



CHIIR@UP

Centre for Health and social care Interdisciplinary Innovation
and Research @ the University of Plymouth



www.chiirup.org.uk

**Health and social care Interdisciplinary
Innovation and Research**

Conference Proceedings

University of Plymouth

10th and 11th March 2005

INDEX PAGE

MAINSTREAM SPEAKERS

| THURSDAY | | |
|----------------------|---------------|---------|
| RICHARD BAYLY | 10.30 – 11.00 | Page 7 |
| MIKE KELLY | 11.00 – 11.45 | Page 8 |
| THELMA HOLLAND | 13.45 – 14.15 | Page 9 |
| CAROL TOZER | 14.15 – 14.45 | Page 9 |
| BARBARA KATZ ROTHMAN | 15.00 – 15.30 | Page 9 |
| BOB GANN | 15.30 – 16.00 | Page 10 |
| JOHN BACHMAN | 16.00 – 16.30 | Page 11 |

| FRIDAY | | |
|-----------------|---------------|---------|
| CARLA PATTERSON | 10.15 - 10.45 | Page 52 |
| CLARE HARRIES | 10.45 - 11.15 | Page 52 |
| VAL WOODWARD | 13.00 - 13.30 | Page 53 |
| CHRISTINE WEBB | 13.30 – 14.00 | Page 54 |

SYMPOSIUM

| THURSDAY | | |
|--------------------------------------|---------------|---------|
| EMERGENCY, CRITICAL & INTENSIVE CARE | 10.15 – 11.30 | Page 12 |
| SOCIAL EXCLUSION | 12.15 – 13.30 | Page 17 |
| HEALTH PSYCHOLOGY | 13.45 – 15.00 | Page 41 |
| OBESITY AND LIFESTYLE | 15.15 – 16.30 | Page 49 |

| FRIDAY | | |
|--|---------------|----------|
| FAMILY AND CHILD | 09.15 – 10.30 | Page 55 |
| DEVELOPMENT AND DISABILITY | 09.15 – 10.30 | Page 62 |
| LONG TERM CONDITIONS & REHABILITATION | 10.45 – 12.00 | Page 68 |
| PROFESSIONAL & ORGANISATIONAL ISSUES | 10.45 – 12.00 | Page 79 |
| E-HEALTH | 11.30 – 12.45 | Page 87 |
| EB PRACTICE & SYSTEMATIC REVIEWS | 12.15 – 13.30 | Page 96 |
| THE ARTS AND HEALTH | 12.15 – 13.30 | Page 103 |
| APPLIED HEALTH GENETICS | 14.00 – 15.20 | Page 110 |
| AGEING | 14.00 – 15.15 | Page 117 |
| MENTAL HEALTH | 14.00 – 15.15 | Page 120 |
| THE RESEARCH AGENDA FOR HEALTH AND SOCIAL CARE IN THE SOUTH WEST - INTERACTIVE SESSION | 15.30 – 16.45 | Page 129 |

POSTER ABSTRACTS

| | |
|---------------------------------|----------|
| THURSDAY 10 TH MARCH | Page 130 |
| FRIDAY 11 TH MARCH | Page 141 |

Invited Speakers

We would like to welcome the following invited speakers to Plymouth and thank them for their contribution to the conference.

John Bachman

Richard Bayly

Bob Gann

James Goodwin

Clare Harries

Thelma Holland

Mike Kelly

Carla Patterson

Barbara Katz Rothman

Carol Tozer

Janet Williams

We would also like to welcome our 'Socrates' guests Marion Mohle and Wolf Ritscher from Germany.

Conference Programme

Thursday 10th March

| THURSDAY | PSQ C4 | Devonport | Stonehouse | PSQ B5 |
|-------------|---|--|---|---|
| 9.00-9.15 | | | | Registration (badges, proceedings, lunch tickets) 9am-3.30pm. |
| 9.15-9.30 | | | | |
| 9.30-9.45 | | | | |
| 9.45-10.00 | | | | |
| 10.00-10.15 | | Welcome | | |
| 10.15-10.30 | <u>Emergency, critical and intensive care</u> | Mike Beveridge | | |
| 10.30-10.45 | | Richard Bayly # | | |
| 10.45-11.00 | Chairs: Simon Cooper, Ruth Endacott | | | |
| 11.00-11.15 | | | | |
| 11.15-11.30 | Presenters: <i>Simon Cooper, Ruth Endacott, Judy Edworthy, Maggie Doman</i> (V/L Latrobe) | Mike Kelly # | | |
| 11.30-11.45 | | | | Coffee/tea replenished frequently (see handout) 9am till 3.15pm |
| 11.45-12.00 | | (Overview) Science Michael Hyland+ | | |
| 12.00-12.15 | Lunches available for collection 11.45-1pm. | (Overview) Soc Sci Bus Elizabeth Ettorre+ | | |
| 12.15-12.30 | Rooms to sit available elsewhere (see handout) | (Overview) Education Mark Halstead+ | <u>Social Exclusion</u> | |
| 12.30-12.45 | | (Overview) Arts Jeremy Diggle+ | Chair: Mike Sheppard | |
| 12.45-13.00 | | (Overview) Technology Des Mapps+ | Presenters: <i>Bill Jordan, Marion Mohle</i> | |
| 13.00-13.15 | | (Overview) PMS Stuart Logan+ | | |
| 13.15-13.30 | | | | |
| 13.30-13.45 | | | | |
| 13.45-14.00 | | Thelma Holland + | <u>Health Psychology</u> | |
| 14.00-14.15 | | | Chairs: Irving Kirsch, Michael Hyland | |
| 14.15-14.30 | | Carol Tozer + | | |
| 14.30-14.45 | | | Presenters: <i>Irving Kirsch, Michael Hyland, Man Chung, Pam Jacobs</i> | |
| 14.45-15.00 | | | | |
| 15.00-15.15 | | Barbara Katz Rothman * | | |
| 15.15-15.30 | | | <u>Obesity and Lifestyle</u> | |
| 15.30-15.45 | | Bob Gann # | Chair: Anne de Looy | |
| 15.45-16.00 | | | Presenters: <i>Anne de Looy, Victor Kuri, Phil Brown, Suzanne Thomas</i> | |
| 16.00-16.15 | | John Bachman # | | |
| 16.15-16.30 | | | | |
| 16.30-16.45 | | | | |

Friday 11th March

| FRIDAY | Main Hall | PSQ C2 | Stonehouse | Devonport | PSQ C1 | | |
|-------------|---|---|---|--|--|---|--|
| 9:00-9:15 | Registration (badges, proceedings, lunch tickets) 9am-1.30pm) | | | | | | |
| 9:15-9:30 | | <u>Family and Child</u> | | | <u>Development and disability</u> | | |
| 9:30-9:45 | | Chair: Claire Tregaskis, Johanna Woodcock | | | Chair: John Clibbens, Tony Gilbert | | |
| 9:45-10:00 | | Coffee/tea replenished frequently (see handout). | Presenters: Rudi Dallos, Heather Skirton, Wolf Ritscher, Andy Taylor | | | Presenter: Judith McBrien, Sarah Whitwham, Tony Gilbert, Marion Nash | |
| 10:00-10:15 | | | | | | | |
| 10:15-10:30 | | | | <u>Carla Patterson</u> + | | | |
| 10:30-10:45 | | | | | | | |
| 10:45-11:00 | | | | <u>Long Term Conditions and Rehabilitation</u> | <u>Clare Harries</u> + | | <u>Professional & Organisation Issues</u> |
| 11:00-11:15 | | | | Chair: Jenny Freeman | | | Chairs: Graham Williamson, Ann Humphreys |
| 11:15-11:30 | | | | <u>Posters and demonstrations</u> | | | Presenters: Susan Lea, Christine Webb, Ruth Clemow, Avril Butler, Ann Humphreys |
| 11:30-11:45 | Session open to the public | | | <u>E-health</u> + | | | |
| 11:45-12:00 | | | | Chair: Ray Jones | | | |
| 12:00-12:15 | | | | Presenters: Judy Edworthy, Emmanuel Ifeakor, Ray Jones, Peter Jagodzinski | | | |
| 12:15-12:30 | | <u>Evidence Based Practice and Systematic Reviews</u> | | <u>The Arts and Health</u> | | | |
| 12:30-12:45 | | Lunches available for collection from 11.45-1.45. | Chairs: Janet Richardson, Jenny Morris | | Chairs: Heather Skirton, John Clibbens | | |
| 12:45-13:00 | | | | | Presenters: Kamina Walton / Alyson Hallett, Stephen Pettet-Smith, Paul Broks, Michael Wigginton | | |
| 13:00-13:15 | | | | <u>Val Woodward</u> + | | | |
| 13:15-13:30 | | | | | | | |
| 13:30-13:45 | | | | | | | |
| 13:45-14:00 | | | | <u>Christine Webb</u> + | | | |

| | | | | | |
|-------------|---------------------------------------|---|--|--|--|
| 14:00-14:15 | | <u>Applied Health Genetics</u> | | | |
| 14:15-14:30 | | Chair: Heather Skirton | | <u>Ageing+</u> | <u>Mental Health</u> |
| 14:30-14:45 | | Presenters: <u>Janet Williams</u> , Heather Skirton, Karen Gresty, Andy Evenden, Dave Wright | | Chair: Mary Gilhooly | Chair: Paul Farrand |
| 14:45-15:00 | | | | Presenters: <u>James Goodwin</u> , Mary Gilhooly, Tim Perfect | Presenters: <i>Paul Farrand, Mary Watkins, Graham Russell, Jon Perry, Krishna Reddy, Christabel Owens</i> |
| 15:00-15:15 | | | | | |
| 15:15-15:30 | Coffee/tea available in Portland Cafe | | | | |
| 15:30-15:45 | | | | | |
| 15:45-16:00 | | | | <u>Interactive session</u> | |
| 16:00-16:15 | | | | HIIR agenda for the South West | |
| 16:15-16:30 | | | | | |
| 16:30-16:45 | | | | | |
| 16:45 | CLOSE | | | | |

* Video conference in from abroad

Satellite to receiving centres around the South West and live webcast to the Internet

+ Telematic link to Wonford Lecture Theatre, Exeter

Invited speakers underlined.

MAINSTREAM SPEAKERS Thursday 10th March

10.30 – 11.00 **Richard Bayly**

Cinderella Services: Are Vulnerable Adults Failed by the Services They Most Need?

Public services in Britain have long been organised around groups of specialist service providers. This can make for focussed and efficient service delivery. But it can also fail to align with clients' needs where these are complex. Policy makers are often better at identifying problems than in developing client focussed responses. The result can leave those most in need of services having the greatest difficulty accessing them. This can have the perverse effect of undermining many social inclusion goals such as: reducing re-offending, substance abuse, domestic violence, or worklessness. The challenge for public policy is to retain service expertise and efficiency while overcoming any tendencies to operate an over silo defined structure. Models of client focussed delivery such as new deal, Connexions and New Start may suggest ways forward. The outcome criteria in Every Child Matters may be applicable to adult services. Local area agreements offer a new approach to flexing budget barriers and performance managing effective delivery through partnerships. But such activity needs a more focussed championship from the heart of Whitehall.

11.00 – 11.45 **Mike Kelly**

Evidence Based Health Care

This paper describes the origins of the evidence based approach from the early pioneers – James Lind and Pierre Charles Alexandre Louis, to the appearance of the Cochrane Collaboration, NICE, the Health Development Agency and the guideline movement. The importance of the ideas of Cochrane himself will be explored. The paper will go on to consider the nature of evidence based health care and of evidence based public health. The ways in which the evidence base is constructed will be examined. The difficulties associated with resistance to the evidence based approach will be described. The distinction between scientific plausibility and the likelihood of success of interventions will be drawn out. The importance of taking a pluralistic approach to the evidence will be demonstrated.

13.45 – 14.15 **Thelma Holland**

14.15 – 14.45 **Carol Tozer**

15.00 – 15.30 **Barbara Katz Rothman**

Heel Sticks and Amnios: The Routinization of Genetic Screening on the Path to Motherhood

The last twenty years has seen an enormous proliferation of genetic testing.

The two arenas in medicine most directly affected have been prenatal (fetal) screening and newborn screening. While there has been much concern and discussion about the grand advances in genetic technology and personalized medicine across the age spectrum, in fact very little of practical consequence has thus far emerged for adult medical management. Even breast cancer screening, the most widely publicized genetic testing recently available, has been very narrowly targeted to members of families already understood to be at risk.

Prenatal screening, on the other hand, has become all but universal; newborn screening is in fact universal, albeit for a different number and constellation of conditions on a state-by-state basis. Thus every pregnant woman receiving any medical care is being offered some version(s) of genetic testing; and every newborn is provided with some version(s) of genetic testing.

I will explore some of the consequences of this expansion of testing, based both on my own older work on prenatal screening, and some current research on newborn screening by Rachel Grob, one of my doctoral students in Sociology at the City University of New York

15.30-16.00 Bob Gann

Nhs Direct: Building a Multi-Channel Public Service

Bob Gann

There has been a long term policy commitment to improving public access to health information and advice. The NHS Direct telephone service was piloted from 1998 with the intention to develop a quality assured gateway to information for the public on the internet announced in *Information for Health* strategy the same year. This gateway, the NHS Direct Online website at www.nhsdirect.nhs.uk was launched by the Prime Minister in December 1999 and has developed into one of the world's leading health information websites. NHS Direct Online now receives close to 1 million visits a month, a greater number of public contacts than received by the NHS Direct telephone service.

Over the past five years NHS Direct has developed other public information channels including touch screen kiosks and a print Self Help Guide which is now included in all Thomson's Directories and delivered to 18 million homes.

NHS Direct has now launched NHS Direct Interactive - the largest public sector presence on digital television. The *NHS Plan* announced the intention to launch an NHS digital TV service by the end of 2004 and the service went live on Sky in December 2004. Versions are being developed for each digital TV platform – Sky, cable and Freeview. The presentation will largely focus on the new digital TV service as the latest addition to the NHS Direct family of services. We expect the digital TV service to reach sections of the population who do not currently use other NHS Direct channels (telephone, web etc) For example Sky has a particularly high take up amongst young men and lower socio-economic groups, while Freeview has proved popular in the older population. The new digital TV service offers particular opportunities for social inclusion.

16.00 – 16.30 **John Bachman**

Patient Computer Dialogue

Objectives:

1. To show how patients using a computer improves access, quality, and cost in the day to day practice
2. To demonstrate how patients interact with computers in a typical office
3. To become knowledgeable about the evidence for using patient computer dialogue

Abstract:

This presentation will address the use of patients giving their history via computer. (1) review the process of interviewing patients by computer, (2) summarize computer-interviewing work done since 1968, (3) address the weaknesses of collecting information with the traditional history-taking methods or paper questionnaires, (4) discuss commercial software designed for computer interviewing, and (5) focus on the strengths and weaknesses of interviewing patients with a computer. The strengths of this process compared with traditional interviewing are that computer interviewing allows the physician to gather more data; gives the patient more time to complete an interview; uncovers more sensitive information; provides more adaptability to non-English-speaking patients, patients with hearing impairment, or patients who are illiterate; and provides structured information for research. The weaknesses of computer interviewing are that it generates false-positive responses, is not accepted by a minority of patients, is unable to detect nonverbal behaviour, and requires changes in work flow. With the advent of an electronic medical record and the financial rewards for comprehensive history recording, the gathering of history and documentation from patients is increasingly important and favours adaptation to computer interviewing. Movies from my practice will be shown to demonstrate its effectiveness. A full review of the topic has been published and is on line:

<http://www.mayoclinicproceedings.com/Abstract.asp?AID=263&Abst=Abstract&UID=>

EMERGENCY, CRITICAL AND INTENSIVE CARE

A central theme for many of the challenges arising in emergency and critical care practice is *identifying risk of deterioration*. This provides the nexus for a programme of research to be undertaken by staff in the Faculty of Health and Social Work. It also reflects much of the externally funded work undertaken by Professor Ruth Endacott in her capacity as Professor of Nursing at La Trobe University, Melbourne, and is a focus for the work undertaken by Maggie Doman in her PhD studies related to paediatrics, Professor Judy Edworthy's work on auditory alarms and Dr Simon Cooper's research in resuscitation and emergency care. The presentations describe this research focus and illustrate the wide range of inter-professional studies that are possible.

Timetable for Symposium

Thursday 10.00 – 11.15

Location: B5 Portland Square

Co-chairs: Ruth Endacott and Simon Cooper

| | |
|--------------|---|
| 10.00 -10.20 | Research Theme and Focus Identifying Risk of Deterioration – Ruth Endacott |
| 10.20 -10.40 | Paediatric High Dependency Care – Maggie Doman |
| 10.40 -11.00 | Fewer auditory alarms in intensive care would improve safety – Judy Edworthy |
| 11.00 -11.15 | Resuscitation Predictor Scoring Scale – Simon Cooper |

10.20 – 10.40 **Paediatric High Dependency Care**

Maggie Doman

Over the past decade, concerns have been expressed in the media and by health professionals, about the care of critically ill children. A number of reports and recommendations have been published (cf. Department of Health 1997a, 1997b, 2001) seeking to address these concerns, and many of those relating to paediatric intensive care have been implemented. High dependency care, which is often provided on 'general' children's wards, has received far less attention, however, nurses involved in such care have reported problems with implementing recommendations. A qualitative research study was therefore conducted, which sought to explore, describe and analyse nurses' experiences of providing high dependency care in children's wards in South West England.

A two phase approach was adopted. In phase one, focus groups were conducted with nurses to explore their experiences of providing high dependency care for children. The themes which emerged were then used as a basis for the second phase, which utilised an ethnographic approach. Fieldwork was undertaken in three children's wards using observation, individual interviews and scrutiny of relevant documentation. Data were analysed manually by ward, then were combined so comparisons between settings could be made. Four themes emerged: 'working together', 'context and culture', 'being prepared' and 'recognising the sick child'. A provisional model has been developed in an attempt to explain the relationship between these themes and the provision of high dependency care in children's wards. The findings of this study have implications for clinical practice, management and education.

10.40 – 11.00 **Fewer Auditory Alarms in Intensive Care Would Improve Safety**

Judy Edworthy & Elizabeth Hellier

Auditory alarms are used everywhere in safety-critical situations such as aviation, nuclear power control, transport, and medical care. In common with other environments where auditory alarms are frequently used, alarms as they are implemented in medical care are often less than ideal for a number of reasons, and this compromises both the actions of practitioners and the safety and health of patients. First, alarms are often installed on a 'better safe than sorry' basis which means that many alarms are not necessary, or are of low priority. This serves to reduce the impact of important alarms when quick action is required. A number of other problems result from this 'better safe than sorry' philosophy. Alarms proliferate, meaning that they stand a higher risk of masking one another, which in turn leads to louder and louder alarms and the inevitable consequence that they are turned off. Excessive numbers of alarms interfere with work performance and become distracters, rather than aids to safety. In addition, alarms are often badly designed. Acoustically they can be poor, meaning that if there is other noise at the time that an alarm sounds the alarm will be easily masked by other noise and hard to localise. Other properties of alarms make them difficult to identify. For example, continuous tones will not grab attention in the way that changing tones will, and abstract alarms, typical of those that are normally used, are hard to learn and remember. There is also very little relationship between the alarm sound itself and the medical situation which it is signalling.

Research in this area shows how many of these problems can be reduced in impact, though this research is slow to filter through to practice. Research shows how warnings can be designed to be neither too loud nor too quiet, and how false alarm rates can be reduced by assigning alarms only to situations which require action, rather than constantly registering events which require no action. Our own work has addressed in detail the relationship between sound form and function, and shows how different classes of sounds can be more or less readily learned and remembered. In particular, our work shows how urgency can be designed into alarm sounds so that the urgency of the alarm is in some way matched to the urgency of the medical situation which it is signalling. All these practices serve to make alarms more efficient in medical care. Standardisation of alarms is now underway (draft ISO standard 60601) and this, together with accumulated research in this area, will reduce the total number of alarms in use but will at the same time improve both safety and performance.

11.00 – 11.15 **Resuscitation Predictor Scoring Scale (RPS Scale)
for In-hospital Cardiac Arrests**

Simon Cooper

The purpose of this study was to determine the key factors influencing survival from cardiopulmonary resuscitation (CPR) attempts and to produce a survival predictor scale for use during a resuscitation attempt.

Bivariate analysis of individual survival predictors and a prospective analysis of survival based on logistic regression models. Included in this seven year study (1993-2000) were 2,567 in-hospital resuscitation calls of which 1,633 received full cardiopulmonary resuscitation. Immediate, 24 hour and discharge survival rates were the main outcome measures with additional analysis for the development of the Resuscitation Predictor Scoring Scale (RPS Scale).

The immediate survival rate was 41%, 28% at 24 hours, and 19% by discharge. Multivariate analysis showed the main factors influencing 24 hour survival to be the duration of the arrest, primary arrhythmia (VT, VF, asystole or PEA), age and the primary mode of arrest (respiratory or cardiac). The RPS Scale was developed from these key predictors giving resuscitation teams an accurate prediction of survival 15 minutes into a resuscitation attempt.

Data collection and analysis of CPR attempts are essential for the formulation of survival indicators. In this case the data has enabled the formulation of a survival predictor scale which will quantify the decision making process regarding the termination of CPR attempts.

SOCIAL EXCLUSION

Research on Social Exclusion at the University of Plymouth, has a number of dimensions. It focuses both on social exclusion and inclusion as social states, and in relation to various practices which may encourage inclusion.

Work on social exclusion includes research on attempts at inclusion, including anti oppressive and anti racist practice. Professor Bill Jordan has written extensively on social exclusion in a British and International context. Amongst his many areas of interest are immigration and asylum seekers, poverty and social exclusion, social capital, and political dimensions of welfare and social work.

Gender has been a focus for some members of staff. Avril Butler has published on gender, empowerment and practice, and community engagement. She is interested in sexual harassment, feminist research and creative autobiography. Dr Gai Harrison has also written on sexual violence and social responses. Professor Michael Sheppard has written extensively on the social origins and responses to depression in mothers.

Dr Nick Johns work has focused on issues of ethnic diversity in the public services, as well as the 'new racism'. His work on public services includes questions of discrimination, groups discriminated against, and the adequacy of responses. Avril Butler is interested in the needs of, and responses to asylum seekers.

Professor Michael Sheppard, and Johanna Woodcock have both focused on parenting in adversity.

Work with Older People, a group likely to experience exclusion, is a major focus.

Mary Gilhooly has a long-standing interest in ageing and the needs of older people. Current research projects include a study of lay concepts of dementia and cognitive decline in old age and an evaluation of the implementation of single shared assessment for older people. Recently completed research includes the following: ESRC funded study on transport and quality of life in old age; ESRC funded study on quality of life and real life cognitive functioning; CSO funded study on the determinants of good health and successful ageing in a deprived area of Scotland; a needs assessment for the Parkinson's Disease Society; alcohol and ageing. Professor Mary Gilhooly also has a special interest in legal and ethical issues in an ageing society, including topics such as living wills, physician assisted suicide and ethical issues in long-term care. Mary Gilhooly is President of the British Society of Gerontology and sits on the Council of the International Association of Gerontology.

Professor George Giarchi also has a wide range of publications on older people. He has an interest both in domestic and international contexts. The

latter includes a major comparative study of Older People in Europe, in which he compared 29 countries. George Giarchi's other significant areas of interest include older people in the European countryside (rural areas), health and social care provision for older people, and with Johanna Woodcock, the role of grandparents in the care of grandchildren.

Mental health and illness has provided another major context for social exclusion research.

Professor Michael Sheppard has undertaken major studies of social work practice in relation to compulsory admission assessments, and the use of theory in practice by mental health social workers. He has also examined the use of psychodynamic skills by mental health professionals, as well as work on the impact of maternal depression on social work practice in child and family care. Dr Brynna Kroll and Andy Taylor have written on the impact of parental substance abuse on parenting on child welfare.

Dr Adrian Barton has written on drug use, and professional responses to this issue. He has an interest both in practice, and also in partnership working in response to community drug use. Avril Butler has a both a research and practice interest in the use of creative autobiography as a contributor to personal well being in women. Gai Harrison has carried out research on post traumatic stress disorder, and the medicalisation of sexual violence.

Community Care and Partnership working forms another major part of the work of social work academics.

Deirdre Ford has a major interest in the community care of adults, including those with learning disabilities. She is also interested in service user involvement in social care provision and education. The work by George Giarchi and Mary Gilhooly extensively relate to community care issues. George Giarchi has carried out a number of studies focusing on partnership working in relation to older people. These include carers options, a comparative study, the role of the social worker in the primary care team, and the evaluation of care management support scheme for carers within primary health care.

Adrian Barton has focused on partnership working in relation to intervention with drug users, as well as (in relation to children and families) the work of Area Child Protection Committees. In the former case he has examined how organisational expectations can affect the conduct of practice and the experiences of service users.

Michael Sheppard has directed research on the impact of interprofessional education on mental health practice.

Childhood Disadvantage, and Poverty is another major dimension of social exclusion. Research has focused on a range of elements of children and families in need.

Michael Sheppard has completed and published a major research programme on Social Work Practice with Depressed Mothers in Child and Family Care. Other work currently undertaken by him includes significant research programmes into Mothers Coping With Child Care Problems in Adversity, and the Development of Routinised Evaluation of Need and Outcome in Child Care practice. He also has a major interest in the theory and measurement of partnership and need in childcare practice.

Johanna Woodcock has completed and reported upon research on Social Work Assessment of Parenting and Intervention with Families with Combined Parental Alcoholism and Depression, and Definitions of Need. Andy Taylor and Brynna Kroll have also written on substance misuse and its impact on parenting and the welfare of the child. Johanna Woodcock is interested in attachment theory and social work, and is working on social work practice with grandparents included and family care (with George Giarchi)

Adrian Barton has conducted and published a detailed study of the Workings of Area Child Protection Committees, work which is being continued in collaborations with Penelope Welbourne. Pam Freeman has also written extensively on child protection, including advice and advocacy for children and parents, parental perspectives in child protection and care proceedings, and attrition rates in child protection.

Penelope Welbourne has also carried out work on a range of areas in child care, including the Use of Evidence with Children, Working with Child Sex Offenders, and Children's Rights. She is interested in service user and practitioner perspectives with child care, and the assessment of risk. She has a wide interest in the use of law in practice. She has also examined the significance of Children's Review Panels in the United States of America.

Deirdre Ford has written on issues involved with working specifically with parents who have learning disability. Pam Freeman and Brynna Kroll have written and researched on the impact of divorce on child welfare.

Michael Sheppard has researched and written extensively, theoretically and empirically, on Process Knowledge in Social Work Practice, focusing on child and family care. Like Penelope Welbourne, this encompasses issues of risk and uncertainty, and the process of decision making in child and family care.

Patricia Gray has carried out extensive research on youth justice, including the work of social work teams as part of her Governmentality of Youth Crime Programme.

Gordon Jack is interested in ecological perspectives on parenting, and has written on the relationship between social and economic disadvantage and child welfare. He is carrying out research evaluating the work of the Children's Fund.

SOCIAL EXCLUSION

Timetable for Symposium

Thursday 12.15 – 13.30

Location: Stonehouse Lecture Theatre, Portland Square

Chair: Michael Sheppard

| | |
|--------------|--|
| 12.15 -12.45 | Social exclusion, choice and values? - Bill Jordan |
| 12.45 -13.15 | Shifting frameworks of welfare - shifting needs of welfare recipients - Marion Mohle |

Posters

1. Neighbourhood deprivation and excess coronary heart disease mortality and hospital admissions in Plymouth
Mohsen Janghorbani, Ray Jones, Rob Nelder
2. Rural Primary Healthcare – Developing a research agenda
Pauline McGlone

12.15 – 12.45 **Social Exclusion, Choice and Values**

Bill Jordan

Social exclusion has been on the research agenda in this country for a bit over 10 years. It came here from Continental Europe, where policy analysts had been theorising and investigating the phenomenon of people like beggars, homeless people, alcoholics and drug addicts, who had dropped right out of the labour market, the social insurance benefit system, the family and the community. Health professionals and social workers were spending a disproportionate amount of time trying to rehabilitate these people; how would social policy prevent social exclusion, and promote social inclusion?

In the UK, we have pioneered an answer to these questions which is increasingly adopted all over Europe, and indeed all over the world. It is to combine individual choice with some idea of family and community responsibility. The choice part consist in increasing to scope for markets into various spheres of life where it didn't apply before, and making public services perform as if they were competing with private companies – for instance, getting schools and hospitals to compete with each other. All the major political parties support the idea that individuals should be able to choose which schools, hospitals and care facilities they use.

The responsibilities part consists in trying to get families, neighbourhoods and communities to be responsible for everything else, through voluntary agencies, community groups and action committees. Then all the government has to do is hold the ring, regulate all these other bodies, and target its attention on those individuals who aren't competent or capable of making choices and being responsible, through welfare-to-work personal advisers, Sure Start programmes, community development initiatives, and projects to integrate refugees. Where even these fail, we have social services and probation.

What I want to do this afternoon is focus on three weaknesses in this mode, which have only recently become apparent, and look at how research might investigate how to fill the gaps in our understanding of exclusion, choice and values – how they relate to each other.

(1) Social Capital. In the 1990s, researchers and theorists came forward with the idea that individuals became isolated and excluded because they had been cut off from social networks and interactions. A healthy society is one in which there is an invisible and taken-for-granted infrastructure of norms and values, such as reciprocity, trustworthiness, consideration and reliability, which underpins both economic and social life. People become detached and eventually excluded if their upbringing or behaviour causes them to lack the competencies and skills to share in networks and circuits of this kind. So interventions like the New Deals, Sure Start and community development projects aim to make individuals capable of joining networks, or building up social capital in deprived districts.

But there is a paradoxical weakness in this theory, if it is supposed to explain why individuals became antisocial, or adopt patterns which are disapproved by society, or why certain communities have a great many problems. If social capital is measured in terms of the closeness of links between any group of people, then only is it that many of the most deviant people in any society, and many of the most deviant groups, score high on social capital? For instance, Al Qa'eda members trust each other, reciprocate with each other, co-operate reliably – even down to sacrificing their lives for the cause; so do members of the insurgent resistance to American occupation in Iraq, members of the Al Aqsa Martyrs Brigade, and so on. Criminal gangs and drug dealers have to trust and co-operate, members of fundamentalist religious cults, fox hunters and hunt saboteurs, and so on.

The answer, of course, is that they have the wrong kind of social capital. Research and theory now support that there is a distinction between bonding social capital, which allows one to form close and enduring links with people with the same social characteristics as oneself; and bridging social capital, which enables us to co-operate with and trust a far wide range of fellow members. The intercommunal riots in places like Bradford, Burnley and Oldham in 2001 were the result of separate communities of poor white and Asian residents, with lots of bonding social capital, but having no bridges between them; hence there is rivalry, resentment and conflict.

Let me point out a weakness in this analysis. Community and social capital are not just warm and cosy words about trust and togetherness; they are very practical ideas about how to get things done. The reason why people have an interest in co-operating and sharing in a community is that they can see that if they work together, they can create goods and services for each other; but this can only work if they define membership and who does what, and who gets what. In this sense, communities are always exclusive. Even the whole nation is an exclusive community in the sense that foreigners are excluded from certain rights of citizenship.

So it is not easy to say, as a matter of policy, we will start to build bridging, social capital, to replace bonding social capital, because it will include those excluded people in the wider community. The very people you're trying to include may lose out. Let me give you an example from Northern Ireland, by the researcher Madeleine Leonard. During the Troubles, very deprived Catholic districts of West Belfast withdrew from the wider life of the community, and provided their own economy and social services, organised by the Provisional IRA. People co-operated in the informal activities of exchanging services and home-made goods, and they organised their own support networks. If they didn't co-operate, they tended to get shot. Even ambulances and fire-engines from the city authorities got stoned or fire-bombed. So they were strong on bonding social capital, and very weak on bridging social capital. This was a kind of collective self exclusion.

Then came the ceasefire and the 'peace process', in which Sinn Fein was trying to join the power-sharing arrangements for the political government. So Sinn Fein started to conduct a policy programme (obviously, through the IRA)

for local people to start building bridges with the mainstream. They told local informal businesses to start keeping books and trading officially, and start looking for customers outside the district. They told residents to stop stoning community nurses and social services staff, and start co-operating in setting up clinics and offices. But what happened was

- (i) the businesses either went bust, or (if successful) started charging prices local people couldn't afford;
- (ii) professional staff living outside the area replaced local untrained 'community workers', making them redundant.

So, as soon as markets and bureaucracies replace community as a way of doing economics and social policy in a very poor district, this actually exacerbates poverty, without really achieving social inclusion. Certain individuals (successful businesses, community representatives) have joined wider social circuits, but others are more powerless and disadvantaged. Destroying bonding capital is easy, building bridging capital is hard. This is an extreme example of why deprived communities remain deprived despite New Labour's many programmes for social inclusion.

(2) 'Stalled Well-being' In principle, the idea behind the 'choice agenda' in social services is simple. As individuals, we choose what we want to consume, and whom we want to associate with. We shop in supermarkets which give us lots of choices, and we join clubs, so we can decide with whom we want to share facilities and activities. All this is good for efficiency and responsibility. Markets are the best way to create the maximum volume of goods, and distribute them among populations according to their preferences. Clubs are the best way for people to share amenities, because they can choose how much to pay to join, and the club can decide what to provide for members, who share the same tastes, so they won't always be having expensive disagreements; they can just leave and go elsewhere if they are disappointed.

