and mess with cars and stuff like that.”

Young man living with DMD, aged 15

David Abbott and Professor John Carpenter
Centre for Health & Social Care

Research funded by the Department of Health in partnership with the Muscular Dystrophy Campaign, the Duchenne Family Support Group and the University of Newcastle explored the experiences of young men with DMD and their families. Face-to-face interviews were conducted with 40 young men with DMD, aged between 15-33 years, and with their parents and siblings.

By and large, there has not been much systematic thought given, outside their own families, to what these young men should do or what should happen to them as they grow up into adulthood. Our research found:

- Although around half the families recalled having been involved in some planning for transition from school and from children’s to adult services, there was an alarming absence of examples of formal transition planning as required by the various statutory instruments and policy guidelines in the last ten years.
- Only one young man had had experience of paid work. Others who had looked for work had faced insurmountable obstacles; some of

these were associated with the severity of their impairments, but attitudinal barriers were evident, and it was clear that services were simply not prepared to help.

- About one third of young men were at home during the day and not doing any kind of education, training or work. Most of them felt that being at home was not stimulating enough and their parents agreed. These young men had very limited social opportunities or friends beyond their immediate family. It seemed entirely possible to us, given the lack of real options post school/college, that many of the younger men we interviewed who were still in education, would eventually also end up at home.
- All but three of the forty families in our study characterised their overall experience of service provision as problematic. Families described having to constantly prove their needs, and getting them met was often a protracted and acrimonious process.
- Both the young men and their parents said that they tended to ‘live for the day’, in large part because the future was so uncertain. There was a strong desire to ‘get on’ with the ordinary business of family life, although achieving this was often hampered by a lack of support from services.

The study adds to the developing literature which suggests that while there have been advances in health care for groups who are living longer than previously expected, this has not been matched by an increase in support at home and in the community. Medical needs take centre stage and overshadow things, which are of crucial importance to all young people – friends, relationships, leisure, ‘having a life.’ Services may not yet have grasped the particular issues faced by young people making the transition to adulthood, when they have a shorter life expectancy. ‘Wasting precious time’ was how one mother described the bureaucratic delays that her family had faced.

Transition for all young disabled people remains a government priority and a key social policy ‘problem’. The challenge posed by young men with DMD, their families, and other groups living with long term conditions, is to ensure that potentially shorter lives are no less valuable and just as fulfilling as any others in our society.

Abbott, D. & Carpenter, J. (2009 forthcoming) *Becoming an Adult: Transition for young men with Duchenne Muscular Dystrophy (DMD)*, Muscular Dystrophy Campaign: London.

Contact: d.abbott@bristol.ac.uk
0117 331 0972

The views of young men on what had been good or would be helpful:

- Information about options post school/college
- Being spoken to as a real person
- Being supported by friendly professionals
- Good personal care and support
- Chances to talk about DMD if/when they wanted or needed to
- Time away from family.



Image: City of London, London Metropolitan Archive

Uprooted

The shipment of poor children to Canada

Some 80,000 British children (typically between 10 and 14) were sent to Canada between 1867 and 1917, when the movement was halted by the First World War. Today, the children would be described as being 'in care'.

Why and how did this trans-shipment happen, and what were the consequences for the children who found themselves alone in a strange land, with unknown people and without family or friends?

Roy Parker

Professor Emeritus of Social Policy

The study addresses these two questions, drawing upon archival material from both Britain and Canada. Inevitably, this provides more evidence as to 'why and how' than it does about the destinies and feelings of the children. Nonetheless, some of their letters have survived and offer important insights.

First, how is the 'political economy' of this trans-shipment to be understood?

It was much influenced by contemporary notions of child saving. This, in its turn, was shaped by the religious enthusiasm of individuals. Through emigration, they argued, children could be rescued, once and for all, from destitution and vicious parents and saved for God.

Why, however, did the movement gather momentum despite growing evidence that all was not well with the children? One explanation is that it became important to the children's organisations, like Barnardos, that were establishing themselves. To expand they needed a steady turnover in their Homes; but they did not want to discharge children back to their former lives. A Canadian farm with people regarded as sober, industrious and church-going provided a cheap, immediate and permanent solution.

The societies' desire to enlarge their activities was also fostered by sectarian rivalry and the need to attract funds by demonstrating 'success', one of the touchstones of which was the number of children emigrated. This too sustained the movement, as did enthusiasm for 'Empire settlement' and the dangers thought to arise from a 'surplus population'.

In Canada there was a persistent and unmet demand for cheap agricultural labour, particularly on small family farms. British children were not ideal but little else was available. Nevertheless, there was considerable opposition to their importation. One connecting thread in this was the belief that because the children came from a 'corrupted stock' they threatened eugenic deterioration, criminality, dependency and the spread of moral laxity. In short, the children were needed as juvenile labourers but not wanted.

When the occasional inspection was made (typically once a year if the child could be found) the key question was whether they were 'giving satisfaction', not how they were being treated or how they felt. Their letters help to redress the balance.