For 200 years, since Adam Smith, this formula has provided the best recipe for reliable improvements in individual well-being, all over the world. States which ran their economies on market principles, and gave their citizens a lot of control over the organisation of their collective life to richer, and their citizens were happier. States like those of the Soviet Bloc, which tried to arrange production and social life for the citizens, lost economic momentum, and their citizens were miserable – the statistics proved it.

First under Conservative, and now under New Labour governments, our political leaders have reformed our public sector to make us more like the happy USA, and less like the miserable USSR. Instead of having standardised health and social services, dispersed by officials to passive patients and clients, we now have league tables to help us choose where to live, which hospital to attend, and where to spend our old age. The idea is that markets work because people always know what is best for themselves, and their choices create institutions and organisations which suit them best also.

The trouble is that new research shows that for us at least the past 30 years, people in the affluent countries of North America, Europe, East Asia and Australia have been getting quite a lot richer, but no happier. Psychologists have found reliable ways to measure and compare 'subjective well-being' (or 'self-evaluated happiness'), and they have discovered that, once national income per head rises above \$15,000 a year (at current prices), these levels of well-being stall and stagnate. The rich in any country are happier than the poor, but neither are happier than they were in the late 1970s. British people were happiest in 1978 (just a coincidence what happened the next year). Tony Blair was obviously impressed by this evidence, because he has appointed a Professor to oversee research into how to measure well-being.

So the whole theory behind economic reform in the 1980s, and public sector reform in the 1990s and this decade, breaks down, because none of it makes people's well-being improve. Does this mean that people don't choose what is good for them, and that the whole choice agenda is a fallacy?

In my view, it's a question of balance. We need some kind of collective context of close relationships, good friends and supportive neighbours in which to make our choices. For 30 years, our culture has been very individualistic, encouraging people to be responsible for themselves. If the whole life is choice, under conditions of competition, then people become materialistic, calculating and above all rivalrous. They don't choose what will make them happy, they choose what will make them get ahead. They want to send their children to the best school, rather than get together with other parents to make their local school better. They choose to live in residential districts on the basis of status not conviviality.

All this ties in with exclusion, because the restructuring of the public sector encourages hospitals and care homes to compete on efficiency criteria, to attract low-cost members, and exclude needy, high cost ones. The social services don't provide a context for citizens living together in harmony, with respect for equality and difference – they become part of a competitive rat race. League tables and quality stars make the work stressful for staff, and stressful for service users. What should be a context for good quality of life becomes yet another drive for competitive position and efficiency.

The way to achieve balance is to make sure that individual rights and choices are always balanced by some kind of institution which provide a proper context, and help people make good decisions. The tv documentary, 'Jamie's School Dinners', illustrates this. Jamie Oliver was horrified by the fact that the companies which supply school meals gave children a choice between junk food and other junk food. They won't even try healthy food – they spit it out. But Jamie Oliver provided a context for learning about healthy food, by getting them to prepare and cook it, and children found they liked it. Research can investigate how to achieve proper context for choice.

(2) 'Values Voters' None of these doubts and criticisms is new. People like myself have been pointing out for years that the only way that people can get ahead in our system of public services is to create 'clubs' (exclusive systems of membership) for themselves, to the disadvantage of the poorest, most needy and least healthy. And the choice agenda makes this easy – it encourages people to buy up the houses in the 'better' council estates; to move to live near the 'good' schools and hospitals; and to buy their way into the 'best' care homes. But it doesn't at the end of the day, make them happier, partly because they are afraid of retaliation by people who are left with the worst of everything at the bottom of the pile, and who may come and break into your house in the night, or beat you up and rob you in the street.

So mainstream citizens are becoming aware that there is something wrong, and so is the government. The Home Office is busy trying to build 'community cohesion' in poor districts, to create 'bridging social capital'. It also has an agenda for 'civil renewal', through greater participation in society, especially volunteering and the voluntary sector. We had Henry Tam from Home Office Civil Renewal Unit here last year.

But in one country the voters have decided that this kind of thinking is too little and too late. The electorate has decided to vote against the choice agenda in social policy. That country happens to be USA. George W. Bush won in November, 2004 because of 'values voters', mostly fundamentalist Christians. They were mainly voting for faith-based social services, abstinence-based sex education, restriction of women's choice over abortion, and the prohibition of gay marriage. They were specifically anti-choice, and they wanted a clear, traditional, moral basis for all social policy – the Bible, not individual choice. On March 1, The Guardian reported that the US government had demanded that the UN publicly renounce abortion rights as human rights in its policies and charters.

I know that this is unlikely to happen in the UK, but anything that happens in the USA does not influence us here. The Catholic Cardinal of Westminster has said that our politics should be more like those of the USA, and already abortion rights seem to be becoming an election issue. The relevance is perhaps not that the neo-Conservatives were elected, but that the choice agenda was rejected, and a values agenda (the only one on offer) was successful. As the implications of social exclusion and stalled well-being become clearer, I think we will face new policy decisions concerning values.

In a diverse, multi-ethnic and multi-faith society, traditional religious values seem unlikely to strengthen bonds or build bridges between all citizens, or to create a shared basis for a better quality of our collective life. In any view, research should be urgently investigating just what could provide such a basis.

So, I would like to see research in the health and personal social services which tries to address the following questions.

(a) which aspects of public services help provide a context for choice? When the welfare state was created, the stated goal was to supply an infrastructure for equal citizens to interact in democratic ways – a political context appropriate to the new, postwar age. Now we are obsessed with 'personalising' services, delivery individualised packages of care. This needs to be balanced by a context which allows those choices to be made in a culture which makes common interests in quality of life recognisable.

(b) we have a policy agenda which addresses community and collective responsibility through Sure Start, community development (urban research) and other social inclusion initiatives. But many of the services to the most excluded and disadvantaged individuals and households are stigmatised, rationed, and given in ways far removed from the spirit of those initiatives. We research to investigate how best these elements can be continued most effectively, not be quite separately pursued (including poaching staff).

(3) We need also to investigate how universal and targeted services can be best combined, and how we can stop the choice agenda undermining both. The proposal for Children's Trusts would bring together all services in full extended schools. But it is not obvious how this will work to the benefit of the ever-growing groups of children with psychosocial disorders, or involved with police and child protection.

if parents take the ablest children out of schools with high proportion of those with highest needs. If this leaves concentrations of needy children then the universal-targeted combination won't succeed.

12.45 – 13.15 **Shifting Frameworks of Welfare – Shifting Needs of Welfare Recipients? The Future of Social Care in Europe**

Marion Mohle

Table of Contents:

Introduction

1. The “new” philosophy of welfare in Europe (and the new type of citizen)
2. The German and the British Welfare State: Different Traditions Similar Outcomes?
 - 2.1 The British system
 - 2.2 The German system
3. A new type of citizen? Experiences from Germany
 - 3.1 Needs and the Welfare State
 - 3.2 Social citizenship rights at stake?
4. Impacts of Welfare State Transition on Social Care – the German Case
 - 4.1 Social work as a tool
 - 4.2 The end of the parallel expansion
 - 4.3 Towards the erosion of social work?
5. Many will be in – some will be out: On the way to an exclusionary Europe?
 - 5.1 The Social Agenda 2000
 - 5.2 The Social Agenda 2005

Conclusion

References

Introduction

Welfare states in Europe are currently in a remarkably unique situation: never before have all of them being at the same time confronted with such a deeply founded “paradigm shift”.

A second feature of this “paradigm shift” of welfare might be described as a “race to the bottom” concerning the fact, that social policy is more and more seen as a tool to reach economic goals.

These developments do have a strong impact on both *recipients of welfare* (1. as a social group consisting of families, adults, children, the elderly, the disabled etc.); 2. as individuals with a set of individual needs) and on *social care and social work* generally (services, institutions).

I will try to outline that these impacts of shifting frameworks of welfare have a clear exclusionary character.

In order to come to this conclusion, I want to divide this presentation into five parts:

- **first**, I want to outline the “new” philosophy of welfare in Europe (activation, Third Way etc., new type of citizen - workfare)
- **second**, I will try to have a short look on the employment politics both in Germany and in Britain to underpin this hypothesis of a new philosophy of welfare in Europe
- **third**, I will try to raise some questions concerning the consequences for the individual from a German perspective
- **fourth**, I try to show the impacts of these changes on social care in Germany, which are already visible
- **fifth**, and finally, I want to show some of the exclusionary aspects and the future of social care in Europe

1. The “new” philosophy of welfare in Europe (and the new type of citizen)

THESIS 1: The “paradigm shift” of welfare in Europe goes alongside with the “invention” a new type of citizen.

The majority of European countries is undergoing deep changes of their welfare systems in recent years. These changes can readily be described with the expressions: from passive to active welfare; from needs-tested benefits to work-conditional benefits (workfare) and from public responsibility to private responsibility.

This general change is often referred to as the respective national adaptations of the politics of the “Third Way” and this new “welfare philosophy” is influencing all fields of social policy: first of all the field of employment; but also the health system, care for the elderly (long term care), the pension system, family policies and so on.

At the same time, the European level tries to implement a sketch of what could be called the “European Social Model”, which aims to “unite” common objectives under the umbrella of the so-called “open method of co-ordination”. One basic idea of such a “European social model” is the concept of “investment in people” (Commission of the European Communities, Social Agenda 2000) and the “building of confidence” (Commission of the European Communities, Social Agenda 2005).

This idea of “investment in people” and “confidence building” leads to the conclusion that the current changes must be interpreted in two dimensions: on the one side, there is a new picture of the welfare state (which is now an “investing state”) and a new picture of individuals: they are not recipients anymore but proactive citizens; they are some sort of capital and – that’s rather important – they are not needy anymore, but self-reliant clients and it is worthwhile to invest into them.

2. The German and the British Welfare State: Different Traditions – Similar Outcomes?

THESIS 2: In spite of belonging to very different traditions, the outcomes of changes in the fight against unemployment show a degree of convergence of the German and the British welfare state.

Germany and Britain are well known as belonging to different “worlds of welfare”, since Germany represents the conservative, insurance-based welfare state, whereas the latter represents the liberal, means-tested –based welfare state.

Since the mid-90s, there are remarkable changes in the field of employment politics concerning this different traditions, which may be interpreted as a convergence in welfare systems. The joint paper of the German chancellor Schröder and the British Prime Minister Blair can be seen as a signification of this convergence.

The idea of the “Third Way”, which was originally invented to re-design British welfare politics, influenced many European countries, especially in the field of labour market programmes. ¹

2.1 The British system

In Britain, many elements of the “New Deal” reforms are clearly linked to the American “welfare to work” programme. “Insurance-based mechanisms play a very minor role in the British unemployment compensation system, especially since the adoption of the Job Seeker’s Allowance in 1996” (Daguerre, Taylor-Gooby 2004, 34). One important feature of the New Deal is the

¹ Interestingly enough, the origins stem from different sources. New Labour seemed to be influenced strongly by American policies whereas Germany tried to define some sort of a “Continental Third Way” which tries to adopt the European Employment Strategy (EES).

implementation of the “Jobcentres Plus” which deliver employment assistance to jobseekers. The various “New Deal”- programmes are group-specifically tailored and they are subject of regular evaluation.

2.2 The German system

Germany implemented its new legislation for long-term unemployed persons in 2005, known as the “Hartz” package (named after the president of a committee which developed this legislation). This legislation is one of the core aspects of a major political framework which is called “Agenda 2010”.

The new German unemployment legislation has strong similarities with the British, since it puts a strong accent on both “active supporting” and “demanding” and contains a catalogue of sanctions in the case of a “neglect of duty” (Veil 2004). At the same time, unemployment benefits, which have been calculated until 2004 on the basis of the former income (a percentage of around 60 percent of the last net income had been paid) is now replaced by a so-called “unemployment benefit II” which is in fact some sort of a basic income of around 340 Euro monthly.

The problem with the new concept (Hartz) is, that it starts with sanctions and until now, there has not been any time or capacity to look at individual support.

Another result of this changed framework of welfare is the introduction of a “personal budget” for persons with disabilities regardless of the severeness or kind of disability. These changes in legislation require a new definition of social care since old images of heteronomy and dependency had to be replaced. But there is one important difference to the British New Deal: whereas it took several years in Britain to implement all elements of the New Deal, Germany tried to do so in a few months (starting in mid 2004, everything should be finished by January 1rst 2005).

A few weeks after coming into power the new legislation in Germany is already confronted with high obstacles: The unemployment rate in the eastern part of Germany of around 18 per cent makes it almost impossible to find jobs for all jobseekers.

The problem is that the “weaker” claimants are excluded because it is very unlikely that the Jobcenter will succeed in finding a job for them. Latest developments in Germany give evidence for that assumption: the president of the German employment office said that it is impossible to provide unemployed persons aged 55 and above with job offers. And he concluded that it might be useful to exclude this group from all active employment measures.

And finally, it is rumoured that jobcentres declare those people as “employable” who are obviously suffering from serious chronic disease which makes it difficult for them to work on a regular basis.

It becomes quite clear that the new legislation “tailors” a new type of ideal citizen which I would like to show in the next section.

3. A new type of citizen? Experiences from Germany

Thesis 3: The philosophy of “activation” requires a new definition of “needs” to be met by the welfare state.

The philosophy of “activation” has a strong influence on the individual welfare recipient or participant in labour programmes. Therefore, some reflections will be devoted to the creation of this “new type of citizen” who shows a high degree of self-responsibility and self-knowledge. I will try to sketch quickly some of the features of this “new type of citizen” which does not fit any more both to the legislation and the values of the welfare states of the 20th century in Germany. This new image of welfare recipients as clients has an enormous influence on the definition of needs of people.

3.1 Needs and the Welfare State

What do we mean if we speak of “needs” concerning the welfare state?

Roughly spoken, we could define two basic categories of needs:

- basic needs in order to survive (minimum of existence: food, shelter, clothing, medical service)
- the need to be part of society - inclusion

Both categories of needs are met by the German welfare state – but the concrete meaning of these two categories of needs is always subject to political definition.

However, the new element which comes into action in many European welfare states is not only the definition of the need itself (“what”) but the conditions which have to be fulfilled in order to meet these needs (“when”).

In Germany, this new philosophy of the “activating” welfare state as the core of the Agenda 2010 led to a shift of the normative basis of the welfare state. Roughly spoken, this necessary fulfilment of conditions (of prerequisites) in order to be eligible to receive any welfare benefits could be described as follows: “Those who do not work shall not eat”.

It becomes quite clear that fulfilment of needs of welfare recipients is linked to the “usefulness” of an individual – or, to put it in other words: there is a renaissance of the deserving and the undeserving citizen.

3.2 Social citizenship rights at stake?

That puts again the question of social citizenship rights on the agenda and opens up the floor for essential questions as follows:

- Who is defining in an activating welfare state what kind of needs are to be met by social policy?
- Will we have “first” and “second” class clients, “deserving” and “undeserving” clients?
- What if people cannot be reached by the “Employment First Welfare State” or cannot fulfil its requirements?
- Where are the thresholds between “appropriate” needs and “non-appropriate” needs?
- Will an activating welfare state be able (and willing) to take into account differing needs of men and women, the youth and the elderly, persons

with and without disabilities etc. – or will it instead push forward its politics of activation and workfare regardless of individual needs?

In other words, the question has to be raised whether the new welfare states create new forms of social exclusion. Should that be the case, social care and its most important features like offering person-centred, proactive and seamless services, would be severely challenged.

4. Impacts of Welfare State Transition on Social Care – the German Case

Thesis 4: Social work and social care are in danger of being forced into the role of the “odd-job man” [dunky work] in order to put through the new picture of citizens.

The above described change of the definition of needs has a deep impact on social care and social work in Germany.

There are three main aspects:

1. the role of social work itself as a tool of the ruling government's neoliberal ideology
2. the future of social work being challenged with the fact that there is not anymore a parallel expansion of the welfare state and social work
3. personal advisors in jobcentres who are not educated as social workers are obliged to fulfil tasks of social work (does that lead to an erosion of social work?)

4.1 Social work as a tool

Social workers in Germany may find themselves in the position to push their clients in order to become “deserving” welfare recipients. They are forced to “shape” their clientel in order to improve their employability. The development of personal skills and self-esteem is not the most important goal – unless it is of use to develop employability.

- But the question arises: What happens to “failing” social workers, who do not manage to activate their clientele – the so-called “non-activables”?
- This raises the question among social workers whether they might have to develop a toolbox of compulsory measures in order to meet their newly set professional standards.

4.2 The end of the parallel expansion

Since the nineties the until then parallel expansion of welfare state and social work came to an end: welfare states have been more and more on the retreat which puts social work in the situation to define itself more and more independently from their respective (nationally diverse) welfare systems. This development is still ongoing and it seems to be both a challenging and a promising episode in the history of social work.

- Is it possible to define social work/social care more independently from the welfare state?
- Can social work fulfil the role of an obstacle against the dismantling of the welfare state – e.g. can it serve as the “tip the scales” ?
- Which basis for such a new understanding of social work does European social policy provide?

4.3 Towards the erosion of social work?

Personal advisors in German jobcentres, who are not educated to counsel their clientele concerning personal development etc., are now obliged to fulfil tasks of social workers. This raises the question whether the profession of social work is in danger to erode.

5. Many will be in - some will be out: On the way to an exclusionary Europe?

Thesis 5: The recent developments in welfare states in Europe are not coincidental since the role of social affairs in the European Union are meant to aid economical progress.

I would like to devote the final part of my presentation to some thoughts concerning the future of a “social” Europe in view of the above described recent developments in Germany.

It seems to be not by coincidence that social policies in the different European countries tend to concentrate more and more on “employability” and “activation” of as many people as possible.

In order to demonstrate this serving role of social care and social work I want to draw some attention to the Social Agenda of 2000 and the recently admitted Social Agenda of 2005.

5.1 The Social Agenda 2000

The main objective of European social policy is not inclusion but it is meant as a means to reach the goal of becoming the strongest economical power in the world.

The introductory remarks of the Social Agenda 2000, which is the most important document of European social policy, shows that rather clearly:

“European social policies have played a central role in building Europe’s economic strength, through the development of a unique social model” (Commission of the European Communities, Social Policy Agenda 2000, COM 2000 (379) final., p. 2).

The Social Policy Agenda puts the role of Social Policy quite clearly: “... a guiding principle of the New Social Policy Agenda will be to strengthen the role of Social Policy as a productive factor.” (Commission of the European Communities, Social Policy Agenda 2000, COM 2000 (379) final., p. 5).

In order to fulfil the serving role of social policy, the Social Policy Agenda proposes a “Human Investment strategy” of the European Union: “Most social expenditures on health and education represents an investment in human resources, with positive economic effects.” (Commission of the European Communities, Social Policy Agenda 2000, COM 2000 (379) final., p. 5).

The use of the term “investment” which stems originally from economy, shows it quite clearly, that social policy is serving economy, that is the basic mission of the Social Policy agenda of 2000.

5.2 The Social Agenda 2005

Five years after the implementation of the Social Agenda 2000 the European Commission comes up with a renewed Social Agenda, which is meant to outline the framework of social policy until 2010.

The implementation of the Social Agenda takes place at a period which is on the one hand marked by the enlargement of the EU and on the other hand by a failure of the Lisbon strategy (high unemployment rates).

Again, the introductory remarks are giving a clear signal concerning the role of social policy in the European Union. The official motto is as follows: “ A social Europe in the global economy: jobs and opportunities for all” (Commission of the European Communities (2005): Communication from the Commission on the Social Agenda, COM (2005) 33 final, p. 2).

From a social work perspective, the second part of the Agenda sounds promising, since the realization of “opportunities for all” is one of the legitimizing basics of this domain.

In order to evaluate the meaning of this aim of the Social Agenda, I would like to draw some attention on the architecture of this important and pioneering document of European social policy.

The Agenda 2005 is focusing on two main tasks:

1. **“Building confidence”**, e.g. strengthening people`s confidence in their own ability to effectively manage changes linked with the effects of modernisation.
2. **The two priority areas:** **a) achieving full employment** (2006: European Year of Workers` Mobility) ; **b) a more cohesive society:** equal opportunities for all (Initiating the Open Method of Coordination for health and long term care; community initiative on minimum income schemes; 2010: European Year of combating social exclusion and poverty; strategic approach to combat discrimination; 2007: European Year of equal opportunities; clarification of the characteristics and the role of services of general interest)

From a perspective of social care, especially the first aspect – “building confidence” – sounds interesting.

The most interesting question might be if this goal of building confidence is different from the “investment”-strategy of the Social Policy Agenda 2000 in if so, in what respects.

To start with this examination, one first question might be:

For what reasons is the European Union interested to support citizens in gaining confidence?

“This confidence is essential for managing the process of change and plays a key role in encouraging economic growth.” (ibid., p. 3)

It seems to be the case the confidence is seen as a factor which is psychologically necessary to legitimate – again – economic growth.

How does it try to strengthen people`s confidence?

The most important factor is money – from the ESF or other sources – in order to allow member states according to the open method of coordination to implement confidence-building policies.

It seems to be quite clear that both the Social Policy Agenda of 2000 and the Social Policy Agenda of 2005 locate the role of social policy as the aide of economics.

Conclusion

Finally, I would like to try to sketch some aspects of the future of social care in Europe.

The clear declaration of the European Union to social policy as a productive factor in economic terms show that social work and social care play a crucial role in keeping and developing the real “social” aspect of welfare states throughout Europe.

One basic point here is the definition of activation which should not be narrowed to sanctioning, punishing and restricting people. For instance, the ongoing debate in Germany that unemployed persons tend to cheat the welfare state and are all free-riders claiming unemployment benefits without reason stems from a very negative image of mankind.

Instead, social work and social care should push forward a positive image of activating in terms of prevention, empowerment and support.

This could serve to enrich the economic term of “social investment” with aspects of personal resources of all people, not only of those who show already a high degree of performance.

The same holds true for the new socio-political strategy of “confidence building” which is in fact a domain of social work. Again, it will be the core task of social care to build confidence not only in those people who might be of use for the national economic but in all people.

This brings us back to the topic of this presentation. “Needs” of people in an activating welfare state must be defined primarily by people themselves in order to ensure, that they are capable to develop their individual strength. This allows inclusion for all people, even the weakest.

However, if “needs” are only seen as a potential resource for economic profit, then many people might never fit in a welfare state of this type – and will consequently be excluded. This would be a scenario which one could hardly call a “welfare state”.

Therefore, the future role of both social work and social care will be to fight against a “European social model” which is nothing more than a pay lip-service. Social work plays an important role in preventing Europe to become a competitive merciless participant in a race to reach the gold medal of globalized capitalism. Instead, it must try to raise its political voice in order to show Europe’s responsibility for both its citizens and those living in disadvantaged parts of the world.

Author and Speaker:

Prof. Dr. Marion Moehle

Affiliation:

University of Applied Sciences – University of Social Work Esslingen

Flandernstr. 101

73732 Esslingen

Germany

moehle@hfs-esslingen.de

References:

Commission of the European Communities (2000): Social Policy Agenda. COM 2000 (379) final. Brussels.

Commission of the European Communities (2005): Communication from the Commission on the Social Agenda, COM (2005) 33 final. Brussels.

Daguerre, Anne; Taylor-Gooby, Peter(2003): Neglecting Europe: explaining the predominance of American ideas in New Labour’s welfare policies since 1997. Journal of European Social Policy, Vol 14 (1), p. 25-39.

Veil, Mechthild (2004): Die Hartz-Gesellschaft. In: Kommune 6/2004, www.oeko-net.de/kommune.

HEALTH PSYCHOLOGY

Timetable for Symposium

Thursday 13.45 – 15.00

Location: Stonehouse Lecture Theatre, Portland Square

Co-chairs: Michael Hyland and Irving Kirsch

| | |
|---------------|--|
| 13.45 – 13.55 | Depression and the placebo effect - Irving Kirsch |
| 13.55 – 14.05 | Hysterical illness and suggestion - Irving Kirsch |
| 14.05 – 14.15 | Hypnosis, pain reduction and concordance - Irving Kirsch |
| 14.15 – 14.25 | The Lung Information Needs Questionnaire - Michael Hyland |
| 14.20 – 14.30 | Post traumatic stress disorder - Man Cheung Chung |
| 14.35 – 14.45 | Assessment and management of the menopause - Pam Jacobs |
| 14.45 – 15.00 | Alternative perspectives on complementary medicine - Michael Hyland |

Posters

9. Visual identity and the clothing of people with learning disabilities.
Kate Gleeson
10. Identities: A limited resource?
Kate Gleeson
11. Are you calling me a tart? 'Policing' the visual identity of young women.
Kate Gleeson

13.45 – 13.55 **Depression And The Placebo Effect**

Irving Kirsch

Recent concerns about the possibility that antidepressant medication, particularly selective serotonin reuptake inhibitors (SSRIs) might enhance the risk of suicide make careful evaluation of their therapeutic efficacy particularly important. I present the results of three meta-analyses of clinical trials comparing antidepressants to placebo.

The first meta-analysis was based on the published literature and included studies in which patients had been randomized to medication, placebo, or a wait-list control group. This revealed that 75% of the therapeutic response was also found among patients given placebo, meaning that only 25% of the drug response was due to the use of an active medication. In contrast, improvement among untreated patients was only 25% of that in medication conditions. This indicates that the placebo effect was larger than the drug effect or the effect of natural history.

The second meta-analysis included unpublished clinical trials sponsored by pharmaceutical companies and obtained from the U.S. government via the Freedom of Information Act. These data revealed that most clinical trials have failed to find a significant difference between SSRIs and inert placebos. The placebo response accounted for 82% of the drug response, and there was no relation between the dose of the medication and the therapeutic response. Overall, difference between drug and placebo was not clinically significant.

The first two meta-analyses were based on clinical trials with adults. We are now analyzing the data from clinical trials with depressed children and adolescents. We have three types of trials, published trials of tricyclic medication, published trials of SSRIs, and unpublished trials of SSRIs. These data show that tricyclic antidepressants are no more effective than placebo with children and that SSRIs are effective only in published trials, but not in unpublished trials.

13.55 – 14.05 Psychogenic Illness and Suggestion

Irving Kirsch

Mass psychogenic illness, also known as epidemic or mass hysteria, refers to the occurrence of physical symptoms in the absence of an identifiable pathogen. Although the term *psychogenic* implies that the symptoms are produced by psychological factors, this can rarely if ever be demonstrated conclusively, because it is always possible that some undiscovered environmental contaminant has caused the symptoms. Indeed, the conclusion that the symptoms are psychogenic is generally based more on the failure to find a physical pathogen than on evidence of psychological agency.

The purposes of this study — conducted in conjunction with Giuliana Mazzoni in the School of Psychology and William Lorber at the University of Connecticut — were to establish whether symptoms typical of published incidents of mass psychogenic illness could be produced and studied in the laboratory and to examine specific psychological factors—response expectancy and modelling — that have been hypothesized to produce psychogenic symptoms. Students were randomly assigned to inhale or not inhale an inert placebo described as a suspected environmental toxin. They were told that the substance had been reported to induce four specific symptoms typical of reported instances of mass psychogenic illness. In addition, half of the students observed a confederate inhale the substance and subsequently display the specified symptoms. Students who inhaled the placebo reported significantly greater increases in symptoms, and the increase was significantly greater for symptoms that had been specified as related to the supposed toxin than for other typical psychogenic symptoms that were assessed. Observation of the confederate displaying these symptoms did not increase symptoms significantly. Changes in reported symptoms were significantly associated with changes in unobtrusively observed behaviour.

14.05 – 14.15 **Hypnosis, Pain Reduction and Adherence with
Medical Instruction**

Irving Kirsch

Hypnosis is a clinical tool that can be used to facilitate clinical outcome. In this presentation I describe experimental analogue studies in which hypnosis was used to lower pain and to enhance adherence with medical instructions.

The effect of hypnotic suggestion on pain has been well documented, but the means by which this effect is obtained remains unclear. In addition, fears and misconceptions about hypnosis hampers its usefulness as a clinical tool. In the first study, we assessed the effect of hypnotic suggestion on experimentally induced pain and compared it to suggestion without the induction of hypnosis. Participants experienced an experimental pain stimulus three times. In the experimental group, the second trial was preceded by a verbal suggestion that they would experience less pain. On the third trial, hypnosis was induced and the pain relief suggestion was repeated. Suggestion lowered pain significantly, but the induction of hypnosis did not further potentiate this effect.

Non-adherence with medical instruction is a well-documented problem with serious health consequences. In two studies, Giuliana Mazzoni (School of Psychology) and evaluated the use of hypnotic suggestion to facilitate adherence. In the first study, highly hypnotizable subjects were asked to take placebo pills daily for a three week period. Analysis of pill counts revealed that the hypnotic suggestion significantly enhanced adherence. In the second study, subjects were asked to take their pulse rates before and after exercise each day and to email the results to the experimenter. Hypnotic suggestion enhanced behavioural and self-reported adherence for highly suggestible participants, but decreased it for low suggestible participants.

14.15 – 14.25 The Lung Information Needs Questionnaire

Michael Hyland

We developed the Lung Information Need Questionnaire (LINQ) because of qualitative research showing that patients with chronic obstructive pulmonary disease (COPD) were receiving adequate information about self-management. Compared with asthma, medication for COPD is less effective, but patients can be helped considerably if they make specific lifestyle modifications. It was this lack of patient understanding which motivated us to produce the LINQ as a tool to assist in the clinical management of patients. The LINQ was developed using an iterative process in which patients completed and then commented on the questionnaire. Their comments led to modifications which were then incorporated into the next draft. Patients commented on the wording of items as well as the format of the response options. The final questionnaire covers five domains: Disease Knowledge, Medicines, Self-Management, Smoking, Exercise and Diet,

The LINQ was validated by sending the questionnaire to 502 patients. 307 patients returned the questionnaire. Information needs in all domains are significantly associated with health professional contact: those attending rehabilitation had least information needs overall. In addition our survey showed high levels of lack of information.

The LINQ is now currently being used in local, national and international studies. Clinicians recognise that this scale fulfils an important function in the care of COPD patients. It has been translated into Japanese and Italian, and this international collaboration will have the long term effect of improving care of COPD patients.

Although information needs are particularly important to COPD, our approach can be applied to many disease areas. In view of research shown that patients are often dissatisfied with medical information, tools so measure information will help health professionals identify those areas of need and so provide individualised education reflecting those needs.

14.25 – 14.35 Post Traumatic Stress Disorder

Man Cheung Chung

This presentation is divided into two parts.

Part one aims to outline some of my research studies which have been published in the area of post traumatic stress disorder (PTSD). These studies mainly focused on the victims exposed to technological disasters. Some of the major findings will be described briefly.

Part two focuses on the studies which have been completed recently and the studies which are still ongoing. These studies are concerned with PTSD following a fall among older people and following medical illnesses such as myocardial infarction, spinal-cord injury, asthma attack and anaphylactic shock, chronic obstructive pulmonary disease and idiopathic urticaria. The results of one or two of the above studies will also be described briefly.

14.35 – 14.45 **Mid-life Women's Health and the Menopause**

Pamela Jacobs

This presentation describes a series of studies conducted over the past eight years on mid-life women's health using a quality of life (QOL) perspective. The studies and publications have covered issues such as QOL during mid life, determinants of QOL during the years of the climacteric, interactions of Hormone Supplements with Selective Serotonin Re-uptake inhibitors, women's concerns and use of Hormone Replacement Therapy (HRT) and Complementary and Alternative Medicines (CAM) during mid-life and the mood enhancing effects of HRT.

We used interviews (n = 55) focus groups (n = 8) and questionnaire based studies (n = 1184) and (n = 1035) to investigate midlife women's health issues. Questionnaires were issued to a community based random sample of women in six different health authorities in the UK. Women who took part in interviews and focus groups were recruited through advertising and through invitation.

We found that the majority of mid-life women went through the menopause without interventions such as HRT. We found that employment status and medical history were the best predictors of QOL and HRT use during the climacteric. Over 50% of mid life women who took part in the surveys had used CAM. They perceived that CAM's were safer than conventional medication and preferred alternative practitioners patient orientated/holistic approach to health. Women who were current users of HRT reported high levels of concern about recent health scares reported in the press, however, they did not stop using HRT as a result of this information. We found that women were unable to correctly assess health risks associated with HRT use. We also found that HRT enhances mood for most women.

Currently we are submitting a proposal to investigate cognitive functioning and QOL in women who give up HRT. Currently analysis: we are examining the relationship between diet and minor health complaints in mid-life women.

14.45 – 14.55 Alternative Perspectives on Complementary Medicine

Michael Hyland

Most people adopt one of two perspectives in complementary and alternative medicine (CAM). The 'believers' believe that CAM works for the reasons stated in CAM theories – e.g., memory of water for homeopathy, or acupuncture meridians for acupuncture. The non-believers or sceptics think that CAM is a placebo effect and therefore does not work. There is a third position. It is that CAM works but not for reasons suggested by the believers.

Our research focuses on the contextual effects in CAM, and is informed by research in psychotherapy showing that contextual or non-specific effects are far more important than specific effects. The question we are examining is what is the mechanism underlying contextual effects, and in particular therapist effects (i.e., the human effect). We compare two types of hypothesis: the standard explanation is that human effect is mediated via the therapeutic alliance, which includes expectancy (placebo), the therapeutic bond, and shared goals and activities.. The non-standard explanation is that a quantum-related phenomenon of entanglement can also affect the therapeutic process. Our basic methodology is the naturalistic observational study in which we measure pre and post-treatment variables, and test whether pre-treatment variables predict outcome. We have just completed a study on flower essences where we examined whether personality variables predict outcome independently of expectancy. We also work on the theory of entanglement theory and collaborate with other researchers interested in entanglement, both in the UK and in Germany.

OBESITY AND LIFESTYLE

Timetable for Symposium

Thursday 15.15 – 16.30

Location: Stonehouse Lecture Theatre, Portland Square.

Chair: Anne De Looy

| | |
|--------------|--|
| 15.15 -15.35 | All you ever wanted to know about taxi drivers but were afraid to ask - Anne De Looy |
| 15.35 -15.55 | Food choice - Victor Kuri |
| 15.55 -16.10 | Improving diet in deprived areas - Suzanne Thomas |
| 16.10 -16.25 | Evaluation of the Plymouth Free Swimming Scheme - Phil Brown |

Posters

- 62. Height, weight, body mass index (Interactive)
Elizabeth Stenhouse/Rachel Carter
- 63. Know your foods (Interactive)
Anne de Looy and dietetic students
- 64. Plymouth Free Swimming Programme
Laura Lindsey, Phil Brown, Caroline Dimond, Ray Jones

15.35 – 15.55 **Food Choice and Obesity**

Victor Kuri

The incidence of degenerative diseases associated with the modern lifestyle is rapidly increasing. Health problems such as coronary heart, strokes, type-2 diabetes, some cancers, cirrhosis and digestive diseases are directly related to risks factors such as obesity, high levels of cholesterol and high blood pressure, sometimes further linked with postprandial hyperglycaemia. These factors are linked to dietary choices, including excessive consumption of calories, fat, salt and alcohol and inadequate consumption of dietary fibre.

While there are other factors such as sedentary lifestyle, high stress levels and genetic makeup that influence these conditions, it is not uncommon to blame food and the food industry for the accelerated growth of these diseases.

Some of the drivers and paradigms related to these situations are discussed. Retailers invest thousands of pounds in systems that will collect information from consumers, and which collect feedback, their preferences, whims and favourite food items. At the same time, consumers spend their money buying foods from these retailers that customise their stocks and products to suit their demands.

It is hard to judge if the consumers demand forces the food industry to respond by developing new products, or if the industry is creating demand by providing more food choices.

The control of the glycaemic index of foods by applying food technology, the development low fat foods are examples of research and development work on the area of nutrition and food innovation which have been carried out at the University of Plymouth. Further examples of functional foods include prebiotics, probiotics, novel ingredients and added fibre. Some of the work focuses on the science of the biological materials, the process ability and functionality and the interaction with consumers. Foods that are unappealing, expensive or have negative emotional attributes are not likely to be used.

The potential influence of the food industry in what we eat is discussed with examples and cases where the links are clear. An issue would be whether if consumers can rely on the food industry to provide healthy food choices.

Questions to discuss include the role of the food industry, governments, public bodies and NGOs in funding research aimed to have a better understanding of the biological basis of nutrition and foods, the links between food and health, and consumer behaviour. Consumer organisations, the scientific community and health practitioners would all have different perspectives in regards to the problem of obesity. A range of players, and their role in consumer education and awareness in relation to food choice is subject to discussion in relation to ethical issues and conflict of interests.

16.10 – 16.25 Evaluation of the Plymouth Free Swimming Programme: Preliminary Results

Phil Brown

Local exercise action pilot (LEAP) is a national programme aiming to increase physical activity within deprived communities. Plymouth City Council and Primary Care Trust (PCT) have established a free swimming programme for 13-14 year olds from 'at risk' groups aiming to improve levels of regular exercise, awareness of water based activities, and health. The target was to recruit 500 children each year over two years.

Evaluation of 10 different LEAP initiatives across England is being undertaken by Leeds Metropolitan University. The Plymouth free swimming scheme is being evaluated by Plymouth University within the limitations of the national framework.

- All children completed a one week exercise questionnaire and a measure of physical and psychosocial functioning (SF10) at recruitment, and will complete this again after one year when they are asked to re-register.
- A register was kept of children attending using their free swimming pass.
- Nine referrers and three non referrers were interviewed to explore the perceived benefits, the referral process, and reasons for not referring.
- Four focus groups were conducted with 22 young people (12M,10F), two with 'frequent attenders' and two with 'infrequent attenders'.
- Three lifeguards were interviewed about their perception of the scheme.

Health and exercise at baseline:

- 62% of children had limitations in physical functioning and 54% limitations in psychosocial functioning compared to the 50% standard.
- Children with better physical and mental health exercised more often.

Views of the free swimming programme:

- Referrers and children expressed very positive views. Children reported increased activity, increased confidence, and social interaction centred on swimming
- Life guards reported some conflict with children's behaviour in the pools. These problems are being addressed.

Preliminary results suggest the programme is working according to plan and that the participating children come from the target groups. One year follow up will provide information on any change in level of exercise or health.

Mainstream Speakers

Friday 11th March

10.15 – 10.45 **Carla Patterson**

10.45 – 11.15 **Clare Harries**
with Ann Bowling, Nigel Harvey, Damien Forrest et al

Measuring the Role of Doctors' Decision Making in Age Related Inequalities

Numerous studies show that elderly patients with cardiovascular disease are relatively under-treated and under-tested. This study investigates the influence of patient age on decision making by different doctors at the many decision points in the process of treating patients with angina. 85 doctors (29 cardiologists, 28 care of the elderly specialists and 28 general practitioners) each sought information about and made decisions about 72 hypothetical patients presenting with chest discomfort. Patient sex, age group and ethnic group were systematically varied across cases. The severity of cardiac disease, indicated by symptoms and tests, was randomly assigned. Semi-structured interviews were conducted to reveal the reasoning behind decision making. Group level analyses showed that GPs and care of the elderly specialists were less likely to refer older patients (aged 65+) than younger patients to a cardiologist; and cardiologists were less likely to give them exercise tolerance tests, angiography or revascularisation. However, individual analyses showed that patient age influenced decision making for less than half the doctors (14 cardiologists, 16 care of the elderly doctors and 12 GPs); different doctors were influenced on different decisions. Interviews revealed that some doctors saw old age as a contra-indication to treat; others discussed age-related differences in patients' preferences, and frailty.

13.00 – 13.30 **Val Woodward**

Healthy Democracy- Civil Renewal and Active Citizens

Civil Renewal takes place where people become actively engaged in the well-being of their communities, increasing community capacity to lead change mechanisms to improve their lives and the world they live in. Civil Renewal therefore involves user participation in every aspect of health, from user participation in service delivery to community led searches for alternative types of service delivery and democratic citizenship. The presenter of this paper is seconded part time to the Civil Renewal Unit at the Home Office and will talk about some of her work there. This work builds on many years experience as a community worker and academic. The project she leads, *Active Learning for Active Citizenship*, forms a fascinating partnership between government and the voluntary and community sector, and therefore the paper will draw on lessons linking practice, policy and theory arising from Government support for 9 ALAC hubs across England.

13.30 – 14.00 **Christine Webb**

How Nursing Research is Developing

In this session, I will use my experience of editing peer-reviewed nursing journals over the past 10 years to indicate the directions that nursing research seems to be taking. I will consider the international situation, and not only the United Kingdom (UK). As nurse education increasingly moves into the higher education sector in the majority of countries, the numbers of post-graduate taught and research programmes are also increasing, as are funded research projects. In some countries, qualitative methodologies seem to be favoured, whereas in some more recent entrants to nursing research more creating approaches, including more trials and physiologically-oriented projects, are being used. This international expansion in nursing research has implications for UK nurses who wish to publish in this type of journal, making the competition much stronger than previously. It also means that small, local audit-type work with little international interest or external validity is unlikely to be accepted for publication in high impact factor journals.

FAMILY AND CHILD

Researchers across all four Schools within the Faculty of Health and Social Work are working on projects under the Family and Child research theme. In so doing, they bring an extensive range of methodological research skills and field-based professional knowledge to bear on examining a range of local, national and international issues related to families and children.

In all of our research we seek to increase our understanding of the range of complex and often intertwined issues that impinge on and affect the lives of families and children, and to use that knowledge to support the development of high quality family and children's services. As practitioners ourselves, we also understand the issues and multiple pressures faced by service providers, and aim through our research to actively support the work of NHS and Social Services staff, and that of voluntary sector organisations.

Indicative examples of the type and range of research we have already undertaken include the following. Dr Elizabeth Stenhouse from the School of Nursing and Acute



Dr. Claire Tregaskis

Care has conducted research into neighbourhood deprivation and pre-term birth in Plymouth, whilst on an international level Dr Heather Skirton has conducted collaborative research with overseas universities to explore older adults' understanding of genetics issues across three continents. The School of Clinical Psychology and Learning Disability has extensive expertise in working with families, with one noteworthy project being conducted by Dr Rudi Dallos into the

development of eating disorders in young people and their family attachment patterns, whilst Dr Claire Tregaskis has worked with the families of disabled children to explore their experiences of enabling and disabling care provision by health and social care professionals. Work with families and children in the school of Social Work and Primary Care encompasses a wide range of issues, including Johanna Woodcock's work on communicating with children, Dr Brynna Kroll's work in children and mental health, and her work with Andy Taylor on parental substance misuse and child welfare, Gordon Jack's innovative development of ecological perspectives in parenting assessments, and Professor George Giarchi and Johanna Woodcock's work on grandparents and social work.



Dr. Brynna Kroll



Dr. Gordon Jack

Inter-School working is also encouraged, as evidenced by Johanna Woodcock's current collaboration with Tony Achilles from the School of Allied Health Professions to explore ways of developing an assessment tool in the treatment of functional stability problems in children receiving social work services.

As this list demonstrates, our research range spans the whole diversity of human life, from birth through to old age. A number of our projects have been accorded national and international recognition because of their innovative nature, and the practical contribution that this thinking has made to the further development of service provision for families and children. Our new research will build further on this growing reputation.



Professor George Giarchi



Johanna Woodcock

Indicative publications include:

Dallos, R., and Draper, R., (2000) *An introduction to family therapy*, Buckingham, Open University Press

Giarchi, G.G., (2001) 'Caught in the nets: a critical examination of the use of the concept of networks in community development studies', *Community Development Journal*, 16, pp.63-71

Jack, G., and Gill, O., (2003) *The missing side of the triangle: assessing the importance of wider family and environmental factors in the lives of children*, London, Barnado's

Kroll, B., and Taylor, A., (2003) *Parental substance abuse and child welfare*, London, Jessica Kingsley

Skirton, H., Patch, C., and Williams, J.K., (in press) *Applied Genetics In Healthcare – a handbook for specialist practitioners*, Abingdon, Taylor and Francis

Taylor, A., and Kroll, B., (forthcoming) 'Towards a holistic model for assessment and intervention with substance misusing parents', *Child and Family Social Work*

Tregaskis, C., (forthcoming, 2005) 'Parents, Professionals and Disabled Babies: reflections on disabled lives', in D. Goodley and R. Lawthom (eds) *Psychology and Disability: critical introductions and reflections*, London, Palgrave

Woodcock, J., (2003) 'The social work assessment of parenting: an exploration', *British Journal of Social Work*, 33, pp.87-106

Timetable for Symposium

Friday 9.15 – 10.30

Location: C2 Portland Square

Co – chairs: Claire Tregaskis, Johanna Woodcock

| | |
|--------------|--|
| 9.15 - 9.35 | Development of eating disorders in young people and family attachment patterns - Rudi Dallos |
| 9.35 - 9.55 | Understanding of genetics in older adults - Heather Skirton |
| 9.55 -10.15 | Systemic Youth Work and Domiciliary Family Therapy - Wolf Ritscher |
| 10.15 -10.25 | Children of alcohol misusing parents - Andy Taylor |

Posters

20. Neighbourhood deprivation and preterm birth in Plymouth
Elizabeth Stenhouse, Mohsen Janghorbani, Ray Jones, Ann Millward
21. The Other Children – children with disabilities in Bulgaria and the stories they live
Zhivko Zhelev
22. The experience of childbearing in women
Ruth Darvill
23. Parents, professionals and disabled babies
Claire Tregaskis
24. Grandparents and social work practice
Johanna Woodcock
25. Ecological perspectives in parenting assessments
Gordon Jack
26. Communicating with children
Johanna Woodcock

9.15 – 9.35

Patterns of Attachment Narratives in Families with Anorexia

Rudi Dallos

The research is concerned with an exploration of attachment patterns in families where a family member has been presenting with anorexia. The research is an exploratory qualitative study aimed at describing the accounts from different family members of the experience of anorexia and attachments in their family. However, there are a number of guiding hypotheses arising from my clinical experience and earlier preliminary study:

1. there will be indications of trans- generation patterns of insecure attachments
2. there will be a specific indication of difficulties regarding comforting
3. more specifically there may be trans -generational traditions of food and mealtimes as aversive as opposed to comforting

The sample consists of four families all with a daughter between the age of 16 - 19 who has suffered with severe anorexia. Four members of the family are interviewed separately (mother, father, key sibling and young person who has experienced anorexia) using a semi-structured interview using features of the AAI (Adult Attachment Interview). The family members are also interviewed together and this interview is video-taped. The interviews are transcribed and subjected to an interpretative analysis combining an exploration of constellations of meanings and discourse features. Each family is analysed individually to gain a picture of their patterns and a further analysis across families is attempted.

Preliminary results suggest that all three of the specific hypotheses above are relevant and the possibility that the parents are attempting to correct and compensate for their negative own negative attachment experiences in the current family. However, since they lack the emotional experience to offer comfort and security it is possible that their corrective attempts have become derailed.

9.25 – 9.55

Understanding of Genetics in Older Adults.

Heather Skirton

Increasingly genomics will have an impact on the diagnosis, prevention and treatment of common diseases. As advancing age increases the chance of being affected by a medical condition, the use of genetic testing as part of general healthcare practice will have an impact on the elderly population. A collaborative study focussing on older adults' understanding of genetics was undertaken to assess the baseline levels of understanding of genetic testing and willingness to be involved in testing for clinical and research purposes. Older adults from the UK, Japan and the USA were recruited to focus groups. Transcripts of the two focus group discussions held in the United Kingdom (n = 7 and n = 10 respectively) were analysed using a phenomenological approach and the results are presented here. The mean age of participants was 76 years (range 68 - 90 years) and there were 13 female and 4 male participants. The findings indicate that the older adults were unsure about the underlying scientific basis of genetics, but felt that medical advancement was beneficial to the community. Participants in one group were wary about the results of research being used to benefit private companies and had ethical concerns about issues such as coercion to be tested and the development of 'designer' babies. All of the older adults involved in the study in the UK had an altruistic approach and said that they would be willing to donate samples for genetic testing to benefit others, whether 'others' meant family members and those unknown to them. However, they would wish to have information about the purpose of testing and feedback on the results. In both groups, it was acknowledged that for some people knowing the future could potentially cause anxiety and harm, but knowledge could also enable preventive measures to be taken and so reduce suffering.

9.35 – 9.55

Systematic Youth Work and Domiciliary Family Therapy

Wolf Ritscher

After a short look at the history of domiciliary family therapy, the most important topics from a collected work on systemic work with children and young people (to appear in the autumn and edited by the author) will be briefly described. Next, the most important concepts of domiciliary family therapy will be mentioned, which arise out of its special combination of elements from social work and family therapy. In the last two sections, elements of practice and setting will be described. A further aspect is work with a compulsory character. This is important because social work is often anchored in a context of social control and social sanction. In this, family therapy in a social work context differs from family therapy as practised in other settings.

10.15 – 10.25 **Children's Experience of Parental Alcohol Misuse-
Some Implications for Policy and Practice**

Andy Taylor

It is easy to both over react or fail to respond to the needs of children whose parents misuse drugs and alcohol, and this is reflected in the findings of research into social welfare practice across disciplines in this area of intervention. Chronic and or long term alcohol and drug misuse, however, has the potential to impact negatively on parenting capacity, and is of significant concern to family members, practitioners, and policy makers. This presentation will focus predominantly on the research undertaken with children whose parents or carer's have chronically misused alcohol. It will include a brief discussion of some the findings from an evaluation of a specialist alcohol Service that offers a series of family interventions for children and other family members. Focusing on what children said about this service, and their wider needs from professionals, it will also include a discussion of the difficulties for professionals in engaging hard to reach families and their children, due to issues of stigma, secrecy and denial. The implications of types of parental 'attachment' to alcohol or drugs on parenting capacity will also be considered. The research mentioned in this short presentation is listed below:

Engaging families where alcohol misuse underpins multiple problems in Taylor, A, Templeton, L, Toner, P, Velleman, R and Waller, A *Invisible Children; The Problems of engaging families where alcohol misuse underpins multiple problems: Paper to N.E.C.F Conference paper* (available on request from first author)

Family Alcohol Service Evaluation: Velleman, R, Templeton L, Taylor, A and Toner, P (2003) *The Family Alcohol Service: Evaluation of a pilot.* N.S.P.C.C/University of Bath. The full evaluation report can be down loaded: <http://www.bath.ac.uk/mhrdu>

Dilemmas For Practice in work with substance misusing parents and their children in: Kroll, B. and Taylor, A. (2003), *Parental Substance Misuse and Child Welfare*, Jessica Kingsley: London, or Taylor, A and Kroll, B (2004) *Working with parental Substance Misuse: Dilemmas for Practice. British Journal of Social Work 34; 1115-1132*

DEVELOPMENT AND DISABILITY

There is a wide range of research on developmental disabilities within the South West peninsula. The Developmental Disabilities Research and Education Group is a collaboration between clinicians and academics, with strong links with the Faculty of Health and Social Work at the University of Plymouth and with the Peninsula Medical School. It has a number of active sub-groups with specific interests within the general field of developmental disabilities. The brief presentations within this symposium highlight some specific examples of research being carried out with a number of different participant groups.

Timetable for Symposium

Friday 9.15 – 10.30

Location: C1 Portland Square

Co-Chairs: John Clibbens, Tony Gilbert

| | |
|--------------|---|
| 9.15 - 9.35 | Characteristics and service packages of adults with intellectual disabilities who offend - Judith McBrien |
| 9.35 - 9.55 | Screening adults with Down's Syndrome for early signs of Alzheimer's disease - Sarah Whitwham |
| 9.55 -10.10 | Citizenship: Locating people with intellectual difficulties - Anthony Gilbert |
| 10.10 -10.25 | The Spirals Project; Working to support Children with Language and Communication Difficulties in Plymouth – Marion Nash |

9.15 – 9.35 **Characteristics and Service Packages of Adults with Intellectual Disabilities who offend**

Judith McBrien

The aim was to explore differences between offending and non-offending adults with intellectual disabilities in a community sample.

Method: Data were collected by file review, interviews and psychometric testing across a wide range of variables for four groups: convicted offenders (31), those entering the Criminal Justice System (CJS) but never convicted (39), those with risky behaviour but never having entered the CJS (30) and a control group (33).

Results: Whilst median IQs were under 70 for each group, those of the two CJS groups were significantly higher than the other two as were adaptive behaviour scores (ABS Part 1). There were no differences between the two CJS groups and the risky group for maladaptive behaviour (ABS Part 2), reported risky behaviours or perception of current risk. The care packages in place were significantly more likely to be meeting the needs of the CJS groups (81%) than the other groups (62%), whereas these same care packages were not containing the risk for 20% of the CJS and 17% of the Risky group (not significant). Offence specific data are also reported.

Conclusions: The implications for service delivery by community intellectual disability teams are discussed.

9.35 – 9.55 **Screening Adults with Down’s Syndrome for Early Signs of Alzheimers Disease**

Sarah Whitwham

Given the now well-recognised risk of early Alzheimer’s disease for adults with Down’s Syndrome (DS), services for people with intellectual disability (ID) need to meet this new challenge. It is recommended that every service for people with intellectual disability should set up a register of adults with DS, conduct a baseline assessment of cognitive and adaptive functioning before the age of 30 years, develop specialist skills and offer training to other professionals, front line staff and carers. This presentation reports the progress of one ID service in meeting these challenges.

9.55 – 10.10 **Citizenship: Locating People With Intellectual Disabilities**

Anthony Gilbert

This study explores, in the light of an increasing focus on the citizenship of people with intellectual disabilities [Kings Fund (1999) Valuing People (DoH 2001)], how service providers interpret this concept.

The study was underpinned by a theoretical commitment to the Foucauldian notion of governmentality. It is also influenced by an approach to evaluating social policy, which proposes the need to focus on the discourses implicit within policy. The approach involved an extensive review of the literature and in-depth interviews with service providers and purchasers [n=17]. Analysis involved the development of themes from the literature and the exploration of text from the interviews for evidence to support or modify these themes.

Four themes related to citizenship are explored: work, participation, community and consumption. Each of these themes is supported by evidence from services. Analysis indicates a general lack of coherence in the way citizenship is understood with services adopting contradictory positions.

There are two broad conclusions. First, the citizenship of people with high support needs is dependent upon the organisations that provide them with support. Second, the lack of coherence in the way citizenship is understood within services remains a challenge to the realisation of citizenship for people with intellectual disabilities.

10.10 – 10.25 **The Spirals Project: Working to Support Children with Language and Communication Difficulties in Plymouth**

Marion Nash

This presentation is about work in mainstream settings and one special school with young children who were finding language and communication challenging. It includes the background to this intervention project in Plymouth schools, a description of the Spirals Group Work approach developed through the project and discussion of background research consulted when we rolled out the Spirals approach in Plymouth. The collated responses from teachers in pre-school settings, primary schools (key stage 1) and one special school class (emotional and behavioural difficulties) shows a high level of agreement that use of the Spirals programme for linguistically challenged children has a positive effect upon the four categories assessed. The four categories involved improved linguistic communication and thinking skills, improved social interaction, increase in effective listening skills, and an overall positive transfer of these skills from the group setting to the class situation. Although the programme is not geared directly to the needs of children with difficulties on the autistic spectrum disorder, feedback from practitioners has indicated that it is an effective support for a wide range of these children's needs. The presentation will touch upon this in relation to future research.

LONG TERM CONDITIONS AND REHABILITATION

One in three people in the UK is currently living with a long term medical condition. Long term conditions are those of prolonged duration, affecting any aspect of the person's life. Usually there is no cure; but maintenance and improvement of quality of life can often be achieved through input from a wide range of health and social care services, ranging from early support following diagnosis to palliative care. The National Service Framework on Long Term Conditions provides an immediate focus for improvements in health and social care provision. In parallel it provides a driver for further research into this area.

The Faculty of Health and Social Work comprises researchers from a range of disciplines whose research focuses on this theme. It has developed a high degree of expertise in the evaluation of the clinical management of several long-term conditions including neurological (multiple sclerosis, stroke) and respiratory (chronic lung disease of prematurity) diseases and diabetes. Some of the key researchers within the Faculty include the following:-

Dr Jenny Freeman is a physiotherapist who has a national and international reputation for her work on the evaluation of multi-disciplinary rehabilitation in multiple sclerosis. Her work also includes the evaluation of outcome measurement instruments for use in neurological rehabilitation. Currently she is collaborating with researchers from the Institute of Neurology and the Faculty of Health and Social Care at London South Bank University to evaluate the effectiveness of patient participation in goal setting during in-patient rehabilitation¹. This area, which is considered central to effective rehabilitation, is her current focus of research development. Dr Freeman has regularly been invited to speak at international meetings in this field^{e.g. 2,3}. She has published widely in high rated journals^{e.g. 4,5,6} and is the author of a number of book chapters and editorials. Currently she is working with Dr John Zajicek at the Peninsula Medical School and Plymouth Hospitals Trust to co-author an Oxford University Press Care Manual for People with Multiple Sclerosis.

Dr Keith Collard is a physiologist whose research activity encompasses many aspects of nerve cell function and brain development. More recently this has led to collaborations with Dr Mike Quinn at the Royal Devon and Exeter Hospital in which the techniques used in his brain work have been applied to investigations into the pathophysiology of chronic lung disease of prematurity. The long term consequences of chronic lung disease are significant, and include neurodevelopmental problems with resultant motor and mental retardation. Dr Collard has been invited to speak at international meetings in the areas of neurology and neonatal physiology⁷. He has published in a number of high rated journals^{e.g.8,9}, and been awarded a number of grants in this area^{e.g.10}

Dr Veronica Maynard is a physiotherapist whose work also focuses on therapeutic interventions for people with neurological conditions. She has recently completed her doctorate within the Peninsula Medical School exploring the differential effects of isokinetic and isotonic muscle stretch on

spasticity resulting from cerebral lesions. This work, which has been in collaboration with Dr Majid Bakheit at Plymouth Primary Care Trust, has been presented at national conferences¹¹, and published in multi-disciplinary journals¹²⁻¹³.

Dr Elizabeth Stenhouse is a diabetes research midwife and has recently completed her Doctorate within the Peninsula Medical School exploring the effect of maternal glycaemia in pregnancy on birth weight and infant growth¹⁴. The results of this research has been presented at international and national conferences¹⁵. She has published in a number of high rated journals^{16,17}. Diabetes is a chronic disease which embraces many disciplines and at present there are several projects being conducted within the Faculty and in collaboration with the Peninsula Medical School¹⁸. Professor Jones and Dr Stenhouse are currently conducting translational research evaluating information given to patients with diabetes in collaboration with diabetes nurse specialist, podiatrists, medical diabetologists and dieticians from Plymouth NHS Trust, The Peninsula Medical School and the Faculty of Health and the University of Plymouth as part of the NHS Patient Safety Network.

References

1. Increasing the effectiveness of the rehabilitation process through collaborative goal setting ED Playford, JA Freeman. Funding body: The Clinical R & D Committee - Special Trustees of Middlesex University College Hospital, National Hospital for Neurology & Neurosurgery, & the Royal Free & University College Medical School, London. March 2002. Amount: £69 901.00
2. The International MS Conference, Berlin, 2003.
3. Meeting of the Royal Society of Medicine, St Petersburg, Russia, 2000.
4. Freeman JA, Hobart JC, Playford ED et al. Evaluating neuro-rehabilitation: lessons from routine data collection. *Journal of Neurology, Neurosurgery and Psychiatry* (In press)
5. Riazi A, Hobart JC, Lamping DL, Fitzpatrick R, Freeman JA et al. Using the SF-36 measure to compare the health impact of multiple sclerosis and Parkinson's disease with normal population health profiles. *Journal of Neurology, Neurosurgery and Psychiatry* 2003; 74:710-714
6. Freeman JA, Thompson AJ, Fitzpatrick R et al. Interferon beta - 1b in the treatment of secondary - progressive MS: impact on quality of life. *Neurology* 2002; 57: 1870 – 1875
7. Chronic Lung Disease- cracking the condition in the 21st Century, Nottingham 2004.
8. Collard KJ, Godeck S, Holley JE, Quinn MW (2004) Pulmonary antioxidant concentrations and oxidative damage in ventilated premature babies. *Archives of Disease Childhood*; 89; F412-416.
9. Collard KJ, Godeck S, Holley JE, Quinn MW (2005) Blood transfusion and pulmonary lipid peroxidation in ventilated premature babies. *Pediatric Pulmonology* (In press)

10. Antioxidants and oxidative stress in the development of chronic lung disease of prematurity. NHS executive Research and Development. Amount awarded £51 972.00
11. Chartered Society of Physiotherapists Annual Congress, Birmingham 2004.
12. Bakheit AMO, Maynard VA, Curnow J, Hudson N, Kodpala S (2003). The relation between Ashworth scale scores and the excitability of the alpha motor neurons in patients with post-stroke muscle spasticity. *Journal of Neurology Neurosurgery and Psychiatry*, 74, 646-648.
13. Maynard VA, Bakheit AMO, Shaw S. Comparison of the impact of isokinetic and isotonic muscle stretch on gait patterns in patients with spastic hemiparesis. *Clinical Rehabilitation* (In press).
14. Stenhouse E, Wright DE, Hattersley AT and Millward BA. The effect of maternal glycaemia on birth weight, infant and childhood growth- a study using routinely collected data. Funding Body: NHS South & West Executive, R& D. 1999. Amount: £116, 622.00
15. The 9th International Symposium on Health Information Management Research, Sheffield, Yorkshire, England, June 2004
16. Stenhouse E, Wright DE, Hattersley AT et al. Weight Differences in Plymouth Toddlers Compared to the British Growth Reference Population (2004) *Archives of Diseases in Childhood* 89:(9); 843 – 844
17. Zhao HX, Stenhouse E, Sanderson E et al (2003) Continued rising trends of childhood Type 1 diabetes mellitus in Devon and Cornwall, England. *Diabetic Medicine* 20; 168–170
18. Diabetes in pregnancy: mother and baby study. Faculty of Health & Social Work & Peninsula Medical School

Timetable for Symposium

Friday 10.45 – 12.00

Location: C2 Portland Square

Co-chairs: Jenny Freeman, Elizabeth Stenhouse

| | |
|--------------|--|
| 10.45 -10.55 | Multiple Sclerosis. Evaluating neuro-rehabilitation: lessons from routine data collection - Jenny Freeman |
| 10.55 -11.05 | Head Injury – User perception of level of independence post traumatic brain injury - Nadine Abelson-Mitchell |
| 11.05 -11.15 | Muscle stretch for patients with spasticity - Veronica Maynard |
| 11.15 -11.25 | Is neighbourhood deprivation a risk factor for gestational diabetes mellitus? - Elizabeth Stenhouse |
| 11.25 -11.35 | Insoles & diabetic foot ulcers: proposal - Joanne Paton |
| 11.35 -11.45 | Blood transfusion and pulmonary lipid peroxidation in ventilated premature babies - Keith Collard |

Posters

27. Expert Patient Programmes
Vivienne Thorpe
28. Characteristics of individuals with post-traumatic brain injury
Nadine Abelson-Mitchell
29. The effect of 5 degree valgus and varus rearfoot wedging on peak hallux dorsiflexion during gait
Catherine Smith
30. Randomised Controlled Trial of Phenol and Sodium Hydroxide in Nail Surgery
Sarah Cumming
31. Diabetes management in primary care: Professional and lay perspectives
Jacky Griffith
32. Diabetes in pregnancy study of mothers and babies. The long term effects of Gestational Diabetes Mellitus. A 10 year follow up
Elizabeth Stenhouse

33. Intra and Inter Examiner Reliability of Anthropometric Measurements
Rachel Carter
34. RCT on the effect of different shoe inserts on plantar pressure and the prevention of diabetic foot ulcers
Joanne Paton
35. Gestational diabetes, deprivation and seasonal variation
Elizabeth Stenhouse
36. Group exercise classes in people with Multiple Sclerosis: a pilot study
Jenny Freeman
37. Exploring the relationship between people with MS and their confidants
Jane Springham
38. Evaluating neuro-rehabilitation: lessons from routine data collection
Jenny Freeman
39. The effect of isokinetic and isotonic muscle stretch on spinal alpha-motoneurons in patients with spasticity
Veronica Maynard
40. Pulmonary antioxidant concentrations and oxidative damage in ventilated premature babies
Keith Collard
41. Respiratory Muscle Strength in Parkinson's Disease
Bernhard Haas.
42. The effect of Hyperbaric Oxygen Therapy on quality of life in patients with maxillofacial soft tissue and osteo-radionegrosis: A perspective study
Sam Harding
43. Quality of life after total laryngectomy and the methods of voice restoration
Paul Farrand
44. The lived experience of arterial leg ulceration, a phenomenological study
Jacqui Murray
45. The relationship between the severity of post-stroke aphasia and state self esteem
Magid Bakheit
46. High scores on the Western Aphasia Battery correlate with good functional communication skills in aphasic stroke patients
Magid Bakheit

10.45 – 10.55 **Multiple Sclerosis. Evaluating Neuro-Rehabilitation:
Lessons from Routine Data Collection**

Jenny Freeman

Clinical databases are being used increasingly to assess outcomes within a range of healthcare services to provide evidence of clinical effectiveness in routine clinical practice.

The objectives were (1) To explore the benefits of using a database for the routine collection of clinical outcomes within an inpatient neurorehabilitation setting. (2) To determine the effectiveness of inpatient neuro-rehabilitation in a range of neurological conditions. (3) To determine variables that influence change in functional outcome.

Over a nine-year period 1458 patients' were admitted consecutively to the Neurorehabilitation Unit at the National Hospital for Neurology and Neurosurgery. Demographic and diagnostic characteristics were collected for all patients. The level of function was measured on admission and discharge using the Barthel Index (BI) and Functional Independence Measure (FIM). Patient perception of rehabilitation benefit was evaluated using visual analogue scales.