These reveal recurring themes. The most frequent is the quest for information, particularly about the whereabouts of mothers (sometimes fathers), brothers, sisters or friends with whom they had lived in the Homes in Britain.

The children also wanted information about themselves: mostly about their birthdays and why they had been sent. But as well as this the letters convey a deep sense of loneliness and abandonment. However, alongside the unhappy, distressing or wistful letters there were some that told of a kindly placement; but these were not always the first. Indeed, there was much movement, with many children being returned to the reception Homes as 'unsatisfactory' and then tried

What many letters describe is what, today, would be recognised as the psychological damage inflicted by successive upheavals, by stigmatisation and an uncertain identity. Who am I? How old am I? Where do I come from? Who and where are my family? These are the kinds of questions that reflect what Goffman termed 'a spoiled identity'. As one former child migrant wrote: 'I've been grieving a lifetime for a lost country, lost family, lost childhood, lost identity ...'

What, one is frequently asked, are the lessons of such a study? Many are obvious, but three are worth emphasising. First, beware fashionable solutions. Secondly, if possible, avoid imposing additional traumas on those children who are least able to



Eighty-four girls from Quarrier's Bridge of Weir Home near Glasgow assembled outside the reception Home (Fairknowe) in Brockville, Ontario, in 1905. Note how young some of the girls are.

Image courtesy of the National Archives of Canada: C 086392.

elsewhere. Some (particularly boys) took matters into their own hands and ran away, many thereafter being 'unable to be found'.

Others reluctantly stayed where they were, not knowing where to go and unable to tell of their troubles. From reports, court cases and newspapers it is also evident that the children were liable to be harshly treated and the girls sexually vulnerable. We also know that many were not sent to school or not paid the agreed wages.

withstand them. Thirdly, pay attention to information that challenges the accepted wisdom but which could affect the well-being of vulnerable children.

Parker, R (2008) *Uprooted: The Shipment of Poor Children to Canada, 1867 – 1917*, Bristol, Policy Press, pp354, £35. (Paperback due January, 2010)



Speaking to power

The development of advocacy services in Scotland

How can public services be made more responsive to the people who use them? Health, education and welfare, many believe, are not distributed by specialist professionals to their “customers”. They are “co-produced” through a partnership between the providers and users of various public services. How can those partnerships be strengthened? These questions are being addressed in Scotland with the help of a new advocacy service.

Professor David Donnison

Urban Studies, University of Glasgow
(visiting speaker at the School on 22 May 2009)

Policy studies – ‘public’, ‘urban’ and ‘social’ – developed on a big scale in our universities after the second world war in response to the rise of the public service professions entered by so many of our students. So the default position assumed by academics working in this field tends to be one of friendly, insider criticism. Whatever the faults of these professions, they love them and want them to do better. They are talking about their former students – and the people who may fund or facilitate their research.

A franker recognition of the power relationships inherent in public service may be needed. Although the welfare state and full employment (while it lasted) brought great benefits, many of the class conflicts of earlier times were transferred to the counters, clinics and class rooms of the state. The inverse care law governing health

services – telling us that they tend to provide better care for richer and healthier populations than for poorer and sicker ones – is paralleled in our education, tax and transport systems, and in many other public services. Political parties, trade unions and other well-trying engines of social action often speak more effectively for the providers than the users of these services.

We have rather stumbingly begun to develop various strategies for making the public service professions more accountable and giving them firmer roots in the communities they serve. Along with the introduction of market mechanisms and the profit motive have come direct payments for those in need of social care, the growing influence of human rights law, and various forms of community-based ownership or management of public services.

The Scots have taken up one of these strategies – the provision of advocacy to support service users – and made it a nationwide service for particular groups of people. Those who have mental health or learning disabilities now have a right to free and independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act of 2003. Responsibility for clinical decisions remains with the professionals, but advocacy should enable them to gain a better understanding of the needs and feelings of the people they care for.

This was achieved partly because the Millan Committee, whose Report led to the Act, had service users among its members, and the Committee travelled all over Scotland to talk with more of them and with the people caring for them. The Scots were also shrewder than the English in separating the problems of the tiny minority of potentially violent patients from those of the massive majority. The two were dealt with by separate committees (kept in touch by using the same experienced secretary) which wrote separate reports that were published and debated at different times.

The local voluntary agencies which provide the advocacy service are funded by central government through local authorities and the N.H.S. They use a mixture of paid staff and briefly trained volunteers; and, to avoid conflicts of interest, they are precluded from doing anything else but advocacy. They can extend their service to people with other needs wherever they can get that funded. Frail elderly people, looked-after children, survivors of sexual abuse, and people relying on direct payments for social care are now among those who may get this help. An interesting initiative, recently commissioned and funded by the Stroke Association, is in three areas extending advocacy to support people who have had strokes.