Of the 1413 patients whose length of stay was more than ten days there were: 282 patients with stroke, 614 with multiple sclerosis, 248 with spinal cord injuries, 93 with a neuromuscular condition, and 176 with other brain pathology. Age ranged from 16 to 87 years (mean 48 years, sd 14.8). The mean duration of stay was 34 days (sd 24, range 10–184) and this varied according to diagnosis. Patients improved in functional ability as measured by both the BI (effect sizes 0.93 – 1.44) and the motor sub-scale of the FIM (effect sizes 1.01 – 1.48). Visual analogue scale ratings demonstrated high levels of patient perceived benefit. Diagnosis, functional activity score on admission and length of stay were significant predictors of functional gain, explaining 44% of the variability in the change scores.

The systematic collection, analysis and interpretation of standardised clinical outcomes data is feasible within routine clinical practice. It provides evidence that inpatient rehabilitation is effective in improving functional level in neurologically impaired patients. These results complement those of clinical trials and are useful in informing and developing clinical and research practice.

10.55 – 11.05 **Head Injury. User Perception of Level of Independence Post Traumatic Brain Injury**

Nadine Abelson-Mitchell

The aim of this ESF funded project was to develop a comprehensive assessment tool that could be used by clients with traumatic brain injury and their carers to identify their perceived level of independence within a community environment.

The research was based on a quantitative design. Convenience sampling was utilised to select clients. The self-assessment tools included a questionnaire and checklist related to 19 client needs such as physical, psychological, social, spiritual and environmental needs. Mailed questionnaires and interviews were used to obtain data. The results of the checklist will be described.

33 clients and 12 carers participated in the study. Client feedback indicates that the tools developed to assess their perceived level of function were comprehensive and appropriate to their needs. Clients requested additional sections relating to benefits and employment be added to the tool.

All clients perceive their level of independence to be limited. Physical functioning was rated higher than cognitive/emotional recovery. Return to work/education was rated negatively. In a comparison of client and carer responses, significant difference was identified in four areas.

The self-assessment tool can be utilised to improve user-participation and provide comprehensive, holistic care to clients with traumatic brain injury to enable the provision of appropriate rehabilitation and maintenance services, specific packages, social and educational resources.

References

House of Commons: Select Committee on Health (2001), Third Report- Head Injury: Rehabilitation.

Sherer M, Hart T, Nick T, Whyte J, Thompson R, Yablon S (2003) Early impaired self-awareness after traumatic brain injury Archives of Physical Medicine & Rehabilitation 84 (2) 168 – 176

11.05 – 11.15 **Muscle Stretch for Patients with Spasticity**

Veronica Maynard

The effect of isokinetic and isotonic muscle stretch on the excitability of spinal alpha-motoneurons in patients with spasticity

AIM: This study investigated the effects of a single session of muscle stretch [isokinetic stretch, isotonic stretch non-weightbearing (NWB) and isotonic stretch and weightbearing (WB)] of the gastrocnemius-soleus muscle on excitability of the spinal alpha-motoneurons.

METHOD: Ambulant stroke patients with mild to moderate spasticity were compared with age-matched healthy controls. Patients and healthy controls were randomly allocated to receive one of 3 forms of stretch: isokinetic stretch; isotonic stretch (NWB) and isotonic stretch (WB). Subjects were studied at baseline, immediately after stretch and again 24hours later. Alpha-motoneuron excitability was measured using the Hmax/Mmax ratio and H-reflex latency.

RESULTS: Sixty-six stroke patients [mean age 59.38 +/-11.87 (SD) years] with mild to moderate spasticity [mode score of 1 on the Modified Ashworth Scale (MAS)] and 21 healthy volunteers [mean age 54.67 +/-10.21 (SD) years] were included in the study. Between and within group comparisons were made using the mixed between-within ANOVA. There was a statistically significant difference between patients and controls ($P=0.002$) on the primary outcome measure (Hmax/Mmax ratio). However, there was no significant change in Hmax/Mmax ratio scores between baseline and post-test1 or between baseline and post-test2 according to group for patients or controls. Furthermore the differences in H-reflex latency between patients and controls, between groups and across time did not reach the level of significance.

CONCLUSION: The findings of this study suggest that a single 20 minute session of isokinetic and isotonic muscle stretch (WB & NWB) of the plantarflexors has no significant immediate or lasting effect (after 24 hours) on alpha-motoneuron excitability in stroke patients with mild to moderate spasticity. This suggests that the previously reported reductions in spasticity as a result of muscle stretch are due to mechanisms other than a direct effect on the spinal alpha-motoneuron.

11.15 – 11.25 **Is Neighbourhood Deprivation a Risk Factor for Gestational Diabetes Mellitus?**

Elizabeth Stenhouse

Association between socioeconomic disparities and the risk of developing Type 2 Diabetes Mellitus is well established however; deprivation as a risk factor for gestational diabetes mellitus (GDM) is unknown.

The aim was to assess the relationship between neighbourhood deprivation and GDM.

All births $n = 5759$ between 01/1996 to 12/1997 were linked to Townsend index (TI), measuring material deprivation by areas ($n = 43$) Pregnant women with GDM ($n = 107$) and without $n = 5652$ were compared.

The prevalence of GDM was (1.8%) (95% CI 1.36, 2.25). GDM prevalence range 1.18% (95% CI 0.68, 1.91) most deprived to 2.20% (95% CI 1.36, 3.34) least deprived neighbourhood. Crude rates decreased by 27% (relative prevalence (RP) 0.73 (95% CI 0.51, 1.06); $P = 0.116$ among those living in the most compared to the least deprived areas. Older age at delivery RP 1.06 (95% CI 1.01, 1.11) higher birth weight RP 2.42 (95% CI 1.42, 4.14) and shorter duration of pregnancy RP 0.62 (95% CI 0.48, 0.79) significantly increased the risk of developing GDM. TI deprivation score had no significant independent association with GDM when other covariates were considered.

Data suggest neighbourhood context in which women live has no impact on the risk of GDM.

11.25 – 11.35 **Is Further Research Required to Determine the Effectiveness of Therapeutic Footwear in the Prevention of Ulcers in the Neuropathic Foot?**

Joanne Paton

Amputation is a costly complication of diabetes for both the NHS and the patient. It is believed that amputation may be avoided if the preceding foot ulceration can be prevented.

One proposed method of reducing the risk of ulceration in the neuropathic foot is through the provision of therapeutic insoles and footwear. There is some evidence to suggest that insoles are effective in reducing plantar pressures and may reduce the incidence of ulceration in the neuropathic diabetic foot.

The type of insole prescribed (prefabricated verses custom made) is currently based on clinical experience and anecdotal evidence. The idea held by many practitioners that the custom made insole is superior in its effect remains speculation, unsupported by the evidence.

In the absence of economic analysis, the available data suggests that the custom insole is substantially more expensive to the NHS and to the patient. Moreover the time lapse from order to issue is extended with the use of the custom insole because of the inevitable fabrication period involved.

Given the lack of research and the cost implications involved, the completion of a well designed randomised control trial devoted to comparing the effectiveness of different types of orthotic device in the management of the neuropathic foot would provide a valuable addition to the evidence base. To be entirely meaningful effectiveness should be defined in terms of pressure reduction, incidence of ulceration, patient satisfaction and cost.

11.35 – 11.45 **Blood Transfusion and Pulmonary Lipid Peroxidation in Ventilated Premature Babies**

Keith Collard

Urinary malondialdehyde [MDA] (a biochemical marker of lipid peroxidation) is increased following the receipt of blood transfusions in premature babies. This indicates an increased level of oxidative damage somewhere in the body. The aim of this study was to determine whether the lung may be a site of increased oxidative damage following blood transfusions. This was achieved by examining the relationship between blood transfusion and the levels of MDA in bronchoalveolar lavage [BAL] fluid from ventilated premature babies. The study was a retrospective analysis of data obtained from a group of 42 ventilated premature babies of less than 32 weeks gestation. 27 of these babies received blood transfusions, and 9 received at least one transfusion during the first week of life when daily BAL samples were being taken. Pulmonary epithelial lining fluid [ELF] was sampled by BAL daily during the first week of life and weekly thereafter. MDA was measured by an established HPLC technique. There was a significant positive correlation between the number of blood transfusions received and the peak and mean ELF MDA levels ($r=0.773$ [peak]; $r=0.757$ [mean] $n=21$). During the first week of life, when daily samples were being taken, the mean ELF MDA level after blood transfusion ($1.829 \mu\text{M}$ SE 0.529) was significantly greater than that before transfusion ($0.928 \mu\text{M}$ SE 0.297) [$n=9$]. In babies who received 2 transfusions within the first week [$n=5$], the MDA level was elevated further following the second transfusion ($2.825 \mu\text{M}$ SE 0.346). The results of this study indicate that pulmonary oxidative damage increases after the receipt of blood transfusions. Babies receiving blood transfusions show a greater incidence of pulmonary oxidative stress and poor clinical outcome. This may simply reflect that the sickest babies are those most in need of blood transfusion and that there is no causal relationship. However, the possibility of a causal relationship between blood transfusions and oxidative damage exists and should be investigated.

PROFESSIONAL AND ORGANISATIONAL ISSUES

Professional and organisational issues' research, innovation and enterprise in health and social work will always be the subject of disparate definitions. A wide definition of the scope of this Faculty research theme is 'issues concerning professional behaviour and attributes, the organisation of work, care and education of students and clients, which influences how different professionals function and conduct their everyday practice, rather than concerning aspects of direct clinical or social work practice'. Aspects of clinical or social work practice might be the starting point for research, but there are likely to be wider implications, which deserve to inform thinking about roles and responsibilities. There are likely to be certain key elements which cross Faculty, School and disciplinary boundaries, and make professional and organisational issues readily amenable to multi-disciplinary collaboration. For example, from the posters and oral presentations submitted for the University of Plymouth HIIR conference, it is clear that many researchers are interested in a similar issue in their disciplines: researching and developing expertise in aspects of professional practice. These conference submissions illustrated that people are already working on professional and organisational issues, whether this concerns defining the concepts involved in (expert) professional practice, or is about creativity in contemporary health care, or aspects of midwifery, occupational therapy, and health visiting practice, or social work students' work with asylum seekers.

Aspects of professional practice in health and social care are always likely to be important to professional personnel, and there are many potential areas for research. As a designated Faculty research theme, creating a coherent professional and organisational issues team could give us an opportunity to develop an effective research strategy. It is clear from the above that many members of staff share broadly similar interests in Faculty of Health and Social Work, and possibly beyond, and taking this theme forward as a group could allow us to develop and pursue mutual interests and bid for research funding in order to do collaborative, multidisciplinary research.

The professional and organisational issues team consist of the following members:

Christine Webb, Professor of Health Studies

Professor Webb is currently Executive Editor of *Journal of Advanced Nursing* and was became a Fellow of the Royal College of Nursing in 2004. Research interests include Action research, Nurse education and Occupational stress, especially in higher education. Grants and contracts include: Higher Education Funding Council for England 2001-2004 Occupational Stress in Higher Education

Dr Susan Lea: Associate Dean, Teaching and Learning

Dr Lea in currently a National Teaching Fellow and was a successful bid leader for the University of Plymouth Faculty of Health and Social Work HEFCE Centres of Excellence in Teaching and Learning (CETL). Her

research interests include pedagogic research including CETL in placement learning evaluation

Ruth Clemow: Senior Lecturer and Academic Lead for teaching and learning, SNAC

Ruth Clemow's research interests include mentorship skills rehearsal and inter-assessor reliability. Ruth was a CETL 'core team member' with Susan Lea et al

Avril Butler: Senior Lecturer in Social Work

Avril Butler is currently a UoP Teaching Fellow and her research interests include researching an innovative placement service (START). Avril was a CETL 'core team member' with Susan Lea et al

Dr Ann Humphreys: Deputy Head of SNAC

Ann Humphrey's research interests include developing New Roles for Nursing Work

Dr Graham R Williamson: Senior Lecturer, Adult Nursing, SNAC

Dr. Williamson's research interests include action research, theory practice interface, nurse education and CETL in placement learning evaluation. Grants and contracts awarded include an SDO e-health scoping exercise (co-holder with Ray Jones et al) and as CETL 'core team member' with Susan Lea et al

Indicative publications include:

Butler, A. (2005, forthcoming). A strengths Approach to Building Futures: UK Students and Refugees together. Community Development Journal. Oxford University Press.

Butler, A., Elliott, T. & Stopard, N. (2003). Living up to the standards we set: a critical account of the development of anti-racist standards. *Social Work Education*, 22 (3), 271-282.

Clemow, R. (submitted February 2005). An illuminative evaluation of skills rehearsal in a mentorship course. *Nurse Education Today*.

Endacott R, Gray M, Jasper M, McMullan M, Miller C, Scholes J, Webb C 2004 Using portfolios in the assessment of learning and competence: the impact of four models. *Nurse Education in Practice* 4, 4:250-257

Lea, S.J., Stephenson, D. & Troy, J. (2003). Higher education students' attitudes to student centred learning: beyond 'educational bulimia'? *Studies in Higher Education*, 28 (3), 321-334.

Lea, S.J. & Farbus, L. (2000). Student support: educational necessity or mawkish indulgence? *Psychology Teaching Review*, 9 (1), 16-25.

Tytherleigh MY, Webb C, Cooper CL and Ricketts 2005 Occupational stress in UK higher education institutions: a comparative study of all staff categories. *Higher Education Research & Development* 24,1: 41-61

Williamson GR, Webb C, Abelson-Mitchell N 2004 Developing Lecturer Practitioner roles using action research. *Journal of Advanced Nursing* 47:153-164

Williamson, G R and Webb, C 2001: Supporting students in practice. *Journal of Clinical Nursing*, 10: 284-292

Timetable for Symposium

Friday 10.45 – 12.00

Location: C1 Portland Square

Co-Chairs: Graham Williamson, Ann Humphreys

| | |
|--------------|---|
| 10.45 -11.00 | A new centre of excellence in teaching and learning in workbased learning - Susan Lea |
| 11.00 -11.15 | Generic qualitative research - Christine Webb |
| 11.15 -11.30 | Mentorship skills rehearsal and interassessor reliability - Ruth Clemow |
| 11.30 -11.45 | Starting to make a difference: researching an innovatory placement service - Avril Butler |
| 11.45 -12.00 | Developing new roles for nursing work - Ann Humphreys |

Posters

66. Hospital Acquired Infection (Interactive)
Andy Nichols
67. Stimulating research and dissemination in nursing: The RD&E
Respiratory Nursing Service Development Group
Graham Williamson
68. Chronic Fatigue Syndrome and occupational disruption in primary care
A role for Occupational Therapy?
Julie Hughes
69. Involvement of service users in the assessment of social work students
Sharon Soper
70. Patient agendas in general practice consultations
Gerri Clay
71. The NHS Research Ethics Process and its effect on social research in
health
Mirjam McMullan
72. How do we develop a philosophy of health care?
Chris Ferguson
73. Can Health Visitors help clients to improve indoor air quality?
George Richardson
74. Creativity in health professions
Shee Lippell
75. Re-defining expert practice for the 21st Century
Sarah Johnson
76. What makes a good midwife?
Lynn Nicholls

10.45 – 11.00 **A New Centre of Excellence in Teaching and Learning
in Workbased Learning**

Susan Lea

The Faculty of Health and Social Work recently made a successful bid to HEFCE to become a Centre of Excellence in Teaching and Learning for Placement Learning. This presentation will provide an outline of the Centre's aims and objective, its planned programme of activity, and opportunities for involvement.

11.00 – 11.45 **Generic Qualitative Research**

Christine Webb

There is often confusion, particularly among nursing students and beginning researchers, about the background and research methods of such methodologies as grounded theory, phenomenology and ethnography. As a result, several papers have been published advocating that, for beginning and clinical nurse researchers, a generic approach is more appropriate. In this session, I will explain this background, give definitions of generic qualitative research, and illustrate how it may be carried out and evaluated for quality. I will conclude by suggesting that this approach is most suitable for students undertaking Master's degree projects in nursing and allied health areas. This approach has been recommended in the current academic year to students taking the MSc in Advanced Healthcare Practice, and two Powerpoint presentations and a reading list may be accessed via the student portal.

11.15 – 11.30 **Mentorship Skills Rehearsal and Inter-Assessor reliability**

Ruth Clemow

In response to national and local initiatives for health care education and the need to assure excellence in clinical placement learning and subsequent fitness for practice, one Higher Education Institution (HEI) developed a mentorship course for health professionals. The aim of the course was to enable students to develop advanced knowledge and critical awareness of mentorship. The course integrated theory and practice. Qualitative methodology was employed to evaluate the process of learning through the skills rehearsal component. The curriculum documentation was analysed and, one month after completing the course and in three focus groups participants described their experience of the skills rehearsal under simulation conditions. A semi structured interview schedule was used. It was found that participants developed crucial awareness of unhelpful as well as constructive behaviours that impact on the reliability of support, supervision and assessment in practice. They identified the limitations of skills rehearsal, yet described how the experience had challenged and enlightened them in terms of their preparedness for their role as mentor including advancing their understanding of inter-assessor reliability.

11.30 – 11.45 **Starting to Make a Difference, Researching an Innovative Placement Service**

Avril Butler

Since 2001 twenty assessed placements have been provided for social work students and plans to integrate other disciplines are under way. Drawing on a University of Plymouth Teaching Fellowship, the research focus is on the learning experience. This paper is intended to stimulate debate about an inclusive model that creates a context for students from diverse disciplines to integrate theory and practice at the cutting edge of professional practice.

The START project is a unique service to refugees and asylum seekers provided for two years entirely by students as part of their professional course requirements. Holistic, needs-led assessment, cultural sensitivity and advocacy by students allow families and unaccompanied minors to access otherwise inaccessible resources.

Student learning is framed as contribution rather than burden and the project offers an alternative to the 'apprenticeship' model for students in developing a secure professional identity.

11.45 – 12.00 **Developing New Roles for Nursing Work**

Ann Humphreys

Over the last decade the NHS reforms have introduced changes to the organisation of nursing work. The reduction in junior hospital doctor hours has meant nurses taking on additional tasks involving numbers of patients. Nurse consultants (NHSE 2000) and modern matrons (NHSE 2001) were introduced to strengthen nursing leadership. More recently the role of community matron (DOH 2004) has been announced as part of the proposed framework for care of people with long-term conditions. One of the innovations that faltered in its application was the Named Nurse Standard (DOH 1991, DOH 1995). The Standard was that an individual, qualified nurse should be responsible for a patient's care from admission to discharge. The findings from a study of the effect of the Standard on nursing work and patient experience will be presented. The results show that it was an initiative that was implemented rapidly and with little operational guidance.

References

Department of Health (1991) The Patient's Charter. NHSME, HMSO, London.

Department of Health (1995) The Patient's Charter and You. HMSO, London.

Department of Health (2004) National Standards, Local Action. Health and Social Care Standards and Planning Framework 2005/06-2007/08 DOH, London.

National Health Service Executive (2000) More Nurse Consultants and Leadership Training announced. NHSE, London.

National Health Service Executive (2001) Implementing The NHS Plan - Modern Matrons. Strengthening the role of ward sisters and introducing senior sisters. HSC 2001/010. NHSE, London.

E-HEALTH

The use of information and communication technology, the use of which has increased in the past six years, may radically affect health services organisation and health. E-health, a term first coined in the NHS Executive Report, 'Information for Health: An Information Strategy for the Modern NHS 1998-2005' has various definitions. The NHS Service Delivery and Organisation (SDO) programme defined e-health as *'the health services organisation and societal approach to health and health services which result from the introduction of, and increasing access to, new digital technologies: including the Internet, other computerised networks and tele or distant health care facilitated by new technologies.'* A recent SDO funded stakeholder consultation and policy context review carried out by researchers at the University of Plymouth¹ showed that the most important aspect of the implementation of any e-health technology should be the improvement of health and quality of life. The interdisciplinary expertise of researchers in the field of e-health within CHIIR@UP, enable research in e-health to encompass evaluation of the efficacy of systems as well as the benefits to patients, health professionals and health care organisations.

The University of Plymouth has a number of well established researchers from various disciplines including Health Informatics, Psychology and Computing who contribute to this strongly inter-disciplinary theme.

Ray Jones, Professor of Health Informatics, is mainly known for his research in the development and evaluation systems for use by patients and the public. The main focus is the effect of different ways of giving patients information. He was the originator of public access health kiosks (Healthpoint) in 1989² and led evaluation studies on kiosks throughout 1990s. He completed a series of randomised trials including of: patient-held records in primary care³ a personalised touchscreen system for patients with cancer⁴, an education system for patients with schizophrenia⁵, and a community based multimedia system for treatment of anxiety⁶. He has evaluated the potential of the NHS Direct kiosk to provide better access to information⁷ and recently led a 'Stakeholder Consultation' on an e-health research agenda for the NHS SDO. He is currently exploring ways of combining information for patients (e-health) with student and staff learning (e-learning). Mirjam McMullan has been appointed for three years as an e-health e-learning facilitator and is investigating, amongst other things, the possible use of the unique (amongst British universities) Plymouth University satellite uplink facility⁸



Professor Ray Jones



Professor Judy Edworthy

Judy Edworthy, Professor of Applied Psychology, has researched the design, application and underlying theory surrounding the use of warnings. She serves on a number of standards committees concerned with the development of warning signals and signs, and she is also Co-Chair of Team 2

('Noise and Communication') of the International Commission on the Biological Effects of Noise. Her funded studies include the recent award (with Prof. Jones) of a joint research council funded Patient Safety Network looking at Adaptive Systems. Professor Edworthy has published extensively in the area of warnings including pesticide warning labels⁹ and acoustic warnings and warning systems¹⁰⁻¹¹, and has presented her work both nationally and internationally¹²⁻¹³.



Professor Emmanuel Ifeakor

Emmanuel Ifeakor, Professor of Computing, has published extensively on signal processing and computational intelligence, has successfully led many industry and government funded projects, and serves on the UK Committee for Professors and Heads of Electrical Engineering (PHEE) and on the Executive Team of the IEE Professional Networks on Healthcare Technologies. He leads the EU funded, 'network of excellence', BioPattern which aims to bring together key European researchers for the development and take-up of new bio-pattern analysis and computational intelligence technologies in health, and in particular in dementia.

Peter Jagodzinski heads the Human Centred Systems Design group in the Department of Computing. This group have four main themes: engineering design, multimedia learning environments, health care, and work systems in organisations. In Health Care, Peter works with Maureen Harris and others exploring the use of Knowledge-based systems in obstetrics and has published and presented work in this field¹⁴⁻¹⁵.

1. Jones R et al. Ehealth policy context and stakeholder consultation. Final report to SDO. Available for download from <http://www.sdo.lshtm.ac.uk/ehealth.htm>
2. Jones RB, Navin LM, Murray KJ. Use of a community-based touch-screen public-access health information system. *Health Bulletin* 1993;51:34-42.
3. Jones RB, McConville J, Mason D, Macpherson, Naven L, McEwen J. Attitudes towards, and utility of, an integrated medical-dental patient-held record in primary care. *BJGP* 1999; 49:368-373.
4. Jones RB, Pearson J, McGregor S, Cawsey A, Barrett A, Atkinson JM, Craig N, Gilmour WH, McEwen J. Randomised trial of personalised computer based information for cancer patients. *BMJ* 1999;319:1241-1247
5. Jones R, Atkinson JM, Coia DA, Paterson L, Morton AR, McKenna K, et al. Randomised trial of computer-based education for patients with schizophrenia, *BMJ* 2001;322:835-840.
6. RB Jones, J White, J Morrison, N Craig. A randomised trial of computer-based treatment for psychological problems in primary care. HSRC, Scottish Office. £120,000, 1997.
7. RB Jones Evaluation of NHS Direct kiosks. Final Report to NHS Direct. December 2001
8. For details see www.plymouth.ac.uk/healtheducation
9. Edworthy, J, Hellier, E J, Lambell, N, Grey, C, Aldrich, K & Lee, A (2004) Linguistic and location effects in compliance to pesticide warning labels. *Human Factors*, 46(1), 11-31

10. Edworthy, J, Hellier, E J, Walters, K, Clift-Matthews, W & Crowther, M (2003) Acoustic, semantic and phonetic influences in spoken warning signal words. *Applied Cognitive Psychology*, 17, 915-933.
11. Edworthy, J, Hellier, E J, & Rivers, J (2003) The use of male or female voices in warnings systems: A question of acoustics. *Noise & Health*, 6(21), 39-50.
12. Edworthy, J & Hellier, E J (2003) Urgency in speech warnings. In: R G de Jong, T Houtgast, E A M Fransten & W F Hofman, *Proceedings of the 8th International Congress on Noise as a Public Health Problem*, 65-69. Foundation ICBEN. Schiedam, The Netherlands.
13. Edworthy, J, Hellier, EJ, Lambell, N, Grey, C, Aldrich, K & Lee, A (2002) The effects of linguistic expression and location of safety information on compliance to pesticide labels. In: D de Waard, K Brookhuis, J Moraal & A Tofetti, *Human Factors in Transportation, Communication, Health and the Workplace*, 435-444. Shaker Publishing. Maastricht.
14. Harris M, Jagodzinski A P, Greene K R (2001). *Roles for knowledge-based computer systems in team work: case studies in maternity care*. *Artificial Intelligence and Society*. 15, 1-10.
15. Harris M, Jagodzinski AP & Greene KR. *An observational study of the supportive role of communication behaviour in the delivery room*. 29th Congress of the Royal College of Obstetricians & Gynaecologists. Birmingham. July 12th 2001

Timetable for Symposium

Friday 11.30 – 12.45

Location: Stonehouse Lecture Theatre, Portland Square

Chair: Ray Jones

| | |
|--------------|---|
| 11.30 -11.40 | Patient access to health information - Ray Jones |
| 11.40 -11.50 | Work in progress: The patient at the centre of their care - an IT based package for Chronic Obstructive Pulmonary Disease (COPD) in primary care - Rupert Jones |
| 11.50 -12.10 | Biopattern: European health informatics network - Emmanuel Ifeachor |
| 12.10 -12.30 | The Adaptive Systems Patient Safety Network - Judy Edworthy |
| 12.30 -12.50 | Human Computer Interface Design in Obstetrics - Peter Jagodzinski |

Posters

12. Elderworld – interactive
Peter Ashby
13. The impact of making Cancer BACUP booklets more freely available for patients in palliative care
Ray Jones
14. Tailored Information and its effect on anxiety amongst cancer patients and their confidants
Ray Jones
15. Tailored e-mails in the Primary Prevention of Osteoporosis
Ray Jones
16. Information Technology available to patients in Primary Care
Rupert Jones
18. Using personalised multi-media computer software with clients
Julie Drew
19. A Research Agenda in E-Health
Lynne Callaghan

11.30 – 11.40 Making Health Information Accessible to Patients

Ray Jones

Many NHS policy documents state the need to make health information accessible to all.

One aspect of accessibility is physical availability; half the UK population does not have home Internet access. Some patients may access health information at work or via a family member. Differences by age, gender, and social deprivation will be discussed. RJ developed the first touch screen health kiosks in the 1990s. That form of public access was successful. The current relevance of that work will be discussed.

Many people with access to the Internet still can not find the information they want or may find so much information that they are confused or misled. We need ways of filtering or tailoring the information to make it more relevant and understandable. A number of studies (in general practice, cancer and schizophrenia) on giving patients information tailored using their medical record will be described. Tailored information is preferred by patients, will be used more often by patients, and may enable patients to engage more social support.

Accessibility to health information is important but policy makers need to be clearer in what they think it means.

**11.40-11.50 Work in Progress: The Patient at the Centre of Their Care –
an IT Based Package for Chronic Obstructive Pulmonary
Disease (COPD) in Primary Care**

Rupert Jones

COPD is a common, progressive chronic respiratory disorder with burgeoning costs to patients and the NHS. Previously neglected, new guidelines encourage early accurate diagnosis using spirometry and effective strategies at all stages of the disease. Primary care is often over-burdened and many practices find it difficult to respond effectively. The GPs are now paid for achieving quality markers in COPD, but markers do not include outcomes such as patient health. Thus, practices may achieve their payments with little gain to patients.

An electronic data collection and assessment package delivered by visiting expert nurses has been established. Patient-centred outcome measures will be recorded, including: Clinical COPD questionnaire, MRC dyspnoea scale and the Lung Information Needs Questionnaire. The software has been designed to allow both the patients and the nurse to input data; questionnaires are then scored and summary reports produced automatically. The reports are for both patients and GPs and include recommendations for treatment as per guidelines. Personalised action plans for the self management of exacerbations will be administered.

The system is undergoing trials until April 2005. Preliminary indications are that:

Patients: - report positively about being assessed by experts, educated and they like receiving an individualised report. They feel empowered by the process.

Practices: So far 28 of the 46 practices in Plymouth PCT have expressed interest, 4 are currently involved in pilots. All practices involved should meet the targets to obtain payments for COPD management.

The PCT: will have standardised information on practice performance.

Appropriate therapy with drugs and non-drug treatment such as pulmonary rehabilitation has potential for reducing hospital admissions.

Funding has been received from the major respiratory drug companies, their products are only being promoted in line with local and national policy.

11.50 – 12.10 **Biopattern and Bioprofile Analysis for e-Healthcare**

Emmanuel Ifeachor

Today, the ability to produce vast amounts of bio-data have vastly outstripped our ability to sensibly make use of the data for decision making. Producers of novel biosensors and probes assume that the knowledge infrastructure exists to support new sensing technologies, but this assumption is false. Even the existence of computational technologies such as the Grid is of limited usefulness unless intelligent algorithms and supporting infrastructure exist to take advantage of such technologies. In many areas, modern medicine already generates vast amounts of data which require considerable expertise and time to analyse, interpret and use. Genomic-based research and the drive towards personalised healthcare are providing new information about the root causes of diseases and how they might develop and treated, but will generate more data and exacerbate the situation.

New computational intelligence techniques for bio-data analysis will be needed to fully exploit information from the vast amounts of data generated from various sources (e.g. clinical, biosensors, genomics/proteomics, laboratory, electrophysiology, imaging etc). They will be needed in future innovative medical systems for a proper analysis and interpretation of data to support accurate prediction of the onset and progression of major diseases, their diagnosis, treatment and prognosis. They will make it possible, for example, to search for similarity of data, by data mining, to classify patterns by neural networks, and to discover new knowledge. In this respect, advances in computational intelligence techniques for bio-data analysis will play a crucial role in the delivery and quality of e-healthcare.

BIOPATTERN is an EU-funded Network of Excellence (NoE) that integrates the research efforts of 31 partners to harness expertise and information in the new field of biopattern and bioprofile analysis to underpin eHealthcare. A *biopattern* is the basic information (pattern) that provides clues about underlying clinical evidence for diagnosis and treatment of diseases. A *bioprofile* is a personal dynamic ‘fingerprint’ that fuses together a person’s current and past bio-history, biopatterns and prognosis. It combines data, analysis and predications of possible susceptibility to diseases. The ‘Grand Vision’ of the NoE is to integrate co-operative research aimed at a pan-European approach to coherent and intelligent analysis of a citizen’s bioprofile; to make the analysis of this bioprofile remotely accessible to patients and clinicians; and to exploit the bioprofile information to combat major diseases such as cancer and brain diseases. The idea is to move away from ‘local solutions to local problems’ and towards ‘European wide solutions to European problems’.

In the talk, we will provide an insight into the future directions on how bioprofiling, using biomedical information from different levels (e.g. genomics, proteomics, clinical, electrophysiology, imaging), could be used as a basis for intelligent, decision support tools for individualised, early detection, prevention and monitoring of the effectiveness of treatment of major diseases. We will discuss the information and communications technologies required to support this and the implications for health authorities.

(www.biopattern.org)

12.10 – 12.30 **The Adaptive Systems Patient Safety Network**

Judy Edworthy, Elizabeth Hellier

In early 2003 the government, under the direction of the Chief Medical Officer together with the National Patient Safety Agency, called for greater research impetus in patient safety. As a result of this five 'Patient Safety Networks' were funded jointly by the MRC/ESRC/EPSRC. The University bid successfully for one of these networks, which was funded for two years from April 2004. Other networks are based in Manchester, London (two), and Birmingham. The main remit of these networks is to bid for and attract research funding in the area of patient safety. Each network has a different focus, though they are all largely concerned with medical error and safety. The network based in Plymouth is concerned with Adaptive Systems and Tailored Information, ('ASTI'), reflecting the research interests of the lead bidders from the university. This network is particularly concerned with technology in patient safety, both as a help and a potential hindrance to safe practice. For example, one of the main interests of the network is in intelligent alarm systems, which can improve performance and patient safety. Another main interest is in the role of tailored information, whereby advice and information given to patients can be made to be specific to the patient, rather than generic. The possibilities that new technology presents in terms of patient safety can be enormous and thus it is important to carry out research in order to maximise the impact that such technology can have both for both patients and medical practitioners.

The Plymouth network initially comprised about twenty members from all over the country, and now has approximately the same number of associate members. Although in existence for less than a year, the network has submitted many more grant applications than originally proposed, and has had some success obtaining research funding in a number of areas including GP decision making and in the development of adaptive systems.

The network's website can be seen at www.patientsafetynetwork.psy.plymouth.ac.uk. Anyone with interests in this area is permitted to join the network as an associate member.

12.30 – 12.50 **Human Computer Interface Design in Obstetrics**

Peter Jagodzinski, Mo Harris

Traditional positivist approaches to software development can lead to technically-centred design which is not useable or useful in real work settings. This is exemplified by conventional knowledge-based systems (KBS) that have been recognised as ineffective because they do not cater for the situated, distributed nature of naturalistic decision making in co-operative work settings. Nevertheless, in the domain of maternity care the technology has been shown to have the potential to improve decision-making in life-critical situations. If the potential of KBSs is to be realised then their design in this domain needs to address issues of interacting with the work of clinical teams. This paper describes the adoption of user-centred methods, including activity theory and ethnography within a case study perspective, by a multi-disciplinary development team. These methods were used in a pilot study of an existing KBS enabled the team to achieve a shared understanding of the complex work system of delivery wards. The paper postulates new roles for a KBS under development to make it an effective clinical tool.

EVIDENCE BASED PRACTICE AND SYSTEMATIC REVIEWS

In 1990 the Department of Health established the post of Director of Research and Development in response to the House of Lords Select Committee report 'Priorities for Medical Research'. The aim of the NHS Research and Development strategy this Director was appointed to lead was to 'create a knowledge-based health service on which clinical, managerial and policy decisions are based on sound information about research findings and scientific developments'. The establishment of the UK Cochrane Centre in 1992 to co-ordinate systematic reviews of randomised clinical trials supported this strategy; in 1993 the NHS Centre for reviews and Dissemination was established to provide information on the effectiveness of treatments and the delivery and organisation of care. The purpose of this R&D strategy was two-fold: (i) to consolidate and target research expenditure and activity appropriately; (ii) to focus service provision on treatments which have been demonstrated to be effective.

'Evidence-based medicine' and 'Evidence-based practice' are terms that are designed to be provocative¹, and have stimulated lively debates around the 'art and science' of healthcare. However putting research findings into clinical practice and using evidence to inform healthcare policy are worthy aspirations.

15 years later and the limitations of conventional (un-systematic reviews) and importance of critical appraisal have been well documented^{2,3,4}. The UK Cochrane Centre is now the Cochrane Collaboration, a world-wide initiative to collate and appraise knowledge about effectiveness. Jenny Temple's work, presented in this conference illustrates the rigorous procedures required when conducting a Cochrane review and demonstrates the absence of good quality randomised control trials in the aspect of orthopaedic care she examined. Her results also show how the 'best available evidence' may not be research in the form of randomised control trials; we need to be mindful of the contribution other research (such as qualitative studies) can provide the evidence-base.

Lack of evidence for effectiveness is often used as a rationale for limiting the availability of complementary therapies in the NHS. However in 1993 the 'First Report to the Central Research and Development Committee' from the Standing Group on Health Technology was produced. Amongst the topics to be considered in the priority setting exercise were 'alternative' treatments such as osteopathy and acupuncture. Subsequently, a House of Lords Select Committee on Science and Technology reported on Complementary and Alternative Medicine, calling for appropriate research and evidence for effectiveness. An initiative developed by Dr Janet Richardson and the Research Council for Complementary Medicine attempts to meet this challenge by systematically reviewing the evidence for the effectiveness of complementary therapies in cancer, mental health, heart disease and chronic illness. The result of this work will be available on the Internet later this year and details are reported in Janet's paper documenting the development of Complementary and Alternative Medicine Evidence On-Line (CAMEOL). Dr Muir Gray, one of the 'fathers' of evidence-based practice and the inspiration behind the NHS National Library for Health suggests information is like rain drops. This information (like rain) needs to be captured in reservoirs, filtered, and channelled into the appropriate rivers in order that it can be used to enhance practice. Databases such as CAMEOL form an essential component of the National Library for Health Specialist Libraries. Janet, along with colleagues at the Royal London Homoeopathic Hospital and the Research Council for Complementary Medicine were recently successful in winning the contract to develop the Specialist Library for Complementary and Alternative Medicine.

Once evidence for effectiveness is available, synthesised in a way that is short and to the point so that busy practitioners can access it easily, the next step is to take that evidence into practice. This is not easy. It requires visionary leadership and change management skills (patience and diplomacy also help). The role of a 'champion' is important to ensure success. Dr Morag Prowse has been working with a local pain management team in such a role. Over the past 18 months, through literature reviews and research proposals, she has contributed a clinical team that is using research to shape practice for the benefit of patients.



Dr Morag Prowse

Healthcare practitioners do not work in isolation and much of what we do, and the contribution to the outcome of care for the patient, is not confined to one intervention. Hence the importance of collaboration (see Ruth Clemow and Joseph Seah's contribution to this conference). Ruth and Joseph show how using evidence contributed to the reconfiguration of a multi-disciplinary team to support patients following fractured neck of femur. Changes to service delivery, based on research, were audited in order to assess the impact of the changes. This is a good example of evidence-based practice.



Ruth Clemow

The papers on systematic reviews and evidence-based practice presented in this conference illustrate the Faculty's approach to evidence-based practice, and demonstrate how our skills can contribute to shaping patient care both locally and nationally.

Indicative publications include:

Clemow, R., Seah, J. (2004). *Improved patient care following fractured neck of femur through collaborative working*. Libro de ponencias del VIII Encuentro de Investigación en Enfermería. Conference Book: 8th Nursing Research Conference.

Lyne, P.A. & Prowse, M.A. (1999). Methodological issues in the development and use of instruments to assess patient nutritional status or the level of risk of nutritional compromise. *Journal of Advanced Nursing*, 30 (4), 835-842

Pilkington K., Kirkwood G., Rampes H., Fisher P., Richardson J. Homoeopathy for depression: A systematic review of the research evidence. *Journal of Homeopathy* (In press)

Prowse, M.A. & Allen, D. (2002). 'Routine' and 'emergency' in the PACU: the shifting contexts of nurse-doctor interaction. In: *Nursing and the Division of Labour in Healthcare* (Allen, D. & Hugh, D. eds) pp 75-97, Palgrave Macmillan: Basingstoke.

Smith J., Richardson J., Hoffman C., Pilkington K. Mindfulness Based Stress Reduction (MBSR) as supportive therapy in cancer care: A systematic review. *Journal of Advanced Nursing* (In press)

¹ Gray Muir J.A. (2001) *Evidence-based Healthcare: How to make Health Policy and Management Decisions*. London, Churchill Livingstone.

² Chalmers I. and Altman D. (1995) *Systematic Reviews*. London, BMJ Publishing.

³ Crombie I.K. (1996) *The Pocket Guide to Critical Appraisal*. London, BMJ Publishing.

⁴ Greenhalgh T. (2001) *How to Read a Paper: The basics of evidence based medicine*. London, BMJ Publishing

Timetable for Symposium

Friday 12.15 – 1.30

Location: C2 Portland Square

Co – chairs: Janet Richardson, Jenny Morris

| | |
|--------------|--|
| 12.15 -12.35 | Improving patient care following fractured neck of femur through collaborative working - Ruth Clemow and Joseph Seah |
| 12.35 -12.55 | The development of CAMEOL: Complementary and Alternative Medicine Evidence On-line - Janet Richardson |
| 12.55 -13.05 | Cochrane review of pin site management - Jenny Temple |
| 13.05 -13.15 | Pain: applying knowledge and developing research - Morag Prowse |

12.15 – 12.35 **Improving Patient Care Following Fractured Neck of Femur Through Collaborative Working**

Ruth Clemow and Joseph Seah

This paper reports on multi-disciplinary and collaborative working that improved the care and outcomes for patients' following fractured neck of femur (#NOF), within the Orthopaedic Directorate in one District General Hospital (DGH) in the United Kingdom (UK). Three thousand, three hundred and eighty nine (3389) patients over seven (7) years formed the purposive sample. The data was gathered and analysed from clinical audit data pertaining to all patients in one DGH admitted with #NOF during two time periods over the eight years. Firstly, between 1996 and 2000 data provided evidence consistent with national UK and international challenges in terms of delay in operating on trauma patients as well as large numbers of patients requiring high level of long term care. In the DGH, the average length of stay had increased from forty days to forty-six days in total in a four year period between 1996 -2000. In 1996 an average of fourteen percent of patients were discharged to their usual place of residence, increasing to twenty seven percent by the year 2000. However, like the national picture this trend impacted on the length of hospital stay, increasing it by six days over a four year period to forty-six (46) days. The second sample period between 2001 and 2004 reflected changes in working practice impacting on length of stay and patient destination. It demonstrated an overall decline in the length of stay as well as an increase in the percentage of patients discharged to their usual place of residence from twenty one percent (21%) in 2001 to forty three percent (43%) in 2004. Care of this group of patients was managed within a focused multi-disciplinary team that included a Trauma co-ordinator and ortho-geriatrician, and where patients were placed at the centre of care.

This paper demonstrates how patient focused, collaborative care management enabled more patients' to return to their usual place of residence following fractured neck of femur. This has potential implications in clinical practice in terms of roles and responsibilities within teams, cost of care and patient satisfaction, as well as on initial preparation and continuing education for health care professions. The findings add to the evidence and debate for constructing efficient and effective multi-professional teams for health care where patients are placed at the centre of care (National Service Framework for Older People (DH 2001) and inter-professional education (Barr et al 2003) in practice teams. The success for new ways of working within an extended team required redefinition of roles and responsibilities, including the new role of Trauma Co-ordinator. Implications for extended roles are set within the context of the UK Government 'Agenda for Change' (DH 2003) initiative to modernise staff development and pay structures within the Knowledge and Skills Framework.

12.35 – 12.55 **The Development of CAMEOL: Complementary and Alternative Medicine Online**

Janet Richardson

The popularity of complementary therapies amongst the general population has increased in the absence of a strong evidence-base for their effectiveness. Practitioners will inevitably come across patients who use complementary therapies and may need to help them to make decisions about treatment options. However in order to do this, practitioners need to be aware of evidence and safety issues

Complementary and Alternative Medicine Evidence On Line (CAMEOL) is the result of a three-year Department of Health funded project designed to carry out a detailed review and critical appraisal of the published research in twelve complementary therapies, and to make this information available to health care professionals and researchers via the Internet. Therapies included are: Acupuncture, Osteopathy and Chiropractic, Homoeopathy, Herbs, Hypnotherapy, Reflexology, Massage and Aromatherapy, Meditation, Yoga, Alexander Technique.

The reviews and critical appraisals focus on complementary therapy research in NHS priority areas (cancer, mental health, coronary heart disease and stroke, and chronic illness). Each review follows a comprehensive search strategy specifically designed for broad coverage of the area and one that includes all relevant databases. The critical appraisals are carried out by at least two researchers using a critical appraisal template designed specifically for the project. Clinical commentaries are sought from relevant complementary therapy and conventional practitioners in order to assess the clinical relevance and implications of the research. The contribution to the evidence of qualitative research was also assessed.

A number of reviews have been completed for cancer and mental health and will be available following the testing of the CAMEOL website. Evidence of effectiveness is compromised by methodological limitations in many of the studies. However there are some encouraging results and areas where further research is required. Qualitative data provide insights into patient experiences difficult to capture by conventional outcome measures, and enable testing of the feasibility of study design and intervention.

CAMEOL will become part of the NHS National Electronic Library for Health Specialist Library for Complementary and Alternative Medicine.

Note: This project is directed by Dr Janet Richardson on behalf of the Research Council for Complementary Medicine (of which she is a Trustee) and is being carried out in collaboration with the University of Westminster. Funding was secured by Janet Richardson on behalf of the Research Council for Complementary Medicine.

12.55 – 13.05 **Cochrane Review of Pin Site Management**

Jenny Temple

The number of orthopaedic fixators, and associated skeletal pins, in use across the UK, to treat a range of conditions continues to increase (one District General Hospital alone used 36 in a year), yet there appears to be little good evidence to underpin any particular care regimen. Besides the lack of consistency in the recommended regimens, which are generally prescribed by medical staff and carried out by nurses, there may be considerable expense in terms of time money and sometimes patient discomfort. Particular regimens are prescribed which may change between the immediate post – operative period, the extended in-patient experience and whilst undergoing continuing care in the community. The decision was thus to undertake a Cochrane Database Review entitled 'Pin site care for preventing infections associated with external bone fixators and pins' (Temple & Santy), to identify research based evidence to support practice. It was recognized that it is difficult to assess the rate of complications associated with pin sites, as this is not standardized, so a range of outcome measures were identified, including the incidence of infection as defined by Sims & Saleh.

The objective of the review was to assess the effect on infection rates of different methods of cleansing and dressing orthopaedic pin sites. Prevention of infection and loosening of pins is key to fixator management and patient well-being. The review protocol and hence the review itself, considered randomised controlled (RCTs), comparing cleansing solutions, methods of cleansing, primary dressings and massage (around the pins). Controlled clinical trials (CCTs) were only to be considered if no RCTs existed.

The search revealed twenty four potential RCTs or CCTs, which mentioned orthopaedic pins in any way however only fifteen made any reference to pin site care. These studies considered the nature of the actual orthopaedic pins or the strength of fixation and only one trial (Henry) considered actual pin site care and was thus the only inclusion in the review, however there was also one CCT (Sproles).

The included study, Henry' considered cleansing versus no cleansing. It defined infection by pain, redness and swelling with a significant culture of pathogenic bacteria with or without systemic symptoms. Infection rates were compared between pin sites not cleansed, (8%), cleansed with 0.9% saline (25%) or 70% alcohol (18%). All sites had exudate crusts removed and were sprayed with dry povidine-iodine prior to being covered with dry gauze. This trial was deemed methodologically unsound, and the implications of some of the variables such as exudate crust removal or povidine-iodine spray application were not explored. Hence no conclusions should be drawn from this research.

13.05 – 13.15 **Developing Research Capacity and Capability in
Clinical Nursing Practice: Going Back to the Field**

Morag Prowse

Nursing research is still a relatively young academic discipline - it now needs to expand its roots in clinical practice. Career researchers from nursing backgrounds have traditionally held academic posts and the knowledge base of nursing has, arguably, developed from a theoretical perspective now firmly. In the UK, nursing is established within mainstream higher education and it is timely to reflect on the growth and development of clinically based nursing research. This presentation describes one initiative where an academic post was established to work with clinicians, develop research proposals and enhance research capacity and capability. The clinical context is pain management and developmental work over an eighteen month period includes completion of an extended literature review and submission of research proposals. A combination of practice knowledge and expertise with research skills and experience has contributed to this clinically based research team which is informing and shaping practice and patients' outcomes and experiences.

THE ARTS AND HEALTH

The Arts and Health theme has emerged from two distinct perspectives. First, the arts have been used in a therapeutic context to enable patients or clients to express feelings, beliefs and opinions. Art, drama and creative writing are some of the mediums used in this way. At UOP the Faculty of Health and Social Work is making use of a wide range of expertise to encourage students to utilise these forms of expression in the therapeutic environment, for example in the dedicated dramatherapy course. An alternative use of the arts focuses on the expression of the human experience through a range of media. The Hidden Images exhibition (sponsored by the University of Plymouth, Arts Council, Taunton Deane Borough Council and Art for Life) is the product of workshops between the artist, poet and a group of individuals whose lives have been affected by a genetic condition. The resultant work challenges the viewer to question conventional thinking on genetics and disability.

Timetable for Symposium

Friday 12.15-13.30

Location: C1 Portland Square

Co-chairs: John Clibbens, Heather Skirton

| | |
|---------------|--|
| 12.15 – 12.25 | Introduction - John Clibbens |
| 12.25 -12.40 | Nature in Health - Gardens in Hospital – Stephen Pettet-Smith |
| 12.40 -12.55 | The Hidden Images exhibition project – demystifying genetics through art and poetry - Kamina Walton (artist) and Alyson Hallett (poet) |
| 12.55 -13.05 | Brains and selves, science and art - Paul Broks |
| 13.05 -13.15 | Architecture and Daylight - Michael Wigginton |

Posters

65. Seeing with the heart: An evaluation of the use of drama to develop emotional literacy in Post-16 students with multiple disabilities and visual impairment
Mary Booker

12.15-12.25 Creative Arts, Humanities and Health: National and Local Perspectives

John Clibbens

There has been considerable recent interest in the importance of the Arts and Humanities in healthcare, from a number of different perspectives. From the perspectives of patients or service users and healthcare staff one can look at the use of the arts and humanities in treatment, including Arts Therapies and the role of arts practitioners in the environment, encompassing the built environment and the placement of works of art in healthcare settings. From the artistic practice perspective, many artists have drawn on the field of physical and mental health and illness, in visual imagery, sculpture, fiction and poetry. There is current interest in the artist as patient, and the patient as artist. There has also been great interest in the use of works of art, including fiction and films, in teaching. Finally, whilst there are no clear boundaries between research, teaching and practice, it is important to find ways of evaluating all of the above activities.

This presentation will briefly review national initiatives and resources in the field of Arts, Humanities and Health, and the range of projects currently underway within the various faculties of the University of Plymouth and its partners.

12.25-12.40 Nature in Health – Gardens in Hospital

Stephen Pettet-Smith

Exeter HealthCare Arts, the 'arts in health' project for the Royal Devon & Exeter hospitals, has developed a range of integrated activities that gives richness and distinctiveness to hospital life. We believe our work improves the patient experience and creates a positive working environment for staff. The programme includes:

- Long and short term display of artworks and a programme of exhibitions in public areas of the hospital
- Commissioned artworks, interior and landscape design schemes and functional furniture commissioned from artists/makers
- Public performances of music and literature, and practical arts workshops with patients and staff

Changing exhibitions are carefully curated for the healthcare environment. Wherever possible the work has a particular relevance or context to 'health and wellbeing'. The process for commissioned work also follows this ethos - from initial brief to completion, those who are to benefit from the proposed scheme are involved.

Research has shown that access to nature has positive effects on patient's feelings of wellbeing and can decrease recovery times. Access to the scent of flowers, the colours of plants and trees, the sound of running water, leaves rustling in the breeze and the music of bird song are essential ingredients in the design process. The aim is create environments tailored to the needs of particular patient groups; however, the emphasis is on flexibility and adaptability.

Stephen Pettet-Smith has been leading Exeter HealthCare Arts for seven years. His interest in environmental psychology and his previous occupations (Public Art Commissioner for Cardiff Bay; Coordinator of Public Art for the 5th British Garden Festival; Sculpture Park Director; continuing work as an educator and practising artist) all bring insight and experience to his present work. Stephen will concentrate on this area of the organisation's work, giving examples of projects and unpicking some of the ideas behind them.

12.40-12.55 Hidden Images in the Family Album – The Secret World of Genetic Disorders

Kamina Wilson (artist) and Alyson Hallett (poet)

This exciting project investigates the hidden emotional and scientific nuances of genetic disorders and their impact on individuals and families. 'Hidden Images' is a collaborative venture between the artists, the University of Plymouth and 'Art for Life' (based at Taunton and Somerset Hospital).

Lead artist Kamina Walton and poet Alyson Hallett have been working for the past 6 months with a group of individuals who have experience of living with a genetic condition in their family. Through a series of workshops, Kamina and Alyson have gained an insight into what it means for those people to live with their particular familial condition. An exhibition of work (visual images, installations and poetry) is being used to convey the artist's understanding of the experiences and concerns of those people - the Hidden Images in the Family Album.

Genetics is a subject that creates a lot of interest in scientific terms, but people who have a genetic condition in their own family live with the physical, social and emotional impact of those small changes in the genetic makeup that can result in a genetic disorder. Debate on the ethics of using new genetic technologies needs to be informed by greater understanding of what it means in social terms to live with or at risk of a genetic condition. The first exhibition of the work took place in Taunton Public Library in January, 2005. The images and poetry are being used to stimulate thought and discussion at a workshop for A level students in Plymouth museum during science week and will also be exhibited in Taunton and Somerset hospital. This presentation will focus on the artist's experience of the project, outcomes and plans to develop the collaboration further.

12.55-13.05 **Brains and Selves, Science and Art**

Paul Broks

How do brains create selves? Like the related problem of consciousness, the question was, until recently, largely avoided by science. Neuroscientists were inclined to view “self” as a secular cousin of “soul” – and to consider it just as illusory as the ghost in the machine. Now the intellectual climate is changing. Influential theorists such as Antonio Damasio and Joseph Le Doux contend that not only is the self a proper subject for scientific study but that neuroscience is sufficiently advanced to begin charting its biological basis. An alternative view is that selfhood is a sociolinguistic construct, a product of culture rather than nature, and that the search for selves in neural circuitry is futile.

As a clinical neuropsychologist, I have always seen problems of self-awareness and personal identity not just as conundrums of science and philosophy but as matters of practical and moral concern. Any illness can affect the way we see ourselves, but neurological disease sometimes undermines the very substructures of the self: brain systems controlling long-term memory, for example, or those that regulate emotion and bodily awareness. I am therefore intrigued by recent developments in the neuroscience of self not simply for the intellectual buzz they generate but because of the refinements in clinical practice that might ensue. At the same time I doubt whether neuroscience is entirely adequate to the task of solving the puzzles of personhood. Objective, third-person observation can take us only so far. Some features of self, and the experience of neurological disorder, are better viewed through the subjective lens of literature and the arts.

I maintain strong interests in basic neuroscience but am now equally involved in exploring neurological disorder through the arts and humanities. My first book, *Into the Silent Land*, mixed neurological case stories, fiction and memoir. In this paper I propose to give an overview of some of my current activities as a writer, which include projects in theatre, film and the visual arts.

13.05-13.15 **Architecture and Daylight**

Michael Wigginton

The relationship between architecture and daylight is profound. Without light there is no architecture, just as without sound there is no speech or music. This is an aesthetic proposition, but the relationship between architecture and health and well-being is just as essential. The search for light within buildings is as old as humankind, particularly in Northern Europe where it has been the basis for design from the Gothic Cathedrals to the Georgian house. We now live in the age of science and analysis. Quantifying the need for daylight, and demonstrating its importance, has proved elusive. Simplistic criteria such as daylight factors have attempted to put figures on how much light we need, and how we should avoid contrasts and glare. With the depths of buildings having increased in response to the availability of artificial light, we have become used to living in environments where our eyes exist in spaces where the illumination levels and the spectrum are electrically produced, and not what we have evolved to live with. We have understood that something important happens when we do not have enough light (so-called Seasonal Affective Disorder being one manifestation). We instinctively feel that there is a difference between daylight and artificial light in its effect on our well being, and perhaps health, but the literature seems small. My international colleagues in the 17-nation European Research Action considering the building envelope, which I help lead, can only say that there is evidence, and "some work". Regulation is emerging in places such as Germany and the Netherlands, but we need better justification for what many of us feel is the absolute necessity for buildings which are completely daylight. The issue of energy consumption is of vital importance (it takes up to three times as much energy to create electric lighting as we get from the lamp), but we urgently need some physiological or psychological support for what is still essentially a belief.

APPLIED HEALTH GENETICS

Collaboration across professions, disciplines and national borders presents unique challenges and opportunities that are especially useful in small but rapidly developing health care specialities, such as health genetics. The importance of healthcare genetics was emphasised by the 2003 Government White Paper (Our Inheritance, Our Future). At the University of Plymouth, a new research theme focussing on health genetics has been established to address issues in health care that are raised by the acknowledgement of genetics as a new paradigm for healthcare and the increasingly routine use of genetics technology.

The contribution of genetic factors to development of common diseases has been well recognised, with genetic testing for variations in the genome to detect predisposition to diseases on the horizon. Diagnostic testing for genetically caused examples of some common diseases (such as diabetes) is already being utilised in the health care services to inform management of patients. Pharmacogenomics is a developing science that is concerned with the response to medication that is mediated by the individual's genetic makeup. Genes affect the way a drug is metabolised in the body, and normal variants (polymorphisms) of some genes can influence the efficacy of a drug. Testing for those variants can therefore make prescribing for an individual a safer and more exact process. In addition to these applications, prenatal and neonatal screening for genetic conditions has been introduced for the entire UK population. These changes have made genetics a relevant issue for the entire community, rather than for those with a specific history of genetic disease.

In this climate of health care change, it is important that health and social care practitioners are able to offer a service that addresses the needs of individuals and families. Being professionally competent includes having a foundation of scientific knowledge of genetics, but it is equally important to have an awareness of the impact of genetic disease or predisposition at a physical, psychological, social and spiritual level. For this reason, genetic research at the University of Plymouth aims to be wide-ranging, with a focus on enabling delivery of healthcare services that are effective and meet the needs of the client group. Dr Heather Skirton, the theme leader, has a background clinical genetics and her main studies have explored the needs, expectations and important outcomes for clients of a genetic service. Qualitative work to establish important outcomes has been the basis of a factor analysis study to produce a service outcomes questionnaire, now in use in genetic centres. International collaborative studies include the understanding of genetics in older adults (UK, USA and Japan) and knowledge and attitudes to prenatal screening in UK and Japanese populations.

The Genesense project to develop an interactive web-based educational program for health and social care professionals has been a venture involving biologists Karen Gresty and Andrew Evenden, NHS clinical staff and FHSW faculty members. Other collaborative projects being planned include a study of nutritional issues in patients with long-term neurological genetic conditions.

The project team includes faculty members with expertise in genetics, dietetics, ethics as well as patients, carers and the family care officer from the lay support group, the Huntington's Disease Association. The project aims to explore complex bio-nutritional, ethical and psychological issues in relation the topic. Huntington's disease is also the topic of a future collaboration on a study support with colleagues from the University of Iowa, who have pioneered work on the subject.

Genetics is relevant to healthcare for every age and client group. Collaborative research into the effective application of the new genetics to maximise the benefit and minimise the risks for clients will be an ongoing focus of research at the University of Plymouth. Potential collaborators are sought and are encouraged to contact us for discussion.

Indicative publications include:

Skirton H, Parsons, EP & Ewings, P. Development of an audit tool for genetic services. *American Journal of Medical Genetics* (in press)

Ludlam C, Pasi KJ, Bolton-Maggs P, Collins PW, Cumming AM, Dolan G, Fryer A, Harrington C, Hill FGH, Peake IR, Perry DJ, Skirton H, Smith M, on behalf of UK Haemophilia Centre Doctors' Organisation. A Framework for Genetic Service Provision for Haemophilia. *Haemophilia* (In press)

Prows CA, Glass M, Nicol MJ, Skirton H, & Williams J. Genomics to health: The missing link in nursing education. *Journal of Nursing Scholarship*. (In press)

Skirton, H. (2004). Huntington disease – a nursing perspective. *MedSurg Nursing* – (special genetics section). (In press)

Conference presentations include:

Skirton H, & Parsons EP (2004). Developing an audit tool to assess genetic services. International Society for Nurses in Genetics Annual Conference, Toronto, Canada.

Skirton H, Patch C, & Barones C (2003). Professional profile of genetic counsellors in the UK and their educational needs. Association of Genetic Nurses and Counsellors National Spring Scientific meeting, Birmingham, UK.

Skirton, H (2001). Outcomes of genetic counselling -What really matters to the family? International Society of Nurses in Genetics Conference, San Diego, USA.

Timetable for Symposium

Friday 14.00 – 15.20

Location: C2 Portland Square

Chair: Heather Skirton

| | |
|--------------|--|
| 14:00 -14:40 | Family Caregiving across National boundaries - Janet Williams |
| 14:40 -14:55 | The Genesense Project - Karen Gresty |
| 14:55 -15:10 | Recent developments in prenatal screening -.Dave Wright |
| 15:10 -15:20 | Bridging the gaps – building an evaluation tool for a genetic health service - Heather Skirton |

Posters

77. Applied Health Genetics
Karen Gresty

14.00 – 14.40 **Family Caregiving Research Across National Boundaries**

Janet Williams

Collaborative research may reflect intra, inter, and/or transdisciplinary models. These models can be applied both to development of research teams according to discipline as well as geographic location. Elements of each of these models are evident in a program of research that is focused on informal caregiving for persons with Huntington Disease by their family members. The purpose of this study, Family Health After Predictive HD Testing, (R01 NR07970; J.Williams, PI) is to identify the nature and extent of caregiver problems among family members of persons with HD in North America. The research project has three phases. These are the identification of common concerns and experiences through analysis of data collected in focus groups with family members, development of a paper and pencil survey measure to document these concerns, and administration of the survey to family members.

In this program of research, intradisciplinary collaboration was most apparent in the early phases of the project in which the methods for data collection were developed. Interdisciplinary collaboration emerged early in the conduct of the study and was essential to subject recruitment, data collection, analysis of interview, and construction of the survey. Elements of transdisciplinary collaboration are can be found through the involvement of family members in the validation of the survey instrument. International collaboration is a component of all phases of the study. Experiences from conduct of this program of research across national boundaries will be used to illustrate components of each level of collaboration.

14.40 – 14.55 **The Genesense Project. Using GeneSense for Continuing Professional Development**

Karen Gresty

Online learning (e-learning) for continual professional development (CPD) of healthcare practitioners offers a range of benefits in terms of flexible access to multiple educational resources. However, before we can consider the wholesale adoption of e-learning as a strategy for CPD, it is important to assess the many factors which may impact upon its efficacy.

The GeneSense project at the University of Plymouth is a collaborative action research study, lead by a team of scientists and healthcare professionals. Our aim is to generate and incorporate genetics educational material into an online resource for students of healthcare disciplines. The site is still under development, although it can be accessed via <http://www.genesense.org.uk> and is currently free to all users.

Using the GeneSense project as a case study, this poster will explore a number of issues surrounding the implementation of e-learning, with particular reference to CPD. Issues that need to be considered when extending an education resource into the CPD arena include: accessibility & learner support, pedagogy (including content & assessment), stakeholder involvement and IT aspects.

14.55 – 15.10 **Recent Developments in Prenatal Screening**

Dave Wright

Chromosomal abnormalities such as Down's syndrome can be detected with near perfect accuracy from invasive diagnostic tests; either Chorionic Villus Sampling in the first trimester or Amniocentesis in the second trimester. Although it has been argued that such tests should be offered to all women (Harris *et al.* 2004) it is difficult to justify the increase in miscarriages amongst unaffected pregnancies resulting from these invasive procedures (over 50 miscarriages for every Down syndrome pregnancy detected Bradbury *et al.* 2004).

In prenatal screening, data from ultrasound and biochemical markers are used to identify pregnancies at high risk of chromosomal abnormality for follow-up by CVS or Amniocentesis and to provide reassurance to others. These screening tests are usually assessed in terms of their detection rate (the proportion of affected pregnancies classified as high risk) and the false positive rate (the proportion of unaffected pregnancies classified as high risk).

Until recently there were essentially three screening modalities.

- (1) First trimester combined (Based on ultrasound measurement of Nuchal Translucency and maternal serum PAPP-A and free β hCG in the first trimester).
- (2) Second trimester triple or quadruple test (Based on maternal serum AFP, uE3, free β hCG and Inhibin)
- (3) Integrated testing combining risk information from (1) and (2).

This paper will focus on two recent developments.

The use of repeated measures in integrated testing which, for the same detection rate, can reduce the need for invasive diagnostic tests by 75% (Wright and Bradbury 2005).

The use of sequential screening tests that give almost the same overall performance as integrated tests but allow the vast majority of women to be reassured during the first trimester and enable most abnormal pregnancies to be detected in the first trimester (Wright *et al.* 2004, 2005).

References

- Harris RA, Washington AE, Nease RF Jr, Kuppermann M (2004). Cost utility of prenatal diagnosis and the risk-based threshold. *Lancet* ; **363**: 276-82
- Bradbury I., Wright D., Slattery, J. and Ritchie, K. (2004). Cost utility of prenatal diagnosis. *The Lancet*, **364**, 1164-1165.
- Wright D, Bradbury I., Benn, Cuckle, H. and Ritchie, K. (2004) Contingent screening for Down's syndrome is an efficient alternative to non-disclosure sequential screening. *Prenat Diagn* 24: 762-766.
- Wright D and Bradbury I (2005) Repeated measures screening for Down's Syndrome. *BJOG*, **112**, 80-83.
- Wright D, Bradbury I., Benn, Cuckle, H. and Ritchie, K. (2005) Which Contingent Screening Protocol. *Prenat Diagn*. In press.

15.10 – 15.20 **Bridging the Gaps – Building an Evaluation Tool for a Genetic Health Service**

Heather Skirton

Rapid growth and altered professional roles have produced changes in the delivery of genetic services over the past decade, but these have not been rigorously evaluated because of the paucity of appropriate audit tools. In this study, client's accounts and factor analysis were used to develop a robust assessment and audit tool. Qualitative data abstracted from published studies were used to generate statements (n = 57) related to outcomes of genetic services. These were incorporated into a questionnaire that was mailed to clients of the Wales genetic service (n = 133) after their episode of care. Respondents were asked to rank each statement that related to their experience on a 7-point Likert type scale. A total of 97 anonymised responses (73% response) were subjected to factor analysis.

Six main factors were found to contribute to the outcome of the service from the client's perspective. These were: enhanced understanding of the genetic condition and associated risks, positive psychological change, respect for autonomy, adaptation, disequilibrium and value of contact. Some of these concepts, such as changes in knowledge, have featured in previous studies. However others, such as adaptation and autonomy are less amenable to measurement. The study has shown that the information given as part of genetic services can have a destabilising effect on some clients. The audit tool has now been refined for use in evaluating genetic services and further validation studies will demonstrate its feasibility in a routine service setting.

AGEING

Gerontology – the study of ageing and issues associated with older adults - is about to experience a significant growth at the University of Plymouth. The School of Social Work and Primary Care launched a new programme of research with the appointment in April 2004 of Professor Mary Gilhooly as Head of School and Professor of Gerontology and Health Studies. In April 2005 Professor Catherine Hennessy will join the School as Professor of Public Health and Ageing. Professor George Giarchi has been well known in nationally and internationally for his work in gerontology for a number of years.