Like the other strategies we are trying, advocacy is no panacea. It could develop in ways which reinforce a competitive, “customer ethos” among service users (get yourself an advocate to get your aged mother into the best

old people’s home, your daughter into the best secondary school, and thereby exclude less aggressive customers from these services). That would strengthen inverse care patterns. Or, by also developing group advocacy led by service users, it could reinforce a collective, “citizen ethos” and help to reverse those patterns. That would improve services for everyone. What is certain, I believe, is that if we cannot find better ways of making the public service professions accountable to those who rely on them, politicians will fall back on market mechanisms and the profit motive.

“Although the welfare state and full employment brought great benefits, many of the class conflicts of earlier times were transferred to the counters, clinics and class rooms of the state”



Image: iStockphoto

For further information, see the newly published book:

Donnison, D. (2009) *Speaking to Power. Advocacy for health and social care*, Bristol, The Policy Press.

News from the School for Policy Studies

Congratulations to the Violence Against Women Research Group!

From October this year the School for Policy Studies will have a fifth specialist research centre – the Centre for Gender and Violence Research. The new Centre is headed by Professor Marianne Hester. It builds on the success of the Violence Against Women Research Group

(VAWRG), which has grown to such an extent that it now warrants being a research centre in its own right.

VAWRG has been extremely productive. In June 2009 they published four new reports: *Who does what to whom?* (covered in this issue

of PS); an evaluation of the innovative South Tyneside Domestic Abuse Perpetrator Programme; a study for the National Federation of Women's Institutes on violence against women living in rural areas, and a study on domestic violence and military families.



Domestic violence, children and South Asian families

On 21st May 2009, VAWRG hosted this well-attended conference with international speakers.

Dr Aisha Gill (Roehampton University) and Dr Ravi Thiara (Warwick University) described their new research on child contact in the context of post-separation violence amongst South Asian and African-Caribbean women.

Two speakers from the University of Minnesota – Professor Jeffrey Edleson and Sudha Shetty – raised crucial issues about children and domestic violence and the impact of domestic violence on South Asian Families respectively. Professor Marianne Hester also spoke about domestic violence and recent child homicides.

Sexual abuse: overcoming methodological and ethical dilemmas

This conference took place in London on 5th June 2009 and was organised by two of the School's PhD students, Rebecca Barns and Debbie Allnock.

Rebecca suggested the idea, because she felt that it would be a good opportunity for academics and students to meet and exchange ideas and discuss problems faced when doing research in this challenging area.

Debbie works at Fresh Start, the NSPCC project which deals with sexual abuse issues, and funding for the conference was provided by both the School and the NSPCC.

Opportunities for graduate study at the School

Research programmes

PhD in Social Policy or Social Work

Full or part time doctoral research available including: international and comparative policy; poverty and social justice; family policy and child welfare; gender violence; health and social care; neighbourhood, housing and governance.

Doctor of Social Science (Policy Studies)

This programme provides an alternative route to a doctorate for students who wish to develop their careers in the rapidly changing world of professional policymaking. Study while you work with part-time modular options.

Events

Launch of the Centre for Gender and Violence Research

January 2010 (to be confirmed) at the School for Policy Studies, University of Bristol

Join us at the launch of our new Research Centre. Full details will be announced shortly on our website.

Policy and Politics International Conference 2010

9-10 September 2010 at the University of Bristol

Politics of Austerity or the Austerity of Politics?
New Social, Economic and Ecological Challenges for the Public Sector.

Inaugural Lecture "Choice and social housing: the evolution of a revolution"

Professor Alex Marsh

28 January 2009 at the University of Bristol

Further details will be available shortly on our website

www.bristol.ac.uk/sps/events

Masters programmes

MSc Policy Research

Recognised as a research training programme for the ESRC 1+3 PhD, this programme has been designed for researchers, research managers and policy advisers within public service organisations to enable them to produce top quality, timely and relevant policy research. Study while you work with part-time modular options.

MSc Social Work Research

Emphasising the link between research, policy and practice, this programme offers modules such as: child and family welfare; gender and violence; health and social care; poverty; and social exclusion; and is a recognised research training programme for the ESRC 1+3 PhD in Social Work Research. Study while you work with part-time modular options.

MSc Public Policy

In this innovative and challenging programme students will explore the changing nature of international public policy addressing questions such as "What is public policy?" and "Who are the key actors and what institutions are involved?"

Professional programmes

MSc Social Work

The MSc in Social Work fulfils the registration requirements of the General Social Care Council and entitles students to register and practise as a qualified professional social worker in a range of areas.

Graduate Diploma in Social Work/Professional Practice with Children and Young People

This programme provides specialist part-time continuing professional education for qualified social workers and others working with children and young people, their families and carers.

MSc Family Therapy

The programme is designed for practitioners who have completed a foundation and intermediate level course and who wish to pursue qualifying level training in family therapy.

www.bristol.ac.uk/sps/studying

Tel: 0117 954 6755

Email: sps-enquiries@bristol.ac.uk

School for Policy Studies
University of Bristol
8 Priory Road, Bristol, BS8 1TZ

T: +44 0117 954 6755
F: +44 0117 954 6756
E: sps-enquiries@bristol.ac.uk

www.bristol.ac.uk/sps