The recent appointment of Professor David Melzer to the Chair in Public Health in the Peninsula Medical School will see a linking of David's research in the medical and epidemiological aspects of ageing with the social gerontological research in the School of Social Work and Primary Care.

Gerontology has, of course, flourished in the School of Psychology for some time. Professor Tim Perfect and his colleagues are recognized as international leaders in the field of cognitive ageing.

The exact nature of future gerontological research in the new Centre of Health and Social Work will depend in part on research programmes set up by the research councils. However, it is expected that at least some of the future research will be extensions of research that has already been conducted by current staff.

George Giarchi and Johanna Woodcock are doing research social work practice with grandparents. Chris Hanks and Ray Jones recently finished a project funded by Help the Aged on older adults' views of podiatry services. Mary Gilhooly has conducted research on risk factors for cognitive decline in old age, the role of public transport in quality of life, lay concepts of dementia, determinants of successful ageing and alcohol and ageing. Catherine Hennessy has done some innovative research on health amongst Native American Indians, as well as conducted numerous epidemiological studies and health services research in the area of public health gerontology. Val Hyde has conducted research on intermediate care services as well as research on the role of grandmothers from the perspectives of granddaughters. Gai Harrison has researched in the emerging field of financial gerontology.

Timetable for Symposium

Friday 14.00 – 15.15

Location: Devonport Lecture Theatre, Portland Square

Chair: Mary Gilhooly

| | |
|--------------|--|
| 14.00 -14.30 | Strategic developments on research on ageing in the UK - James Goodwin |
| 14.30 -14.50 | Ageing Research - Mary Gilhooly |
| 14.50 -15.10 | Psychology and ageing -Tim Perfect |

Posters

- 54. Life Map
George Giarchi
- 55. Chiropody needs for older people
Chris Hanks
- 56. Transport and Quality of Life in Old Age
Mary Gilhooly
- 57. Use It or Lose It? Activity Patterns and Cognitive Functioning
Mary Gilhooly
- 58. Lay Concepts of Dementia and Cognitive Decline in Old Age
Mary Gilhooly
- 59. Parkinson's Disease: A Needs Analysis
Mary Gilhooly
- 60. Determinants of Good Health and Successful Ageing: A Comparison of the Characteristics of Healthy and Unhealthy Survivors of the Original Midspan Study
Mary Gilhooly
- 61. Mid-Life Risk Factors for Cognitive Decline in Old Age
Mary Gilhooly

14.00 – 14.30 **The Future of Ageing Research in the UK**

James Goodwin

The many advances in ageing research in the 20th Century and the demographic trends which indicate an increasingly older population in the UK have precipitated interest in the progress of research on ageing and its application. This is evidenced by the 2005 House of Lords Select Committee inquiry into research on ageing and the forthcoming White House Conference on Ageing in the United States.

The Valencia Forum in 2002 established a consensus on the priorities for ageing research which supported the Madrid International Plan on ageing and which was endorsed by UN Resolution 57. However, with the possible exception of the United States, progress in ageing research has been hampered by low investment, fragmentation of the research effort and an absence of strategic direction.

In terms of investment, research in the UK has been characterised by erratic programmes of relatively low expenditure, with little strategic direction. This combination has done little to enhance research capacity in vital areas, such as the biology of ageing and geriatric medicine.

If the UK is to maintain and develop a meaningful portfolio of research on ageing, a central commitment to the following issues is essential:

- Improved strategic direction
- Greater funding for ageing research
- New researchers and increased capacity
- Interdisciplinary and multidisciplinary research
- Better dissemination and implementation
- Improved user-involvement

For the last thirty years the United States, through the National Institute on Ageing, has invested consistently in ageing research such that its present budget for 2004/5 stands at \$994 million. In the UK, research on ageing receives less than £200m per year at present estimates.

With the present global demographic trends, unprecedented numbers of older people are set to face the risks of disease, dependence and frailty. The issue of research on ageing is therefore of fundamental importance. Only by increasing investment in this vital area and by establishing ageing research as a national priority, will the UK position itself to address the issues of an ageing society.

MENTAL HEALTH

The recent Department of Health emphasis within mental health has been upon the development of primary care and early intervention based mental health services and increased user involvement. By broadly following this emphasis the mental health theme is currently prospering by conducting research central to meeting many of the priorities specified within the National Service Framework for Mental Health. Such a focus is already benefiting this theme in that several current research grants are running alongside and working symbiotically with trust based service developments and accordingly the training programmes within the University of Plymouth commissioned to support such developments. For example funding has been secured from NIMHE (SW) for the development and evaluation of the Devon Supported Book Prescription Scheme, which is forming a central component of the Graduate Mental Health Worker Programme. A grant secured from the British Academy is being used to inform service development within child and adolescent primary mental health care and feeding into the Child and Adolescent Primary Care Mental Health Worker. Furthermore funding from Plymouth tPCT is currently being used to provide an evaluation of an early intervention service for people considered 'at risk' of developing a personality disorder. Linking research within this theme with service developments indeed seems to be benefiting all partners. Whilst the research portfolio of the theme is increasing, the data being collected and expertise contained within the theme is being utilised by contributing towards proposals to develop and extend the services being provided within the PCT's and Partnership Trusts. Hopefully we are beginning to see a reciprocal relationship forming between research and service development. Research evidence is being used to secure and develop the service resulting in further research to maintain such development.

Within this theme we have several experienced researchers who take an active lead in co-ordinating and supporting wider research activity. Senior researchers within the theme include Professor Mary Watkins, Dr Rudi Dallos and Dr Paul Farrand. Professor



Watkins is Dean of the Faculty of Health and Social Work with research interests focussed around the role of users in the development of mental health services. Dr Dallos is a Reader in Clinical Psychology and includes family therapy and eating disorders amongst his research interests. Dr Farrand is a Senior Lecturer in Health Psychology and Research Co-ordinator for the School of Clinical Psychology, Mental Health and Disability. His research interests are very much focussed with the area of self help and early interventions for mental health problems in adults and adolescents.



The theme also strongly benefits from having several members currently keen to develop their research experience and working towards PhD's. Included amongst these members are Tracey Cassidy, Sue Linsley, Alan Miles, Jon

Perry and Graham Russell with research interests and PhD's being undertaken in topics including personality disorder, user involvement and social phobia. The professional backgrounds of the theme members includes Clinical Psychologists, Health Psychologists and Mental Health Nurses providing clinical expertise in diverse mental health areas including Primary and Secondary, Child and Adolescent, Forensic, Alcohol Rehabilitation and User Involvement. Experience has indicated that drawing upon such expertise within subject determined project teams has benefited research by rooting the theoretical component of our research within the clinical context within which the research is implemented. To supplement and extend our own research strengths the theme has also developed strong research links with several other research themes within the Faculty of Health and Social Work, other Schools and Departments within the University of Plymouth and other research groups within the Peninsula Medical School. Additionally members of the theme also have strong research collaborations with nationally and internationally recognised researchers from other Universities.

Although still somewhat embryonic the theme is clearly beginning to 'find its feet' and successfully attracting research grants in line with its scope. We are well on the way to developing significant research capacity given the number of PhDs underway, which will provide the basis for future increased capacity. In addition to the type of grants we have been successful in attracting up to now; strategically we are now striving to attract increased numbers of research council grants to help maintain parallel developments between mental health theory and service development.

Timetable for Symposium

Friday 14.00 – 15.15

Location: C1 Portland Square

Chair: Paul Farrand

| | |
|-------------|--|
| 2.00 -2.15 | Professional help seeking amongst adolescents for mild to moderate mental health and personal difficulties - Paul Farrand |
| 2.15 -2.30 | Illness behaviour and help seeking prior to suicide - Christabel Owens |
| 2.30 -2.45 | Can A Raw Fruit And Vegetable Diet Improve Psychiatric Disorders? A Case Series - Krishna Palnati |
| 2.45 - 3.00 | Service user involvement: assessing the interpersonal skills of pre-registration mental health nurses - Jon Perry & Sue Linsley |
| 3.00 - 3.15 | An evaluation of a Health Authority Steering Group aimed at improving user/carer involvement in commissioning and reviewing mental health services - Andy Dickens, Alan Miles & Mary Watkins |

Posters

47. Personality disorder intervention
Tracey Cassidy

48. Suicide: a case-control study among those not in contact with mental health services
Christabel Owens

49. Why are young men killing themselves? Parents' perspectives on their sons' suicides
Christabel Owens

50. Changing patterns of suicide in a poor rural county over the 20th century: a comparison with national trends
Simon Hill

51. Decision-making and information-seeking preferences among psychiatric patients
Simon Hill
52. Staying High: Ecstasy use in Rural England
Tobit Emmens
53. Books on Prescription scheme
Ann Henderson

14.00-14.15 **Professional Help Seeking Amongst Adolescents for Mild to Moderate Mental Health and Personal Difficulties**

Paul Farrand

Research has predominantly focussed upon adolescent help seeking for severe mental health and personal difficulties. This focus however excludes an understanding of help seeking for mild to moderate difficulties more commonly experienced by adolescents.

To examine the effect that age and gender have upon professional help seeking amongst adolescents. To identify the teaching or health professionals adolescents feel they would approach first for a range of mild to moderate mental health and personal difficulties.

Self-report questionnaires were completed by 968 adolescents (53% male) in year 9 (64%) and 11 attending four medium to large secondary schools in Devon. Questionnaires asked adolescents to imagine they had a series of personal and mental health difficulties and indicate who they would seek help from first, if anyone, from a list of teaching and health professionals provided.

Intention to seek help varied between 43% and 94% across the individual difficulties presented. Those indicating that they would seek help clearly distinguished between difficulties for which a teaching (predominantly form tutor) or health professional (predominantly general practitioner) would be approached. On those difficulties where personal characteristics were seen to influence help seeking, it was more common in adolescents who were female and younger.

Planning mental health services for adolescents should take into consideration the role that form tutors and general practitioners undertake when dealing with specific difficulties. A high level of discrimination between difficulties as to the professional who would be approached for help indicates that adolescent help seeking cannot be examined using a generic terminology to represent the diversity of difficulties experienced by adolescents.

14.15 - 14.30 **Illness Behaviour and Help Seeking Prior to Suicide**

Christabel Owens

Research suggests that mental illness is a key factor in most suicides and that many such deaths may be prevented through medical intervention. However, a significant proportion of those who take their own lives have not sought help from a medical practitioner. Little is known about why this is so.

The aim was to identify possible barriers to consultation prior to suicide.

Semi-structured interviews with close relatives of suicide victims were conducted as part of a psychological autopsy study. Sixty-six interviews were transcribed and analysed using qualitative methods. Analysis focused on help-seeking behaviours, interventions and coping strategies and the knowledge and beliefs that lay behind them.

Relatives and friends often played a key role in determining whether or not suicidal individuals sought medical help. Half the sample had consulted in their final month and many were persuaded to do so by a relative or friend. Of those who did not consult, some were characterised as help-resisters but many others had omitted to do so because no-one around them recognised the significance of their symptoms. There was a strong tendency to assume that psychological distress was a normal, harmless and transient condition. Many who recognised the seriousness of the victim's distress did not construe it in terms of illness and therefore did not see medical consultation as an appropriate course of action.

Whilst doctors may play an important role in suicide prevention, identification of risk begins in the family and immediate social network. Lay people find it difficult to judge the seriousness of another person's distress and to know whether or not it is medically significant. Greater attention needs to be given to this aspect of suicide prevention.

14.30 -14.45 **Can a Raw Fruit and Vegetable Diet Improve
Psychiatric Disorders? A Case Series**

Krishna Palnati

Fruit and vegetables have been shown to be useful for prevention of chronic diseases like cancer and cardiovascular disease.

To describe the clinical changes in a series of psychiatric patients, as a result of change in diet to raw fruit and vegetables.

Case reports were compiled from clinical observations and patient reports. Information was also gathered by rating-scales administered by 'blind' observers.

Improvements in psychiatric symptoms as well as in physical problems were noted on a raw fruit and vegetable diet. On returning to their normal, usual diet, a return of symptoms both physical and psychiatric was noticed.

It was concluded that psychiatric disorders, as well as physical conditions, can be improved on a raw fruit and vegetable diet.

14.45 -15.00 **Service User Involvement: Assessing the Interpersonal Skills of Pre-registration Mental Health Nurses**

Jon Perry

This paper evaluates the involvement of service users in the assessment of interpersonal skills. User involvement in teaching and assessment have been given a high profile in recent government advice and legislation (Workforce action team 2001, DoH 2002, UKCC 1999, SCMH 2001). This research used nominal group technique to examine the experience of service user involvement in summative assessment of inter-personal skills using role played standardised patients. Student interviews of role played patients were recorded on video and a panel of experts consisting of practitioners and service users was convened to assess their interpersonal skills. Practitioners had a range of clinical experience and the service users had all experienced severe mental health problems. Nursing students and service users who had been involved in this interpersonal skills assessment subsequently took part in focus groups. These generated a broad range of ideas, which were clarified through group discussion. Individual prioritisation was then employed to pool and condense clarified ideas. Examples of ideas generated were that the use of professional jargon in marking schemes inhibits user involvement, that natural skills of engagement were more important than theoretically based interventions, and that user comments proved more affirming and rigorous than traditional feedback. Preliminary data from the focus groups supports the use of service users in assessment. Results indicate that this process potentially goes further than the development of assessment techniques in that it can change the dynamics of professional/service user relationships in ways that are profound and therapeutically far reaching.

15.00 – 15.15 **An Evaluation of a Health Authority Steering Group aimed at Improving User/Carer involvement in commissioning and reviewing Mental Health Services**

Andy Dickens

To evaluate a Health Authority project aimed at actively involving users and carers in the commissioning, monitoring, planning and delivery of mental health services. The Health Authority formed a Steering Group to manage the project which was the subject of the independent research evaluation.

The Steering Group members comprised users, carers and Health Authority managers.

The Steering Group facilitated a satisfactory level of user/carers involvement in commissioning services. Difficulties were experienced regarding membership, representation, balance of responsibility and user/carers attendance on statutory bodies. As awareness of their existence grew, the Steering Group welcomed a significant increase in the number of requests for user/carers representation at external meetings. The Steering Group producing and disseminating good practice guidelines for involving users in meetings, to avoid barriers encountered.

The majority of the aims of the Steering Group were achieved. Recommendations for future user/carers involvement included recruitment of members, format of the Steering Group and training for all stakeholders.

The Research Agenda For Health And Social Care In The South West - Interactive Session

Friday 15.30 – 16.45.

Location: Devonport Lecture Theatre, Portland Square

Co – Chairs: Ray Jones, Nick Cheshire

This final session will be a discussion **with electronic voting** on the research agenda for health and social care in the South West.

Delegates are asked to submit questions that they would like to 'ask the audience' about the priorities for health and social care services and research. These questions should be multiple choice with a relatively short 'stem' and no more than five choices for answers. A (not very good) example would be:

If the SW strategic health authority were to spend £500, 000 on just one area of research from the following four, which should it be:

1. Finding ways of improving access to health information for the general public
2. Exploring the roles of health visitors in public health
3. Evaluating the use of videoconferencing between hospital consultants to support GP consultations
4. Assessing the number of bacteria on the hands of visitors to hospitals in the region

We hope that you will join this session and be thinking of questions that you would like to put, to start a debate on research and innovation in health and social care in the south west.

THURSDAY 10TH MARCH

POSTER ABSTRACTS

1. Neighbourhood deprivation and excess coronary heart disease mortality and hospital admissions in Plymouth

Mohsen Janghorbani

Background.

Coronary heart disease (CHD) is the leading cause of disability and death in the UK. Among the primary CHD risk factors, certain socioeconomic characteristics of individuals and living environments appear to play a central role.

Objective.

To assess the burden of neighbourhood deprivation-associated excess in mortality and hospital admission from CHD in Plymouth.

Design. Small area study using indices of neighbourhood deprivation and coronary heart disease mortality and hospital admission data aggregated for 1991-2003 for CHD mortality and for 1997-2004 for CHD hospital admission. Forty-three locally defined community areas in Plymouth were classified according to the Townsend index, measuring material deprivation.

Outcome measure.

Age- and gender-specific mortality and hospital admission rates for CHD.

Results.

CHD mortality and hospital admission increased with increased deprivation score in all ages and gender groups. The age-adjusted deprivation-associated excess CHD hospital admission was 15.4% in men and 27.9% in women higher for most compared to least deprived group. The age-adjusted deprivation-associated excess CHD mortality was 31.5% and 18.9% for men and women respectively. Excess mortality in the 13-years period studied accounted for more than 1380 and 670 deaths for men and women. Excess hospital admission in the 7-years period studied accounted for more than 966 and 769 hospital admissions for men and women. A larger proportion of excess CHD deaths were found among men while excess CHD hospital admissions were found among women. The most deprived areas showed the highest mortality and hospital admission risk.

Conclusion.

Despite the existence of a system of universal health care, inequalities in CHD mortality and hospital admission persist and need to be taken into account when implementing intervention programs.

2. Rural Primary Healthcare- Developing a research agenda

Pauline McGlone

Rural health is receiving increasing attention in terms of policy and research foci.¹⁻⁵ The problems of rural deprivation, its measurement and its health and social consequences have been discussed in detail.^{1;6} The measurement of deprivation and needs of rural communities are used in NHS funding allocations, however the existing indices of need lead to poor targeting of resources and does not take into account the additional costs of delivering services in rural areas⁷⁻⁹ or the increased morbidity levels in rural areas¹⁰. Rural communities may thus be at risk of poor health and high levels of social exclusion being exacerbated by limited and misdirected resources for health care. Delivering health services in rural areas is complex and includes issues to do with access to, need for, and utilisation of, health services. Since rural general practice remains the focal point for health service delivery in rural communities¹¹, service delivery models and support systems for rural communities and health care professionals that are appropriate to their needs are required. Key to delivering such systems of healthcare is a need to understand more about the health needs, expectations, attitudes and beliefs of rural communities in order that health service provision matches the needs and aspirations of service users, providers, and managers.

The Research Fellow, as a part of the Peninsula Primary Care Research Network, will initially develop a rural research agenda for Devon and Cornwall in collaboration with local users, managers and practitioners. The second phase of the project will involve a focus on one or two important areas of work as directed by local interest and opportunities for further funding. This may involve more detailed reviews, pilot work and development of detailed high quality research protocols.

3. The Cost-effectiveness of Dual Chamber, Atrioventricular Pacing Compared to Single Chamber ventricular pacing for the treatment of Bradycardia in the Elderly

Emanuela Castelnovo

Dual chamber pacing is the most widespread pacing technology for the treatment of bradycardia. Nevertheless, its clinical superiority, compared to single chamber ventricular pacing, is not well established and much higher acquisition costs have led to doubts about cost-effectiveness.

Using a probabilistic Markov cohort model, we estimated the incremental cost-effectiveness ratio (ICER) of dual chamber compared to single chamber ventricular pacing, valuing the stream of clinical events, healthcare costs and benefits (QALYs) for each pacing mode over 5 and 10 years, from the UK National Health Service perspective.

Over five and ten years, the ICERs were £8,458 and £5,483 per QALY respectively. Considerable uncertainty was attributable to rates of upgrades for pacemaker syndrome, atrial fibrillation and strokes. The incidence of pacemaker syndrome and consequent need to upgrade single chamber devices, is an important determinant of cost effectiveness. At high levels of incidence (26%) and upgrade, dual chamber pacing may be dominant. But at levels seen in large device trials, cost effectiveness is much lower. For levels of willingness to pay exceeding £30,000, the probability of dual chamber pacing being cost-effective is close to that for single chamber pacing.

Dual chamber pacing has an acceptable cost-effectiveness ratio, although it results in small benefits, mainly of quality of life, and lacks superiority in mortality. Intermediate outcomes (atrial fibrillation, pacemaker syndrome) are important yet difficult to quantify, introducing uncertainty in cardiac disease policy.

4. Impact of Discussion on Utility Values Elicited in a Group Setting

Ken Stein

To investigate the impact of group discussion following individual preference elicitation

A group of 15 non-health professionals was established to measure preferences on a range of health states using the standard gamble method. The group met five times over six months. Health state scenarios were derived from disease specific outcome measures reported in clinical trials of health technologies. Preferences were initially elicited using the standard gamble (titration approach) without discussion in the group. Each scenario and the initial preferences expressed by group members were then discussed for five to ten minutes and participants given the opportunity to revise their initial preference following discussion. The number of changes made and their impact on the range and summary utility values for the group were calculated. The importance of group discussion was explored with participants in qualitative interviews.

40 health states relating to seven specific conditions were valued, giving 445 individual results. Mean utility values ranged -0.27 to 0.98. 14 (3.1%), changes were made in values for 12 scenarios (30%) by seven individuals. One individual changed five values. Changes ranged from -0.075 to 0.45 (mean 0.04). The impact on summary values was limited. Mean utility was affected in only 7 of the 12 scenarios. The average mean change following discussion was 0.01 (range -0.01 to 0.07). Only three median values were affected by changes (range -0.05 to 0.03). Qualitative data revealed a range of perceived benefits from discussion.

Preferences elicited using the standard gamble are unaffected by brief discussion in a group. Changes have no significant impact on the summary measures.

5. Valuing Health: Use and Abuse of Utilities within Nice Technology Appraisals

Ken Stein

To review the sources for utility values in HTAs carried out for NICE

All technology assessment reviews (TARs) carried out for NICE in 2000-2003 were reviewed. The number and type of economic analyses and the sources and values for utilities were extracted by one reviewer and checked by a second. We noted whether sensitivity analysis was carried out on utility and whether this parameter was prioritised for further research.

56 reports were reviewed. 35 included a total of 165 previously published economic evaluations. In 42 cases (75%) new evaluations were carried out, either by an independent academic team or product sponsors (range 1-9). 45 cost utility models were reported in 28 reports, including over 100 utility values. Six (13%) derived utilities using a multiattribute scale (e.g. EQ5D) and seven (16%) by establishing a relationship between preference and non-preference based methods. Eleven (24%) used values obtained from patients and three (7%) from clinicians. In 18 (40%), sources were unclear or confidential. Sensitivity analysis was carried out on utility in 25(56%) of assessments. A range of methodological problems in measurement of utilities was noted. 17(61%) reports identified the need for further research into utility values.

Economic analysis is central to the appraisal process but previously published evaluations are of limited value. Utilities are inconsistently measured, inadequately reported and a high proportion do not reflect community preferences.

6. Pimecrolimus And Tacrolimus For Atopic Eczema: A Systematic Review and Cost-Utility Analysis

Ruth Garside

Atopic eczema is an important common, chronic skin condition. The mainstays of current treatment are emollients and appropriate potencies of topical corticosteroids (TCS). We systematically reviewed the evidence for two new topical immunosuppressive treatments compared to current standard treatment and estimated cost utility to inform national policy in England and Wales.

An exhaustive literature search was undertaken through electronic databases and contact with product manufacturers. Meta-analysis of relevant studies was carried out using random effects models. A Markov model of cost utility was developed, incorporating probabilistic sensitivity analyses.

Sixteen RCTs were included. Five (pimecrolimus) and four (tacrolimus) compared to placebo rather than TCS. The only trial of pimecrolimus and TCS was not in the licensed population. Two trials in children compared tacrolimus to mild TCS, inappropriate for the indication of moderate to severe disease. Economic evaluation was limited by the relevance of efficacy data, characteristics of the disease and clinical practice patterns. Cost effectiveness acceptability curves reflect these uncertainties.

This HTA illustrates important general issues. (1) Existing evidence in eczema is limited; clinical practice is therefore variable. (2) A range of possible applications for new technologies are therefore be explored in pre-licensing studies. These are of limited use in considering cost-effectiveness in the licensed indication. (3) The potential for using technologies at different points in a chronic relapsing disorder is difficult to explore using Markovian analysis. Discrete event simulation may have advantages (4) Lack of direct comparisons with existing technologies is a perennial challenge.

7. Markov Modelling versus Discrete Event Simulation in Health Technology Assessment – A Case Study in Atopic Eczema

Martin Pitt

To compare Markov versus Discrete Event Simulation (DES) approaches to economic modelling in HTA. To identify specific strengths and weaknesses of each approach and specify criteria for evaluating the appropriate technique for a given HTA scenario.

The two contrasting approaches of Markov modelling and DES are used to develop economic models for assessment of differing treatments of atopic eczema. The outputs from these alternative models and the associated development and data requirements are compared to assess the relative strengths of each approach.

Initial findings show that DES can model key aspects of eczema treatment that are hard to capture within the Markov paradigm. DES is a valuable approach if treatment pathway is a key determinant of future treatment options. DES is well adapted to model multiple sub-groups and also provides benefits in visualising the process of treatment. Against this Markov models tend to be simpler to develop and can often produce tailored outputs to well-defined modelling analyses.

Markov models have been used extensively for cost-effectiveness in HTA. Recent studies have extended the approach, using Monte-Carlo Markov Chain simulation to assess uncertainty within the data. The markovian assumption, however, which discounts previous treatment pathway in determining future treatment, remains a key limitation. Of the various approaches proposed to overcome this, DES offers an viable alternative yet to be fully explored or exploited. This potential may depend on efficient identification of criteria for the application of DES and the availability of accessible simulation development tools for HTA.

9. Visual identity and the Clothing of People with Learning Disabilities

Kate Gleeson

Despite the “Valuing People” agenda, little research has addressed the identity projects of people with learning disabilities. McCarthy (1999) suggests that the way to overcome the devalued experience of people with learning disabilities is to increase their social status by giving them more say in the way in which they live their lives. Through exercising choice and accessing resources, people with learning disabilities may use clothing to engage in visual identity projects that are both enjoyable and likely to offer positive identities and greater opportunities for social inclusion. This paper reports a pilot study which explored the views of carers in residential settings with regard to the visual identities of people with learning disabilities and practices in relation to clothing choice. Three key themes emerged from an inductive thematic analysis: the importance of clothing; choice in dress; decision making; carers influence on appearance; parental control; ‘ability’ to be individual; and, unconscious influences on clothing choice.

10. Identities: A limited resource?

Kate Gleeson

Identities are crucial cultural and economic resources that are not equally valued, and not equally available to all young people. Recent theorisation of identity, particularly in relation to consumption, has focused on the choosing of identities, suggesting that identity projects are a creative and rewarding task for adolescents. Interviews with school pupils about visual identities in Bristol and Cardiff (U.K.) reveal that while there is satisfaction and enjoyment involved in identity work, identity production can be a burden to young people who do not have access to the necessary economic resources to perform their chosen identities. Post-modern and social constructionist theorisation of identity may misrepresent young people's experience by failing to address the constraints on identity.

11. Are You Calling Me A Tart? `Policing' the Visual Identity of Young Women

Kate Gleeson

Foucault (1977) suggests that people internalise socially agreed standards of behaviour, engaging in routine self-surveillance practices in order to maintain the social order. Such routine self-discipline impacts upon appearance and behaviour in both private and public spaces. Drawing on interview data with young women aged 11-18, this paper explores how social standards of respectability and aesthetic value are internalised. Young women engage in interaction to police each others' appearance paying particular attention to bodily display and clothing practices which suggest overt sexuality and sexual intention. This paper will address the exercise of social power in such routine feedback as well as the way in which cultural capital is accrued in learning how to "do femininity" in a culturally acceptable and apparently non-agentic fashion.

Friday 11TH MARCH

POSTER ABSTRACTS

12. Elderworld - A Healthcare Information Company

Peter Ashby

Established in Oxford by a team of social entrepreneurs, including a geriatrician, a publisher, a library/information scientist, an educationalist and a leading e-learning producer. They will show - Quality "content" - to enhance health and social care knowledge - derived from a web based process in which teams of experts create and maintain information, being organised from a base in Truro at the Knowledge Spa. Elderworld works with subject specialists drawn from many levels in all care related disciplines and professions.

The focus is on creating and disseminating interactive knowledge based services to facilitate ever improving care of older people. The Elderworld 'knowledge base' stands on four cornerstones:

- Documentation – which has its roots in legislation and standards, and gives rise to thousands of pages which take policies and procedures into best practice, are continually up-dated and cross-referenced.
- Interactive visual aids (IVAs) - support the understanding and use of documents and can be linked into training and audit
- E-learning modules can stand alone and support all levels of training
- E-procurement system to enable these offerings and a wider ranges of goods and services needed in the care sector to be obtained cost effectively

Elderworld is working with care home and service managers and care professionals in meeting current and future needs for dynamic information that is

- modern and consistent
- searchable and accessible
- up-to-date and compliant
- interactive giving rise to features for management
- financially beneficial
- supports staff training and career development
- set to enhance standards of care

(continued over)

Elderworld is building on its pioneering projects across key areas of concern, aiming to support:

- Chronic conditions affecting older people and the impact on provision of services
- Procedures that it is vital for health and social care staff carry out correctly
- The many areas in which developing policies can be seen to need modern unified information and training support. e.g. the NSF and promotion of continence.

Elderworld's content and delivery mechanisms are designed to be 'future-proof'; increasingly the care of older people at home will involve family and friends and service users themselves.

13. The benefits of Cancer Nurse Specialist provision of Cancer BACUP Booklets to Cancer Patients receiving Palliative Care: Study in Progress.

Ray Jones

BACKGROUND

Until now nurse specialists working in palliative care have not been able to give patients or their carers CancerBACUP booklets, they have only been able to give contact details of where to obtain them. Macmillan and CancerBACUP have agreed to pilot the centralized distribution of CancerBACUP booklets free of charge and to evaluate the benefits to nurse specialists, patients and carers.

AIMS

To describe the use of this new service and to assess the marginal costs and benefits to patients, confidants, and nurse specialists.

METHODS

Design: Case control intervention study comparing two London areas (SouthWest London and North East London). Cancer Nurse Specialists will give CancerBACUP booklets on demand to cancer patients receiving palliative care in case area; continue with current practice in control.

Data Collection: Data collected from patients and confidants at intervention and at 2-weeks follow up. Questionnaires include demographics, information preferences, information already received, satisfaction, anxiety and depression (Hospital Anxiety and depression Scale), and open questions on information provision and its impact on their lives. Views of 20 cancer nurses by telephone interview after 3 months. Records of the demand for booklets.

Sample size calculations: Estimated that we need to approach 1000 patients. This should be achieved in a 3 month project. Recruiting will continue for 3 months or until 480 confidants have returned the baseline questionnaire. Sample size based on comparison between case and control groups for the proportion of confidants who had not previously read a CancerBACUP booklet who had read one two weeks later.

14. Investigation of the impact of tailoring information for cancer patients

Ray Jones

Previous work suggested that cancer patients preferred information based on their personal medical record to general information, that they were more likely to show it to family members, and that patients with personalised information may show greater reduction in anxiety over three months than those with more general information.

To explore the hypothesis that different methods of selecting and printing information for cancer patients could affect interaction with others, so improve emotional support, and that improved emotional support may lead to improved psychological wellbeing.

Exploratory randomised trial with 3 intervention variables and eight (2 X 2 X 2) groups. Data collected at start of radiotherapy and three months after being offered a computer-produced information booklet.

400 patients starting radiotherapy and 330 'confidants' (348 and 297 respectively completed follow up).

All patients were offered computer-produced booklets based on CancerBACUP information but with three variations. (1) Half had '*personal*' information from the medical record; half had '*general*' CancerBacup information for that cancer. (2) Half chose information by '*interacting*' with the computer; half had a larger volume of material in booklets that were produced '*automatically*'. (3) Half had additional '*anxiety management information*'. Half did not.

Results will be presented on the poster.

The study supports some of the hypothesised mechanisms but the evidence suggests a more complicated relationship between information, social support, and psychological wellbeing. There was some evidence that personal information provided new information but the difference in satisfaction between 'personal' and 'general' booklets was less obvious than previously. Automatically produced booklets were thought better than shorter ones chosen interactively.

There was clear evidence that patients were more likely to show personal information to confidants and to think it helped in discussion but this was not reflected in improved social support. There was no overall reduction in patient anxiety in this study. Change in social support was linked with change in anxiety but there was no clear link between the type of information (including anxiety management advice) and anxiety.

15. Randomised trial of tailored versus non tailored email messages in the primary prevention of osteoporosis in young British women

Jenny Marsden

Background: One in 3 British women is at risk of fracture as a result of osteoporosis. Increasing bone strength in young women may help reduce later incidence of osteoporosis. Computer generated tailored messages had been used to improve other health behaviours.

Aims: To compare tailored with standard and control email messages in promoting knowledge of osteoporosis, attitude change, and preventive behaviours in young female university students.

Design: Explanatory randomised trial

Subjects and randomisation: 324 students expressed interest in the study and were invited to participate; 247 (76%) completed baseline questionnaires and were randomised to tailored, standard or control groups.

Intervention: Feedback emails were sent to participants. Tailored messages were based on the person's assessment of their position on the 'stage of change' scale, knowledge of osteoporosis, current level of weight bearing exercise, calcium intake, and perceived benefits and barriers to preventive behaviours. Standard messages comprised information about the prevention of osteoporosis.

Follow up: At one month, 167 (68%) students completed further web based questionnaires.

Results: Baseline measures indicated poor knowledge of osteoporosis and preventive behaviours indicating a need for primary health promotion. More of the tailored group than the standard group remembered reading the message (96% vs 63%; $p < 0.001$). Although there were differences in the effect of tailored vs standard message on beliefs, none reached statistical significance. Seventeen percent of tailored vs 13% of standard groups had improved knowledge about osteoporosis; 6% vs 4% improvements in perceived benefits of calcium intake; 19% vs 13% improved self efficacy; 5% vs 0% improvements in perceived benefits of exercise. There were no significant improvements in hours of weight bearing exercise or calcium consumption after one month.

Conclusions: Creating and sending tailored messages was feasible. Tailored messages were more memorable but in this small sample there was no measurable difference in their overall effect on beliefs compared to standard messages. However, improvements in some measures suggest tailored messages have potential to be more effective and this study has indicated further areas for research.

16. Information Technology Available to Patients in Primary Care

Rupert Jones

Widespread public use of information technology (IT) such as email and the internet began in the early 1990's, and provide opportunities to improve communication and care quality. Opportunities include practice web sites showing information such as opening hours and contact telephone numbers, to email and phone based communication between doctor and patient. It is widely perceived that IT awareness is the prerogative of the young. The aim of this study was to investigate IT usage in primary care, particularly amongst elderly patients with chronic illness.

584 people were scheduled to receive influenza vaccinations over one weekend at Roborough Surgery in Plymouth. They were invited to attend on the basis of being over 65 years of age or having a chronic medical condition. A research assistant invited as many of the patients as possible to complete a questionnaire asking about access to and use of IT.

350 patients were approached, 318 completed the questionnaire.

| | Internet at home | E-mail at home | Digital TV | Use E-mail? | Use mobile phone? | Happy to book appoints | Happy to order repeat prescriptions | Complete medical history |
|-----|------------------|----------------|------------|-------------|-------------------|------------------------|-------------------------------------|--------------------------|
| Yes | 116 | 105 | 127 | 105 | 237 | 75 | 75 | 82 |
| % | 36.6 | 33.1 | 40.1 | 33.1 | 74.8 | 23.7 | 23.7 | 25.9 |

Younger patients were significantly more likely to use IT, e.g. more likely to have internet access at home ($p=0.001$). Males were more likely to have access to the internet at home than females ($p=0.001$). In those aged over 70, 21.4% have internet access and 18.8% have e-mail, but 68% use mobile phones.

IT provides new ways to communicate with patients. This survey of patients attending a flu clinic shows that the majority of patients up to 60 had access to e-mail, internet and mobile phones. IT offers new opportunities for health professional and researchers. However, apart from access to the technology, patients' confidence, ability and willingness to use it need to be considered.

19. E-health Stakeholder Consultation and Policy Context Review

Lynne Callaghan

This consultation aimed to explore the concerns of professional and lay stakeholders in e-health and to review the relevant policy to produce recommendations for future e-health research agenda of the NHS Service and Delivery Organisation (SDO). Professional and lay stakeholders discussed issues of concern regarding e-health research in telephone and in person focus groups and interviews. Interviews were carried out with policy makers and policy documents were identified and reviewed. Stakeholder concerns and policy context were compared and brought together in order to produce research recommendations. Improving health and quality of life was viewed as the most important consideration in terms of the future direction of research in e-health. Recommendations were formulated in six areas: improved health and quality of life; using information; sharing information; controlling information; processing information and principles of research and development.

20. Neighbourhood Deprivation and Pre Term Birth in Plymouth, Devon, UK.

Elizabeth Stenhouse

Pre term birth is devastating for individuals, families and communities and is a major public health problem. It is associated with increased risks of perinatal mortality, morbidity and neurological impairment and disability, as well as high economic costs for both families and community. The causes of pre term births are not well understood and complex inter relationships between biological, behavioural, socioeconomical and environmental factors are associated with mothers delivering babies pre term. Social class is clearly related to several measures of early child morbidity and mortality, and it has been suggested that there is an association between manual class and pre term birth. Although some evidence exists regarding the impact of neighbourhood environment on pre term birth this has not been well documented.

To assess the relationship between neighbourhood deprivation and pre term birth rate in a group of 3834 pregnant women.

Mother = 5221, exclusions 1301 (24.9%) mothers outside the Plymouth area and 86 (2.2%) multiple pregnancy leaving n = 3834 (73.4%) women were included in the analysis.

Data for this study were obtained from the Plymouth Child Health Database. These data were cleaned and validated and included date of birth of mother and infant, gestational age (weeks), and birth weight and all singleton live births in Plymouth between 01/01/1996 – 31/12/1997. The level of neighbourhood deprivation was calculated by the use of Townsend Material Deprivation Score (TMDS) Small area boundaries with an average population of about 5500 residents were drawn to reflect residents' perception of neighbourhoods.

Means and proportions of characteristics were compared using Student's t test and chi-square or Fisher's exact test. Correlation between continuous variables was measured with the Pearson coefficient. Analysis of factors relating to pre term birth was then carried out using stepwise binary logistic regression analysis

Mothers from deprived neighbourhoods were more likely to deliver pre term (RR 1.31 [95% CI 0.94, 1.84]) albeit the numbers in this category were small and the differences did not reach statistical significance (P=0.056).

We found an overall singleton pre term birth rate of 5.3% during a two year period. Our analysis suggests that neighbourhood deprivation, measured by TMDS, may have an impact on pre term birth rates

21. The Other Children: Children with Disabilities in Bulgaria and The Stories They Live By

Zhivko Zhelev

What does it mean to look after a child who is 'different from the other, normal children', in the context of the post-communist Bulgarian society? What stories the parents tell us about their experiences of looking after a disabled child and how these stories relate to the broader cultural discourses and to the stories told by the children themselves?

The current research project aims at the understanding of the discursive context in which Bulgarian children with disabilities grow up and the impact of this context on their perceptions and understanding of themselves.

It employs the post-modernist understanding of the social reality which sees the language not as a mere reflection of something which is 'out there' or as an expression of the individual's 'inner world' but as a complex social process, which shapes our perceptions of *the real* and simultaneously structures and is structured by the relationships we are immersed in. In this view, the way we divide the world into normal/abnormal, the variety of meanings we ascribe to these differences and the social practices associated with them are products of our social histories and current relationships.

In this sense, to be disabled means to be socially positioned – both by the others and by yourself – as different in a specific way. These differences are not universal but specific to a particular historical and cultural context and are established both in the dominant cultural discourses and social practices on the one hand, and in the individual's 'appropriation' of these discourses, on the other.

The design of this research combines a variety of methods – interviews, discourse analysis of texts and participant observation – in order to allow better understanding of a complex phenomenon such as the relationship between the discursive context and the individual's experience of disability.

So far, the following elements of the project have been carried out:

- Discourse analysis of social policy documents and other disability-related texts produced over the last 50 years in Bulgaria.
- Interviews with 16 families and a number of professionals in order to generate working hypothesis for the further research.

The analysis of the findings from this first stage of the research were used as a basis to re-design the project in such a way as to allow better understanding of the phenomenon under study and to make the research practically possible. As a result the 'focus' of the project shifted from the more general context of the country to a particular community in order to allow more detailed and specific information to be obtained and a community-based model aiming to explain the relationship between the discursive context and the individual's experience of disability to be developed.

The poster will include the design of the research project (goals, research questions, methods etc.), a brief description of the cultural context, the findings so far and a plan of the future research. It will combine text, diagrams and pictures in order to better illustrate the different aspects of the research project.

22. The Experience of Childbearing in Women

Ruth Darvill

This is a retrospective qualitative study investigating women's experience of childbearing. Thirteen women were interviewed up to 12 weeks after the birth of their first child and asked a series of questions about the period of their lives before, during and after delivery of their child. This data was transcribed and analysed using a grounded theory method (Strauss and Corbin, 1998). Findings revealed a pattern in women's experience that was suggestive of a linear process that women went through beginning with their pre-pregnant selves and continuing until some time after the birth of the child. During this process it appeared that their self concept became fragmented, often beginning the moment the pregnancy was confirmed. Going through the process women's priorities and outlook go through considerable changes. From the data gathered in this study it is proposed that the mother's self concept will re-constitute itself to include new, previously un-held self concepts at some undetermined time after the birth.

(example quote) "everything is thrown up in the air at birth, and when everything lands again its never quite in the same way as it was before ..."

Strauss, A. and Corbin, J. (1998) *Basics of qualitative research: techniques and procedures for developing grounded theory (2nd edition)*, Sage publications, London.

23. Parents, Professionals and Disabled Babies: Identifying Enabling Care

Claire Tregaskis

This poster discusses a 3 year ESRC research project currently being undertaken jointly by the Universities of Sheffield and Newcastle, for which I was one of the researchers. The research aims explore how parents and their young children with impairments are treated by professionals in terms of the care they receive, and how that has helped or hindered their family life. The researchers are also talking to health and social care workers to get their angle on the services they provide. Overall, the research seeks to show what experiences families have when they have a baby or young child who has long-term contact with medical and social care services, and to see what lessons that experience might have for the ways those services are delivered. The research cohort comprises 40 families from the North of England, together with a number of key health and social care workers; and a range of qualitative narrative, ethnographic and focus group research methods are being utilised in order to identify beneficial care practices, and to examine how professionals work with parents in ways that support them to care for their child. The research is still in progress, but early findings already suggest that: some mothers of disabled babies find their experiences do not fit within conventional social constructions of childbirth and motherhood; parents' understanding of, and ability of engage with, the knowledge society can affect how professionals treat them, and what services they and their child are offered; parents' ideas about what constitutes 'good' and 'bad' news about their child's condition often differs from that of professionals; for all the parents, their child's impairment does not solely define who the child is; and in most cases, formalised care services are seen as something to be fought for, rather than received as of right.

24. Social Work Practice with Grandparents: Safeguarding and Promoting the Welfare of Children in Culturally Diverse Settings

Johanna Woodcock

The use of family support is a crucial aspect in UK policy and legislation in safeguarding and promoting the welfare of children. Furthermore, research shows both that grandparents are major contributors to family support and that significant ethnic cultural differences exist in both the role and experience of grandparents with child care. We know little of social work practice strategies engaging grandparents and grandparents' own experiences of social work involvement. Specifically, there is an absence of empirical evidence regarding social work engagement with grandparents in their assessment of parental care or decisions about family support. This qualitative study draws upon individual in-depth interviews with 60 social workers and 60 grandparents across two local authorities in contrasting urban and rural areas. The study will inform policy and social work practice decision-making regarding family support/child protection services, reporting on ethnic differences in grandparenting roles, identifying strengths, difficulties and support needs.

26. Direct Work with Children in Social Work Practice

Johanna Woodcock

Current policy directives (DoH 2000) cite 'direct work with children' to be an 'essential part of assessment' in order to gain an understanding of what is happening to a child, as well as attending to their legislative rights to be involved and consulted (The Children Act 1989). Five components of seeing, observing, engaging children, talking to children and carrying-out activities with children are considered 'critical' to such work. It is seen as a professional task to judge when and how to communicate with children and how to interpret that communication (DoH 2000). This importance is underlined by the fact that it is a central policy requirement to be assessed in order for qualified practitioners to be awarded the PQ Child Care Award. Qualifying social workers on undergraduate degrees in social work similarly have to demonstrate key skills in communication. Thus, the government instruction is for 'direct work with children' to be a skilled but necessary social work activity for targeting effective intervention and that it needs careful planning in delivery and interpretation. It follows, therefore, that the practice, teaching, support and assessment of such skills needs to be informed by what currently goes on in practice, particularly that which is considered to produce the best outcomes for children. In the current child care climate, such outcomes would firstly require a focus upon whether and how the work promotes the quality of children's close relationships with caregivers and fosters secure attachment patterns (Quality Protects). A second focus, as evident by the recent SSI report (2004), would be to engage in the work at an early stage of the safeguarding process in order to prevent family/placement breakdown and repeated child protection registration.

This presents social work with a problem. If professional judgement is required in relation to communicating with children, then there is likely to be great variation in the ways social workers work directly with children and their conceptualisation of what that work should be. Indeed significantly, evidence suggests that social workers' own conceptualisations of roles and tasks greatly influence their decisions about the forms of family support needed to safeguard children (Woodcock 2003). Moreover, the diversity of family forms and cultures with whom social workers work suggests variation in practice. Surprisingly, there is an absence of empirical evidence about the detail of how such work with children is undertaken on a case-by-case basis. The literature that exists highlights a number of ideal concepts to be considered but even in this there are a number of positions, few of which are actually tested in practice other than singular case examples in specialist settings of children and adolescent mental health teams. The ways in which social workers manage to communicate effectively with children within the current context of high risk, complex caseloads that exist within the current managerial and regulatory culture of social services lacks examination.

This evaluation study seeks to ascertain the ways in which social workers communicate directly with children and how such work relates to good outcomes. It will provide important information for planning and improving support services for children (from a diversity of family forms and cultures) at various stages of the safeguarding process. Specifically, such information would shed light on the needs and skills of the workforce; the type of work that is undertaken when social workers make professional judgements about when and how to work with children; and the circumstances in which work should or could be provided or complemented by another agency or service.

27. The Expert Patients Programme: A New Approach to the Management of Long Term Health Conditions

Vivienne Thorpe

The development of the expert patient programme was based on the Government White Paper, 'Saving Lives: Our Healthier Nation' (1999) and 'The NHS Plan' (2000).

"The Challenge is by working in partnership with patient organisations and other departments and agencies to bring about a fundamental shift in the way chronic disease is managed – this is a shift which will encourage and enable patients to take an active role in their own care" – "The Expert Patient, 2002.

User led self management programmes are based on developing the confidence and motivation of patients to use their own skills and knowledge to take effective control over life with a long term health condition. These programmes have been developed over the last 20 years and a review by the Government Task Force concluded that tangible benefits included reduced severity of symptoms and decrease in pain, improved life control, resourcefulness, life satisfaction and increased activity.

Ultimately, if the Expert Patients Programme makes a difference, this will result in improvement or stabilisation of the patient's condition. Additionally, patients will be able to effectively manage aspects of their condition, will be less severely incapacitated and able to appropriately access health and social care services. They will be well-informed about the condition and empowered to contribute their skills and insights for the further improvement of services and as advocates of others.

The report recommends action to introduce lay led programmes in the NHS. There was a pilot phase between 2001 – 2004 and now the programme is being mainstreamed. The programme consists of weekly sessions of two and a half hours for six weeks and is taught by volunteer tutors who manage their own long-term health conditions and are therefore effective role models for the participant group.

South Hams and West Devon Primary Care Trust has actively promoted this programme and currently has five volunteer tutors delivering programmes across the Primary Care Trust. National and Local evaluation is being conducted and the feedback received from participants has been overwhelmingly positive.

28. Characteristics of Individuals with Post-Traumatic Brain Injury: Implications for Health Promotion, Service and Education Provision

Nadine Abelson-Mitchell

The aim of the Project was to identify the level of function and needs of clients with traumatic brain injury.

A descriptive, non-experimental design, based on a self assessment tool was used to gather data relating to the characteristics of clients 10 years post TBI.

Results: 31 clients completed the initial questionnaire. Analysis of the results proved informative, and whilst numbers were too low to suggest generalisation, nevertheless, important pointers relating to client characteristics, health promotion, service and education provision were identified. The presentation discusses these results, particularly those relating to:

- Current physical health problems – including sensory deprivation.
- Issues relating to weight, particularly overweight or obesity
- Identification of pain and depression as continuing factors impacting on daily life.
- Alcohol consumption
- Smoking
- Employment status
- Access to and assessment for training and education.
- Ongoing assessment by health care personnel.

Results are consistent with other findings (eg. Kreutzer et al 2001; Sherer et al 1998).

A coherent and consistent inter-professional and inter-agency approach to clients with traumatic brain injury is necessary. Further there is a need to develop specific health promotion packages for clients with TBI.

29. The Effect of 5 Degree Vulgus and Varus Rearfoot Wedging on Peak Hallux Dorsiflexion during gait

Catherine Smith

The dynamic effects of 5° varus and valgus rearfoot wedging on peak hallux dorsiflexion, were investigated in 30 asymptomatic subjects (5 male, 25 female). Highly significant reductions in peak hallux dorsiflexion were found with both rearfoot varus wedging ($p < 0.001$), and rearfoot valgus wedging ($p < 0.001$). Furthermore, the reduction in peak hallux dorsiflexion occurring with rearfoot varus wedging was highly significant compared with that associated with rearfoot valgus wedging. These findings have implications for the orthotic management of a number of lower limb pathologies.

31. The Management of Type 2 Diabetes in Primary Care: Professional and Lay Perspectives

Jacqueline Griffith

This study was a qualitative evaluation of a larger project looking at specialist review of type 2 diabetes in a primary care setting. It took place in a small rural general practice in the far south west of England. Data was collected from 8 patients from that practice who were interviewed individually. Healthcare professionals were also interviewed by focus group, and reflective diaries kept by them were analysed.

The findings from the patient data highlighted the importance of relationships with healthcare practitioners, and the value of continuing care. There were some knowledge gaps in patient's understanding of the monitoring process of their condition, and the implications of their behaviour. Patients were almost entirely happy with the care they received from their GP practice and articulated a high level of trust.

The findings from the healthcare professional's data revealed the difficulties they had with the new intervention requiring them to transmit data electronically to the consultant for review and provide an action plan jointly formulated with the patients, using the consultant's feedback. The GP and practice nurse learnt a huge amount about diabetes management and became more confident, while the consultant learnt a lot about the contextual factors that impinge upon decisions about treatment in the primary care setting.

32. Diabetes In Pregnancy Study of Mothers and Babies (DIPMAB). The Long-Term Effects of Gestational Diabetes Mellitus. A Ten-Year Follow Up

Elizabeth Stenhouse

There is a rising tide of diabetes, particularly Type 2 diabetes mellitus (T2DM) that is associated with insulin resistance. Both insulin resistance and T2DM have been shown to put an individual at greater risk of cardiovascular disease, i.e. ischaemic heart disease, stroke, and consequent death. Mothers diagnosed with Gestational Diabetes Mellitus (GDM) in pregnancy have an increased risk of up to 50% of developing T2DM

1. Identify mothers known to have had GDM and assess their metabolic state at 5 - 10 years in comparison with mothers who had had normal glucose tolerance.
2. To assess the anthropometric measurements of the children born to mothers with GDM and to compare these with children of with mothers who had had normal glucose tolerance.
3. To assess the cumulative incidence of T2DM post GDM in this well defined cohort.

This study will be in two parts. Firstly, we will look at the outcome of mothers' post GDM after 5 or 10 years. Secondly, we will look at the growth and metabolic status of the offspring after 5 or 10 years.

Anthropometric Data Mothers. Height, weight, waist, hips, triceps and scapular skin fold thickness, blood pressure, pulse.

Metabolic Investigations 5 point 75g Glucose Tolerance Test (oGTT), C-peptide, leptin, C Reactive Protein (CRP) adiponectin, insulin Hba1c and urine creatinine.

Anthropometric Data Children Height, weight, waist, hips, triceps and scapular skin fold thickness, blood pressure, pulse

Metabolic Investigations C-peptide, leptin, C Reactive Protein (CRP) adiponectin, insulin Hba1c and urine creatinine.

Preliminary results show good reliability between all measurements.

33. Intra and Inter Examiner Reliability of Anthropometric Measurements

Rachel Carter

All measurements taken in clinical practice aim to be accurate, since their interpretation is used to monitor health and diagnose any deviation from the norm. The need for these measurements and observations to be reliable, accurate, and precise at source is paramount. The reliability and validity of every measurement situation should be tested with the findings of data analysis strengthening the overall outcome by reducing the impact of random and systematic errors.

To examine the intra and inter reliability of 2 Health Care Professionals measurements of weight, height, waist, hips, triceps, and scapula skin fold thickness, blood pressure, and pulse undertaken of females.

Females' aged 30 – 50 had 3 sets of anthropometric measurements taken by each examiner, these repeated by the second examiner. Each examiner was blind to the others results.

Analysis shows good intra and inter examiner reliability.

34. The Effect of Plantar Cover Padding with U'd Cut-out on Plantar Foot Pressure

Joanne Paton

Background

The site of the neuropathic diabetic foot ulcer is usually located under a metatarsal head and corresponds to an area of peak pressure. Accommodative adhesive felt padding is commonly used to assist in the treatment and prevention of plantar ulceration. The aim of the padding is to reduce pressure and thus protect the lesion from the destructive effects of repetitive, mechanical stress. Investigations into the effects of such padding on plantar pressure are limited and fail to consider time as an integral of pressure.

Aim

To determine the effect of a 7mm semi-compressed felt plantar cover pad (with 'U'd cut out to the 2nd metatarsal head) on forefoot pressure and forefoot pressure time integral.

Method

Both extremities of 10 healthy subjects were studied. A fleecy web plaster disc was adhered to the foot overlying the second metatarsal head to simulate an area of high pressure. The F-scan in shoe pressure analysis system was used to compare the dynamic measurements for each subject padded and unpadded. The mean peak pressure (PP) and mean pressure time integral (PTI) corresponding to the centre of the 'U' and at the periphery of the 'U' for each test condition was calculated and analysed.

Results

Related sample t-tests were used to investigate the significant difference between the two conditions. The PP and PTI at the centre of the 'U' decreased by a mean of 25% and 29% respectively ($p=0.000$). The PP and PTI at the periphery of the 'U' increased by a mean of 44% and 57% respectively ($p=0.000$).

Conclusion

The addition of a 7mm felt plantar cover with a 'U' to the second metatarsal head has an effect on both PP and PTI. Whilst the effect at the centre of the 'U' is to reduce the mechanical stress to the area the effect at the periphery is to substantially increase it. Pressure time integral can be considered as an appropriate measurement tool to assess the effectiveness of accommodative adhesive padding. The substantial increase at the periphery of the cut out could be potentially detrimental to the patient, possibly inhibiting the healing process by creating a blanching effect and area of ischaemia around the periphery of an already vulnerable lesion.

35. Gestational Diabetes Mellitus in Plymouth, UK: Prevalence, Seasonal Variation, and Associated Factors

Elizabeth Stenhouse

The prevalence and pattern of gestational diabetes mellitus (GDM) vary from nation to nation. The GDM rate varies from as low as <1% to as high as >15% depending on the differences in screening approaches, diagnostic criteria and study population with 2-5% being the most common rate. There is limited research associated with seasonal variation in the rate of GDM.

To estimate the prevalence of and associated factors for GDM and its seasonal variation.

Births between 01/1996 to 12/1997 (n = 5759) to Caucasian women aged 15-46 years diagnosed with and without GDM were compared.

The prevalence of GDM was 1.8% [95% CI 1.4, 2.2]. The prevalence of GDM increased with mother's age, random plasma glucose and decreased with duration of pregnancy. Using a stepwise binary logistic regression model older age (Relative Prevalence (RP) 1.08 [95% CI 1.03, 1.12]), higher birth weight (RP 1.86 [95% CI 1.16, 2.98], shorter gestational age (RP 0.78 [95% CI 0.67, 0.91]) and higher random plasma glucose (RP 2.89 [95% CI 2.43, 3.44]) were significant predictors of GDM. The monthly prevalence of GDM ranged from 2.8% [95% CI 1.46, 4.85] in June to 1.1% [95% CI 0.29, 2.70] in November. The seasonal GDM rate ranged from 2.3% [95% CI 1.56, 3.23] in spring to 1.4% [95% CI 0.82, 2.20] in winter. The differences were not statistically significant either for the months (P= 0.78) or season (P= 0.34).

Conclusion. The prevalence (1.8%) of GDM in this representative sample of Caucasian pregnant women in Plymouth (UK) and there was no seasonal pattern.

36. Group Exercise Classes in People with Multiple Sclerosis: A Pilot Study

Jenny Freeman

An increasing number of physiotherapy services throughout the United Kingdom undertake group exercise classes for people with MS. A pilot study was undertaken to explore the effectiveness of a weekly group exercise class in ambulant people with MS.

This single group, pre and post-test pilot study was comprised of a convenience sample of ten volunteers from the local branch of the MS Society. All had a confirmed diagnosis of MS and were independently ambulant, none were in relapse or within one month of relapse. .

Assessments with standardised and validated measures were undertaken at three time points (one week prior to the first session, immediately after completing the programme, and then again four weeks later) by an independent assessor. The measures were the: Berg Balance Scale, Multiple Sclerosis Impact Scale, the MS Walking Scale, 6-minute walking test, and Physiological Cost Index..

The programme comprised of 10 one-hour sessions, undertaken on a weekly basis, led by a senior physiotherapist. Each class was followed by an informal "support session" led by the patients.

Eight women and two men (mean age 50 years, range 29 – 69) participated. On average they had been diagnosed for 16 years (range 1 – 40 years, sd 11.5), and scored 5.0 on the Expanded Disability Status Scale (range 3.0 – 6.5).

Paired t-tests demonstrate that patients improved significantly ($p < 0.05$) between admission and discharge on the: Berg Balance Scale ($p = 0.02$); 6-minute timed walk (distance walked $p = 0.04$, speed of walking $p = 0.04$); physical component of the Fatigue Impact Scale ($p = 0.03$); motor component of the MS Impact Scale ($p = 0.01$); and the MS Walking Scale ($p = 0.01$).

This small pilot study provides preliminary data to demonstrate that group exercise classes are associated, at least in the short term, with improvements in mobility, balance and physical dimensions of fatigue and well-being in ambulant people with MS. As expected the exercise programme had greatest impact on physical outcomes. While psychological aspects also improved it is possible that this could be attributed to the support session, rather than the group exercise class.

These findings are in line with previous studies which have investigated individualised exercise regimens such as cycle ergometry. They provide support for anecdotal evidence about the benefits of classes of this nature. Further research, ideally in the form of a randomised-controlled trial is needed to improve the methodological limitations of this single group study, to substantiate its findings, and determine the clinical significance of the changes measured.

37. Exploring the Relationship Between People with MS and Their Confidants

Jane Springham

The recent focus on people with long-term conditions and their carers has prompted Carers UK and the Department of Health to develop guidelines, standards and an equal opportunities policy. These reinforce the need for a carer's assessment and rights of equal access to leisure and employment. The policies consider the patient and the carer but the role of the emotional relationship between them is not addressed.

A confidant is someone with whom a person with a long-term condition can share hopes and fears and discuss treatment choices. Confidant relationships have been shown to improve health outcomes. The confidant is often the spouse but can also be a family member or friend. This confidant will often have fears and worries about their role and their relationship. The burden of care, the distortion of future hopes, effect both partners.

This qualitative research will use multiple sclerosis as a paradigm for long-term conditions. Using a phenomenological approach the research will involve gathering the lived experiences of people with MS and their confidants. The in-depth interviews will be recorded and transcribed. Themes from the data will be discussed with the participants and with a steering group which will include people with MS, and social and health care professionals.

Multiple sclerosis can affect people from late adolescence and the diagnosis will present life-long, physical and emotional challenges. The relapsing remitting nature of MS means that throughout the course of the disease there will be many 'small deaths' each one feeling like the first diagnosis and each one having to be faced and accommodated. The confidant relationship may improve the experience of the disease and therefore should be better understood and supported.

38. Evaluating Neuro-Rehabilitation: Lessons from Routine Data Collection

Jenny Freeman

Clinical databases are being used increasingly to assess outcomes within a range of healthcare services to provide evidence of clinical effectiveness in routine clinical practice.

(1) To explore the benefits of using a database for the routine collection of clinical outcomes within an inpatient neurorehabilitation setting. (2) To determine the effectiveness of inpatient neuro-rehabilitation in a range of neurological conditions. (3) To determine variables that influence change in functional outcome.

Over a nine-year period 1458 patients' were admitted consecutively to the Neuro-rehabilitation Unit at the National Hospital for Neurology and Neurosurgery. Demographic and diagnostic characteristics were collected for all patients. The level of function was measured on admission and discharge using the Barthel Index (BI) and Functional Independence Measure (FIM). Patient perception of rehabilitation benefit was evaluated using visual analogue scales.

Of the 1413 patients whose length of stay was more than ten days there were: 282 patients with stroke, 614 with multiple sclerosis, 248 with spinal cord injuries, 93 with a neuromuscular condition, and 176 with other brain pathology. Age ranged from 16 to 87 years (mean 48 years, sd 14.8). The mean duration of stay was 34 days (sd 24, range 10–184) and this varied according to diagnosis. Patients improved in functional ability as measured by both the BI (effect sizes 0.93 – 1.44) and the motor sub-scale of the FIM (effect sizes 1.01 – 1.48). Visual analogue scale ratings demonstrated high levels of patient perceived benefit. Diagnosis, functional activity score on admission and length of stay were significant predictors of functional gain, explaining 44% of the variability in the change scores.

The systematic collection, analysis and interpretation of standardised clinical outcomes data is feasible within routine clinical practice. It provides evidence that inpatient rehabilitation is effective in improving functional level in neurologically impaired patients. These results complement those of clinical trials and are useful in informing and developing clinical and research practice.

39. The Effect of Isokinetic and Isotonic Muscle Stretch on the Excitability of Spinal Alpha-Motoneurons in Patients with Spasticity.

Veronica Maynard

This study investigated the effects of a single session of muscle stretch [isokinetic stretch, isotonic stretch non-weightbearing (NWB) and isotonic stretch and weightbearing (WB)] of the gastrocnemius-soleus muscle on excitability of the spinal alpha-motoneurons.

Ambulant stroke patients with mild to moderate spasticity were compared with age-matched healthy controls. Patients and healthy controls were randomly allocated to receive one of 3 forms of stretch: isokinetic stretch; isotonic stretch (NWB) and isotonic stretch (WB). Subjects were studied at baseline, immediately after stretch and again 24hours later. Alpha-motoneuron excitability was measured using the Hmax/Mmax ratio and H-reflex latency.

Sixty-six stroke patients [mean age 59.38 +/-11.87 (SD) years] with mild to moderate spasticity [mode score of 1 on the Modified Ashworth Scale (MAS)] and 21 healthy volunteers [mean age 54.67 +/-10.21 (SD) years] were included in the study. Between and within group comparisons were made using the mixed between-within ANOVA. There was a statistically significant difference between patients and controls ($P=0.002$) on the primary outcome measure (Hmax/Mmax ratio). However, there was no significant change in Hmax/Mmax ratio scores between baseline and post-test1 or between baseline and post-test2 according to group for patients or controls. Furthermore the differences in H-reflex latency between patients and controls, between groups and across time did not reach the level of significance.

The findings of this study suggest that a single 20minute session of isokinetic and isotonic muscle stretch (WB & NWB) of the plantarflexors has no significant immediate or lasting effect (after 24 hours) on alpha-motoneuron excitability in stroke patients with mild to moderate spasticity. This suggests that the previously reported reductions in spasticity as a result of muscle stretch are due to mechanisms other than a direct effect on the spinal alpha-motoneuron.

40. Pulmonary Antioxidant Concentrations and Oxidative Damage in ventilated Premature Babies

Keith Collard

Ventilated premature babies are at risk of developing chronic lung disease [CLD] of prematurity. The condition has a complex and unresolved aetiology. The aim of this study was to determine the relationship between lipid peroxidation (a robust marker of oxidative tissue damage) and the antioxidants ascorbate, urate and glutathione in epithelial lining fluid [ELF] in ventilated premature babies and to relate the biochemical findings to clinical outcome.

The study group was an opportunity sample of 43 ventilated babies of less than 32 weeks gestation. The outcome measure was the duration of supplementary oxygen according to the definition of CLD (oxygen dependency at 36 weeks gestational age). ELF was sampled by bronchoalveolar lavage and malondialdehyde (a biochemical marker of lipid peroxidation) and the antioxidants were measured.

The results demonstrated that babies who developed CLD had significantly lower initial glutathione concentrations (1.89 ± 0.62 v 10.76 ± 2.79 μM ; $P=0.043$) and higher malondialdehyde levels (1.3 ± 0.31 v 0.35 ± 0.09 μM ; $P<0.05$) in the ELF than those who were not oxygen dependent. However, these variables were poor predictors of the development of CLD.

Gestational age, endotracheal infection, and septicaemia had good predictive power. The level of oxidative damage was associated with the presence of endotracheal infection/septicaemia rather than inspired oxygen or antioxidant concentrations.

41. Respiratory Muscle Strength in Parkinson's Disease

Bernhard Haas

Background

Respiratory problems contribute significantly to morbidity and mortality in persons with Parkinson's disease. These problems include obstructive and restrictive airway changes, respiratory muscle weakness, dyspnoea and aspiration pneumonia. There is also cardiovascular deconditioning and increased perception of effort, leading to reduced activity and participation. The exact causes of these problems remain unclear.

Objective

To investigate the respiratory muscle strength in a group of 66 individuals with mild to moderate Parkinson's disease in comparison with prediction equations and 32 age matched controls. Correlations between respiratory muscle strength, daily living function, activity levels, health related quality of life and exercise capacity were tested.

Design

Respiratory mouth pressures (representing respiratory muscle strength) were compared with prediction equations. A comparison was also made between individuals with Parkinson's disease and an age matched control group. Respiratory mouth pressures were correlated with results from Barthel index (daily living function), modified Baecke activity questionnaire (activity levels), PDQ-39 (health related quality of life in Parkinson's disease), peak heart rate, oxygen uptake, blood lactate concentrations and the number of completed stages during and incremental cycle ergometer test (representing exercise capacity).

Results

Respiratory mouth pressures were significantly lower ($p < 0.05$) in the Parkinson's disease group and this deteriorated as the disease progressed. Respiratory mouth pressures did not influence daily living function, activity levels or health related quality of life. Respiratory mouth pressures correlated with lactate thresholds ($r = 0.308$, $p < 0.01$) and the number of completed stages on the cycle ergometer test ($r = 0.490$, $p < 0.01$).

Conclusions

There is significant weakness of the respiratory muscles in mild to moderate Parkinson's disease. This weakness emerges early on in the disease and crucially at a time when the individual may be in a much better position to participate in appropriate exercises. Limitations in respiratory and exercise function in individuals with Parkinson's disease did not directly affect their daily living function or health related quality of life but reduced their activity levels.

42. The Effect of Hyperbaric Oxygen Therapy on Quality of Life in Patients with Maxillofacial Soft Tissue - and Osteoradionecrosis: A Perspective Study

Sam Harding

A lack of research into quality of life (QoL) changes in patients with maxillofacial soft tissue and osteoradionecrosis who undergo hyperbaric oxygen therapy (HBO2), has been identified.

This study aims to contribute to the knowledge base for the use of HBO2 within the maxillofacial community.

54 patients referred for HBO2 between 2001 & 2004, following radiotherapy to head & neck cancers.

The design was a Questionnaire battery

Ethical approval was obtained through the 'Local Regional Ethics Committee'. The questionnaire battery was given pre and immediately post-HBO2. Four standardised validated questionnaires were used at each time point. Scores between each time point were compared using Paired Samples T-Tests.

54 patients were recruited and completed the pre and post therapy questionnaires. The study group consisted of 42 males and 12 females (Mean age 57 years) matching the 4:1 ratio found in this patient population. Patients underwent between 25 and 58 HBO2 therapies (Mean = 40 SD = 8.9). No significant changes were identified using the University of Washington Scale or the Hospital Anxiety and Depression Scale, but the Medical Outcomes Short Form 36 did reveal changes; patients' physical and emotional function showed significant improvement (P=0.002). The EORTC C30 scale found patients feeling globally better (P=0.033), and EORTC H&N35 module identified less feelings of illness (P=0.031) and less pain (P=0.05). Improvement in the patients QoL, relating to their teeth during treatment (P=0.002), swallowing ability (P=0.032), and mouth opening (P=0.003) was also reported. Attitudes to eating in public also improved (P=0.016). There were no reported declines in QoL.

Patients undergoing HBO2 experienced changes in QoL with respect to psychological and functional status. The authors are now following up the study group at 6 and 12 months post HBO2 in order to determine if these changes are sustained.

43. Quality of Life after Total Laryngectomy and the Methods of Voice Restoration

Fiona Duncan

In recent years, after total laryngectomy most patients are automatically given the voice prosthesis method of voice rehabilitation because of the better voice quality that it produces. However this method requires substantially more maintenance than the other two methods. This study therefore looks at the relationship between health related quality of life and the three methods of voice restoration.

The study was questionnaire based and health related quality of life was measured using the SF-36. Participants were also asked which method they were currently using and to rate how they perceived their own voices.

Two hundred and sixty completed questionnaires were received. The results showed that there were no differences between the methods of voice restoration on the mental components of the SF-36. On the physical components of the SF-36 there were significant differences. Surprisingly esophageal speech obtained the poorest scores and electrolarynx users tended to have the best scores. Findings challenge the common perception that the voice prosthesis method is superior. There was no significant difference between the methods regarding how they perceived their own voices but their voice perceptions were significantly correlated to most of the quality of life dimensions. Suggests that how the patients *perceive* the quality of their voice may be just as important a consideration as the *actual* quality of their voice. Age, gender and social support were also found to be significant predictors of quality of life.

Study suggests that health care professionals should take the patient's individual circumstances into account when deciding which method of voice restoration they should use. It also has implications for post operative counselling to help patients come to terms with their new voice.

44. The Lived Experience of Arterial Leg Ulceration: A Phenomenological Study

Jacqueline Murray

This study uses phenomenology as a methodology. A literature search revealed an absence of qualitative studies in arterial leg ulceration. Leg ulceration represents a considerable drain on the health services in terms of budget and nursing hours. By considering the real life experiences of this patient group, it was hoped that nursing practice could be reconsidered to improve the lives of these patients. A purposive sample of 9 participants took part in semi structured interviews. Analysis was undertaken using Colaizzi's method. Initial findings show pain to be the most important problem. Participants developed a feeling of stoicism as analgesia was largely ineffective. A fear of amputation was prevalent, and the hopes that the ulcer would heal and remain so were low. Nursing staff and carers were important in the lives of these sufferers. Loss of control was apparent in some cases, as lifestyles were adapted in response to their condition. Effective consideration of analgesia, particularly at dressing changes a willingness to listen to fears and support for carers could be considered to improve nursing practice.

45. The Relationship between the severity of Post-Stroke Aphasia and State Self Esteem.

Magid Bakheit

The study of self-esteem after stroke may provide valuable prognostic information of the potential for functional recovery and may also inform the approach to treatment. Hitherto, research into the effect of post-stroke aphasia on self-esteem has received little attention. The purpose of the present study is to examine the relationship between aphasia and self-esteem and to establish whether the severity of aphasia correlates significantly with the level of self-esteem.

Self-esteem was measured with the Visual Analogue Self-Esteem Scale (VASES) and aphasia was assessed with the Western Aphasia Battery (WAB). Assessments were made as soon as practicable after the stroke onset and 3 and 6 months after the first evaluation.

Of 51 eligible patients, 40 completed the study. The mean (SD) VASES scores at baseline, 3 and 6 months post-entry were 36.8 (7.6), 37.6 (7.2) and 38.5 (7.7) respectively. WAB scores were 71.3 (22.9) at 3 months and 72.0 (21.1) at 6 months. This compares to a baseline score of 45.5 (26.2). The changes in WAB scores from baseline to the 3 and 6 months post-entry assessments were statistically significant. However, the correlation between the severity of aphasia and self-esteem did not reach statistical significance either at baseline, or at the subsequent assessments.

The severity of aphasia does not appear to correlate significantly with the level of self-esteem in the first 6 months after stroke.

46. High scores on the Western Aphasia Battery Correlate with Good Functional Communication Skills in Aphasic Stroke Patients

Magid Bakheit

Language impairment occurs in one third of patients following stroke. Improvement in language function has been measured in other studies using quantitative, standard impairment level assessment scales. As complete recovery of language function is rare, speech and language therapists (SLTs) seek to optimise patients' ability to optimise their residual communication skills. Impairment level assessments are unlikely to capture the changes in all of these domains. Therefore in this study we have prospectively examined the correlation between the Western Aphasia Battery (WAB), a well known and used impairment level assessment, and the Communicative Effectiveness Index (CETI), a functional level scale for the assessment of communication disability.

The data for this study was collected as part of an on-going prospective randomised control trial of the effectiveness of the intensity of conventional speech and language therapy on recovery from post-stroke aphasia. Patients living in Plymouth and admitted to the district general hospital with first ever stroke and aphasia were screened using the Frenchay Aphasia Screening Test (FAST). Those with Parkinson's Disease, history of mental illness, history of illiteracy, other significant sensory or cognitive impairment, or those with English as a second language were excluded. Those who scored below the cut-off point on the FAST were assessed on the WAB. They received 12 weeks of speech and language therapy. The WAB and CETI were completed at baseline, and after 4, 8, 12 and 24 weeks.

There was a statistically significant positive correlation between WAB and CETI scores. There was a tendency for the scores of both scales to be low immediately after stroke, and increase after therapy. The correlation between WAB and CETI scores was shown to be strong for both low and high scores.

The findings of this study indicate a statistically significant correlation between post stroke language impairment and the functional limitations caused by it, as measured by the WAB and CETI respectively. The changes in impairment and functional limitation were reflected by both scales in a similar way. It is suggested that the scores of one scale can be predicted from the other, in the acute and sub-acute stages of stroke.

47. Evaluating an Early Intervention Service for People 'At Risk' of Developing a Personality Disorder

Tracey Cassidy

Recent changes in professional opinion has resulted in a shift away from the idea that people with a diagnosis of personality disorder (between 10-13% of the adult population) are untreatable towards a more positive view that includes a commitment to treatability. This view has led to the development of an early intervention service directed by Plymouth tPCT for individuals aged between 15 and 24 and identified as being 'at risk' of developing a personality disorder which is currently being evaluated.

To evaluate the development of the service by establishing baselines and outcome measures that will allow for comparisons over a given time period. To examine positive outcomes for users of the service, particularly in relation to intrapersonal, interpersonal and social factors.

During phase one of the study all 'at risk' clients meeting inclusion criteria are currently being asked to complete a battery of standardised questionnaires administered orally by a research worker. Following completion of phase one, a purposive sample of clients and their family members/dependents will be asked to complete individual qualitative interviews with the researcher which will undergo thematic analysis. Data will also be collected from workers within the project and referrers to the service.

The results of this evaluation are not intended to be definitive, but will provide the basis for subsequent longitudinal research. The overall evaluation of the service will, however, enhance understanding of the relationship between mental health, community renewal and social inclusion.

48. Suicide: A Case-Control Study Among Those Not In Contact With Mental Health Services

Christabel Owens

Three-quarters of people who commit suicide are not in contact with mental health services at the time of death. No previous UK study has focused specifically on this group of suicides.

To identify the characteristics of people who commit suicide and are not in contact with specialist mental health services.

A case-control study was conducted in SW England involving 100 individuals who committed suicide whilst not in contact with mental health services and 100 age-sex matched controls drawn from the living population. Data were collected through semi-structured interviews with close relatives and friends, together with medical records.

Key predictors of suicide were social and interpersonal problems, previous deliberate self-harm, symptoms of current mental illness, past mental illness and previous contact with specialist services. However, nearly a third of cases (32%) appeared to have no current mental disorder.

This group is distinguished by a markedly lower rate of mental illness than has hitherto been recorded. The findings highlight the difficulty of identifying individuals outside specialist mental health care who are at risk of suicide and therefore support the continued development of broad population-based measures rather than the targeting of high-risk groups.

49. Why Are Young Men Killing Themselves? Parents' Perspectives On Their Sons' Suicides

Christabel Owens

Understanding and stemming the steady rise in suicide among young males is a UK public health priority. Previous studies of youth suicide have been quantitative and have reinforced the dominant model of suicide, emphasising the role of mental illness.

This study draws on data collected as part of an earlier case-control study of suicides. Semi-structured interviews with the parents of young men aged 18-30 were transcribed verbatim and analysed using qualitative techniques, in order to understand how the parents accounted for their sons' deaths.

The accounts revealed an overriding interest in personal agency and a predominantly moral discourse emerged which centred on the character and integrity of the key players. Some parents regarded their sons as agents of their own destruction, whilst others saw them as victims, destroyed by forces outside their control, either by malevolent individuals or by cruel fate. Mental illness was rarely acknowledged to have been a contributory factor.

The parents' accounts of suicide and its aetiology contrast strongly with those found in the medical literature. The absence of a sickness model from the parents' thinking may help to explain failure to seek medical help at times of crisis and suggests that further emphasis on medical intervention is unlikely to be effective.

50. Changing Patterns Of Suicide In A Poor Rural County Over The 20th Century: A Comparison With National Trends

Simon A. Hill

Suicide rates in rural areas of a number of countries have risen in recent years. Using measures of rurality such as population density and population potential, Cornwall is judged to be one of the most rural of English counties. This study compares suicide rates in Cornwall with those for England and Wales over a 90-year period using Standardised Mortality Ratios for suicide and undetermined death.

From 1911 until the start of the Second World War, suicide rates were lower in Cornwall than in England and Wales. However, since the 1960s suicide rates in Cornwall have risen significantly above those for England and Wales. This is true for men and women, the young and the old. Some possible explanations are considered.

51. Decision Making and Information Seeking Preferences Among Psychiatric Patients

Simon A. Hill

The degree to which psychiatric patients wish to play a role in decision making and their desire for information regarding their treatment has not been studied in detail.

To measure the information-seeking and decision-making preferences of psychiatric patients.

The Autonomy Preference Index (API) was adapted for use in psychiatry and administered to patients of a Community Mental Health Team and members of mental health user groups.

Desire for information regarding illness and treatment was very high. However, there was a great variation in the extent to which patients wanted to make decisions regarding their care. Desire for involvement in decision making was greater for the young and for those in employment.

Psychiatric patients want a high degree of information regarding their psychiatric care. Most patients wish to play some role in decision making.

52. Staying High: Ecstasy use in Rural England

Tobit Emmens

To determine patterns of use of ecstasy in Devon and Cornwall, UK.

Cross-sectional survey of ecstasy users in Devon and Cornwall using combination sampling strategies (postal questionnaire, webform, magazine survey and snowball sample) and in-depth interviews.

Ecstasy users aged 16 and over.

Demographics, number of tablets taken, frequencies, other substance use.

Based on a sample of 411 respondents, the mean number of pills taken by ecstasy users in Devon and Cornwall over a routine 24-hour period was between 4 and 5 pills (95% CI: 4.20 – 4.88). 50.4% took amphetamine and 48.7% took cocaine at the same time as taking ecstasy. 49.9% took cocaine when coming down from using ecstasy. Over 80% of ecstasy users in this study took other drugs in addition to ecstasy, alcohol and cannabis.

Qualitative data indicated that users take pills at regular intervals of 1-2 hours during an episode of use in order to maintain a constant euphoric plateau. High levels of ecstasy consumption (over 10 pills in 24 hours) were related to sustaining euphoria over a prolonged period of time, opportunistic consumption and accidental consumption. Users were confident that they could identify good quality ecstasy pills by their appearance, effect and the reliability of their supplier as one based on trust rather than commercial transaction.

Ecstasy users routinely took an average of 4-5 pills over a 24-hour period. We found more people using cocaine on the come-down from ecstasy use compared with previous reports. This supports other qualitative data on changing trends in cocaine use. Increased access to drug testing kits may challenge users' confidence in their suppliers.

53. The Devon Supported Self Help Book Prescription Scheme: The Plymouth Library Experience.

Ann Henderson

15-20% of adults have a diagnosable mental health problem with the majority classified as being mild to moderate. However in the region of 90% of people with these difficulties are not receiving any help from a mental health professional. The Devon Book Prescription Scheme provides a parsimonious way to help meet this need.

Following the lead of The Cardiff Book Prescription Scheme (see Frude, 2004), the Devon scheme is based around a booklist containing high quality self-help books covering a range of mental health problems. Costs of providing the books were met by Plymouth, Devon and Torbay Library Services and all titles are stocked within many of the libraries. A significant development within the Devon scheme is the provision of support for self help.

After seeing their GP, clients with mild to moderate problems are referred to the self help clinic if running within their practice. Here the client sees a Graduate Mental Health Worker and receives an initial 30 minute consultation and three further brief supporting sessions. At the end of the initial consultation they receive a written prescription for a book on the list which they take to their local public library. Here the prescription is handed over in return for the self help title provided by the librarian.

The books have been in libraries now for several months and are being well used. Qualitative comments of users of the scheme are generally positive with "I had never thought of using a book to help me" and "I knew if I could make it to the library I would be alright" being representative. Locating the Devon Book Scheme within libraries offers further benefits to users with regards to increased access to library based resources and community information. Please feel free to come to Plymouth Central Library (directly opposite the University) to see the scheme in operation for yourself or access the library web site for a list of books used on the scheme.
[<http://www.plymouth.gov.uk/libraries>].

54. Life Mapping : A Therapeutic Tool for the Assessment of Quality of Life (QoL) Designed For Primary Care

Trevor Griffiths

This funded project (Pfizer, Lilly & Co., and Wyeth) tested the effectiveness of a QoL map for the promotion of mental health within the community based on WHO 'six domains' using a power map model. This QoL Map was designed to establish non-parametric correlations between a random stratified selection of 43 mental health service users (SUs) and a community control sample (CS) of 43 persons. The Life Map consisted of a user friendly two-sided A4 sheet of paper. The first side provided a 'free text' for the service users to define their quality of life by ticking 'life facets' within the WHO six domains, set out in concentric circles that provided a Likert scale which interviewees 'darkened in' to show either low scores near the centre or high scores near the outer circumference, indicating 'influence over' and degree of well-being. The QoL Map is now used in primary care locally.

55. Older People's View's on Podiatry Service

Chris Hanks

Commissioned by Help the Aged, the research aim was to determine what evidence there was to support the claims that current service provision did not meet the needs or aspirations of older people, thus having a negative effect on the lives of older people in terms of health, quality of life, and independence. This, it was suggested, may have an adverse effect on other parts of health and social services in terms of workload and financial pressures.

New types of services being developed in some parts of the country which reduced the financial and workload pressures of the local health providers were also to be investigated in order to evaluate effectiveness in promoting independence in, and acceptability to, older clients.

The research project consisted of survey with heads of podiatry service, building a cost model and interviews with older people who have had their services withdrawn or were receiving new form of podiatry care. This poster/presentation will concentrate on the interviews.

Five themes emerged from the analysis of 16 interviews with older people from Sheffield (where the participants had had experience of the empowerment model of podiatry care) and Cambridgeshire (where participants had had services withdrawn without any substitute service). The five themes include current foot care needs; managing own care; expectations of podiatry services; private care and emotional effect of withdrawal of service.

In regards to older people's views on new forms of services, participants were generally receptive towards a day centre service but were most positive to a free volunteer service that would allow them to receive foot care in their own homes. Some of the participants, however, had concerns over the usefulness of the empowerment session particularly where they had had experience of this type of service.

Our own interviews and other studies support Help the Aged's views that older people are concerned about foot health care. However, our interviews also show that the optimism found in studies carried out by innovators is not always continued unless there continues to be client involvement and good communication. Our interviewees seem to be seeking practical help and contact rather than information. Further investigation of those schemes involving volunteers or social services is needed.

56. Transport and Quality of Life in Old Age

Mary Gilhooly

In the UK, there is an emphasis on 'sustainable transport', i.e. discouraging the use of private transport. A shift to the use of public transport may be difficult to achieve. The problems that make driving difficult in old age also make the use of public transport problematic. The baby-boomers, having always driven, may be reluctant to give up their cars in old age. This study examined the relationship between access to transport and quality of life. A mixed methodology was adopted and data were collected in London and Scotland. Car ownership and access to transport were found to be *independent* predictors of quality of life. Older people reported a number of barriers to the use of public transport, some of which related to physical frailty. The findings indicated that public transport could be made more 'age-friendly'.

57. Use it or Lose it? Activity Patterns and Cognitive Functioning

Mary Gilhooly

This study addressed the 'use it or lose it' hypothesis that engaging in mentally demanding activities on a regular basis helps maintain cognitive functioning in later life. Participants (n=145) ranged in age from 70-91 years, varied in health status, and represented a range of socio-economic backgrounds. All participants lived in the West of Scotland. Cognitive functioning was assessed by means of a range of psychometric tests, together with everyday and socio-emotional problem solving tasks developed for this project. Activities and beliefs about maintenance of cognitive functioning were assessed by means of structured interviews. Composite frequency of activity scores were obtained for a range of activities judged to be predominantly 'mental', 'physical' and 'social'. Factor scores were obtained for a 'fluid', 'crystallized' and 'real life' problem solving factor. Results indicated that degree of involvement in mentally demanding activities was positively related to the 'fluid' factor measure of cognitive functioning. Frequencies of 'social' and 'physical' activities were not related to measures of cognitive functioning. Age was negatively related to 'fluid' functioning and to 'real life' factor scores. However, the effects of age on cognitive functioning were reduced among participants who stated that they undertook activities deliberately to maintain cognitive functioning.

58. Lay Concepts of Dementia and Cognitive Decline in Old Age

Mary Gilhooly

With the number of older people rising, there is concern about the increasing prevalence of aging-related conditions such as dementia and cognitive decline. Little is known about the causes of cognitive decline and some types of dementia, although large epidemiological studies investigating possible risk factors are ongoing. It is important for health professionals to understand what members of the public know and believe about risk factors, in order to target health education effectively. This qualitative study aimed to examine, by individual interviews, older people's perceptions of dementia and cognitive decline. Particular emphasis was placed on understandings of risk factors for dementia and cognitive decline in old age. Respondents' accounts revealed contradictory views, and considerable uncertainty, with perceptions largely shaped by personal knowledge and experience. Many respondents reported knowing nothing about any factors that might affect the risk of dementia. Prevention was not seen as feasible, though the condition was often viewed as being independent of aging. Cognitive decline (or 'memory problems') was generally seen as associated with aging, but also with other factors such as alcoholism, physical illness and depression, and a lack of social contact or interests. Blood pressure, vascular factors and diet were little discussed. Many participants saw the maintenance of cognitive function as a matter of individual responsibility and as linked to an attitude of 'active' aging. Thus there may be some scope for health education in this area, although it would be important not to imply that the maintenance of cognitive function is always possible, or that it rests entirely with individuals.

59. Parkinson's Disease: A Needs Analysis

Mary Gilhooly

The aims of this study were to establish a picture of current expressed needs and experiences of a cross section of people with Parkinson's disease and their carers and to map the resources available. This study was commissioned by the Parkinson's Disease Society. A telephone survey was conducted to ascertain the main services available in each of the health board areas of Scotland. In addition the internet was searched to establish the amount and nature of information available to the general public. The main activities of the Parkinson's Disease Society were also examined by consulting web pages, publications and discussions with representatives of the Society. In order to examine the needs of people with Parkinson's and their carers ten case study interviews were conducted. Four workshops were also held with key groups. The themes and main findings were then used to develop a postal survey questionnaire which was sent to all Scottish members of the Parkinson's Disease Society. A response rate of 31% yielded 475 completed questionnaires. The findings from the postal survey revealed a diverse range of experiences and needs, making it very difficult to draw general conclusions about 'need'. Unsurprisingly, the findings indicated that PD has a negative effect on quality of life of those affected and their carers. Besides alleviation of symptoms, respondents indicated the need to get out more often, to have more contact with specialists, more respite help and more information. In relation to needs for more information, study participants indicated that they would have liked more information at first diagnosis, and to have been able to speak to a specialist shortly afterwards. Relatively few study participants reported having obtained information from the internet. The study also revealed that there was a lack of knowledge about PD among professionals and the general public, with a fairly strong perception that GPs should be better informed.

60. Determinants of Good Health and Successful Ageing: A Comparison of the Characteristics of Healthy and Unhealthy Survivors of the Original Midspan Study

Mary Gilhooly

The aim of this study was to examine how people maintain good health and age successfully in a deprived, post-industrial environment in Scotland. One hundred 'healthy' survivors and one hundred 'unhealthy' survivors of the original Paisley-Renfrew Epidemiological Study (known as MIDSPAN) were matched by age, gender and area deprivation category. Data were collected via in-depth semi-structured interviews. Surprisingly, few differences between the healthy and unhealthy participants emerged and there was little in the way of a marked pattern of factors distinguishing between the healthy from their unhealthy matched pairs. There was a very slight tendency for men in the healthy group, compared to the unhealthy men, to report modest career progression. The healthy group scored higher on the sense of coherence scale, were less neurotic and more likely to report an internal health locus of control. Scores on the religiosity/spirituality measure were higher for the unhealthy participants. There were no marked differences in perceptions of family, though the healthy participants appeared to have a wider variety of contacts within their friendship circle. Some of the risk factors assessed midlife differentiated the healthy and unhealthy, e.g. body mass index, lung function, blood pressure, and smoking. Research is increasingly showing that as people age they become more variable in their experiences, attitudes, beliefs, cognitive functioning, and physical health. Thus, the lack of marked differences between our healthy and unhealthy participants may be indicative of growing variability with age. Variability *within* groups makes it difficult to find differences *between* groups.

61. Mid-Life Risk Factors for Cognitive Decline in Old Age

Mary Gilhooly

The aims of this study were to determine the predictive value of risk factors measured in mid-life to 'real world' and 'abstract' cognitive functioning in old age; to examine the degree to which older people engage in specific behaviours to maintain and enhance cognitive functioning in old age, and to examine the relationship between cognitive functioning and perceived quality of life. Mid-life risk factors such as blood pressure, cholesterol, and blood glucose were not significant predictors of cognitive functioning (thinking, memory, reasoning) in old age. Mid-life lung function, a measure of 'biological ageing' was, however, associated with some aspects of 'abstract' cognitive functioning. Morbidity history was not correlated with late-life cognitive functioning. However, those who rated their current physical health as good or excellent performed better on tests assessing a 'speed' component of abstract cognitive functioning. Most of the elderly people in this study expressed the view that keeping active, interested, reading, doing puzzles, socializing and keeping healthy could help to prevent cognitive decline in old age. Engagement in mental activities was found to be associated with better performance on the 'speed' tests of abstract cognitive functioning. Engagement in physical and social activities was not associated with better performance on any of the tests of cognitive functioning. Better performance on the 'real world' problem solving tasks was associated with higher ratings of quality of life. This study generated a new set of 'real world' problems for use in studies of cognitive functioning in old age.

64. Evaluation of the Plymouth Free Swimming Programme: Preliminary Results

Laura Lindsey

Local exercise action pilot (LEAP) is a national programme aiming to increase physical activity within deprived communities. Plymouth City Council and Primary Care Trust (PCT) have established a free swimming programme for 13-14 year olds from 'at risk' groups aiming to improve levels of regular exercise, awareness of water based activities, and health. The target was to recruit 500 children each year over two years.

Evaluation of 10 different LEAP initiatives across England is being undertaken by Leeds Metropolitan University. The Plymouth free swimming scheme is being evaluated by Plymouth University within the limitations of the national framework.

- All children completed a one week exercise questionnaire and a measure of physical and psychosocial functioning (SF10) at recruitment, and will complete this again after one year when they are asked to re-register.
- A register was kept of children attending using their free swimming pass.
- Nine referrers and three non referrers were interviewed to explore the perceived benefits, the referral process, and reasons for not referring.
- Four focus groups were conducted with 22 young people (12M,10F), two with 'frequent attenders' and two with 'infrequent attenders'.
- Three lifeguards were interviewed about their perception of the scheme.

Health and exercise at baseline:

- 62% of children had limitations in physical functioning and 54% limitations in psychosocial functioning compared to the 50% standard.
- Children with better physical and mental health exercised more often.

Views of the free swimming programme:

- Referrers and children expressed very positive views. Children reported increased activity, increased confidence, and social interaction centred on swimming
- Life guards reported some conflict with children's behaviour in the pools. These problems are being addressed.

Preliminary results suggest the programme is working according to plan and that the participating children come from the target groups. One year follow up will provide information on any change in level of exercise or health.

65. Seeing With The Heart: An Evaluation of the use of Drama to develop Emotional Literacy in Post-16 Students with Multiple Disabilities and Visual Impairment

Mary Booker

The focus of this study is the development of emotional literacy in learners with multiple disabilities and visual impairment (MDVI) through the medium of drama.

Priority is given to the development of those skills that are contingent to empathy. The researcher is professionally qualified in both teaching and dramatherapy. The research is a case study, looking at the process of two learners within a MDVI Post-16 student group engaged in an eight-week interactive theatre project. The project revolved around the story of *Beauty and the Beast*, using specific dramatic structures designed to:

- Create an environment, contained & safe enough for students to explore challenging emotions;
- Heighten motivation and attention;
- Develop anticipation;
- Develop familiarity with some basic emotional language and expressions for happiness, anger, fear, sadness and love;
- Promote students' awareness of the others around them.

Drama is found to be an effective medium for strengthening attention and highlighting emotions in a contained way, enabling the development of skills necessary for emotional intelligence. This conclusion is informed and supported by current literature in the fields of psychology, special education and dramatherapy.

66. Hospital Acquired Infection

Andy Nichols

Hospital acquired infection has recently been estimated to cost the National Health Service something in the region of £930 million per annum and as many as 10% of hospital patients may acquire an infection during their stay in hospital. It has been acknowledged that hospital acquired infection cannot be completely eliminated, however it has been estimated that around a third of hospital acquired infections may be prevented through effective infection control measures. There is evidence to suggest that a significant contributor to effective measures is how people learn what these measures are and whether that learning guides their practice.

The first of a two phase study has observed two infection control practices: hand washing and clinical waste disposal in a renal unit at a local Hospital. The main findings were: Actual hand washing in practice was clearly shown to differ from that which participants espoused. In contrast to this little evidence was found of a division between espoused and actual practice in sharps and clinical waste management. This may well be a reflection of the differing sources of knowledge and learning that underpin these practices.

The second phase of the study builds on the findings of the first phase and looks particularly at how infection control knowledge may be learned, applied and shared within clinical practice through an intervention study. The study will be guided and informed by organisational and individual learning theories such as community of practice and knowledge generation theory. This intervention is intended to be of six months in duration and will take place on an acute hospital unit.

In order to obtain as comprehensive a data set as possible and to allow triangulation of data the research will employ a combination of qualitative and quantitative research methods.

67. Stimulating Research and Dissemination in Nursing: The Royal Devon and Exeter Respiratory Service Development Group

Graham R Williamson

A key issue in evidence-based practice is the extent to which barriers exist to successful implementation of research findings. Whilst this is undoubtedly important, there is a level at which these arguments miss the point, particularly in nursing research, where uncovering and disseminating innovative clinical research and service development must proceed implementation. One way of achieving this is for University academic staff to engage with local trusts, working collaboratively on planning projects and helping with dissemination through publication.

At the Royal Devon and Exeter Health Care NHS Trust, we established the Respiratory Service Development Group in 2004 with the intention of facilitating

- dissemination of innovative service developments
- dissemination of research outcomes
- planning future clinical research activities.

A wealth of activities are currently being undertaken, including

- Running innovative nurse led services
- Access to services project (IDEA) and resulting service developments
- Inhaler compliance audit project
- Long Term Oxygen Therapy project
- Arterial blood gas training competencies project
- Issues in bovine TB screening
- Home IV therapy project for cystic fibrosis patients

Abstracts have been submitted to international conferences to present these service development and research activities, and work is underway to develop publications. These project outcomes will thus be disseminated nationally and internationally as a result of the activities of the Respiratory Service Development Group, contributing to the development of nursing practice in these areas, rather than being 'hidden' in one local trust alone.

68. Chronic Fatigue Syndrome and Occupational Disruption in Primary Care. Could there be a role for Occupational Therapy?

Julie Hughes

A descriptive postal survey examined the occupational disruption experienced by people with Chronic Fatigue Syndrome (CFS) in primary care. The sample groups comprised 51 GPs and 51 people that had experienced CFS. The intervention offered most frequently by GPs to people with CFS was standard medical care. However, many GPs offered advice on active interventions such as Graded exercise therapy but, may not have the skill or time that other professionals could offer to such therapies. The greatest level of occupational disruption was experienced in the performance of self care and productivity and the intervention reported to be most helpful was that of acknowledgement of the condition and its implications. The minimisation of occupational disruption is a role that could be fulfilled by Occupational Therapists. Future research needs to clarify whether this could be an effective means of early intervention for people with CFS.

69. Involvement of Service User in the Assessment of Social Work Students Recent grants and new applications

Sharon Soper

The new BSc (Hons) Social Work degree involves first year students in a process called 'Safety to Practice'. Becoming 'Safe to Practice' involves shadowing a professional Social Worker and a conversation with a service user or carer.

This conversation is an important assessment and learning tool for the students and has wide ranging implications for all those involved. Contributors will be a service user and a carer who have both been involved in the development of the degree and have taken part in conversations with students; a student who was assessed through this process and Practice Learning Managers who are responsible for this assessment.

This innovative and creative process has much to offer in the education and learning of new social workers and perhaps other disciplines in ways that are both ethical and inclusive.

71. The NHS Research Ethics Process and its Effect on Social Research in Health

Miriam McMullan

To do any research in health that involves NHS staff, patients or premises it is required to obtain ethical approval using a standardised process. This is the case independent of the type of research, whether it is clinical or social. There has been concern in the research community about the difficulty and time consuming nature of applying for and obtaining ethical approval. As researchers we were interested to find out if this would affect the quantity and quality of social research being undertaken in health. To determine this we developed a web survey, containing both quantitative and qualitative questions, to be sent to academics who conduct social research.

The software used to develop the web survey was Perception. The survey consisted of 23 questions, most containing both quantitative and qualitative components. The survey was piloted and subsequently revised. An e-mail invitation containing the link to the web survey was sent out to 410 researchers in 63 HEIs, who appeared to be active in social research in health, with the request to snowball the survey. The survey responses were collated in the Perception database and were totally anonymous.

To date we have received 63 responses. Some of the more interesting results so far are:

- 14% were not aware you need NHS ethical approval for research conducted on NHS premises.
- 77% agreed/strongly agreed that the need to resubmit minor protocol amendments, required as a result of the iterative nature of qualitative research, inhibits social research and services research in health.
- 17% did not obtain NHS ethical approval before commencing the research for one or more pieces of research requiring approval conducted in the last 5 years.
- 44% modified the research design to avoid having to go through the NHS research ethics process for one or more pieces of research requiring approval conducted in the last 5 years.
- 21% modified the research design after obtaining NHS research ethics approval, conducting the research without gaining further permission for the modifications, for one or more pieces of research requiring approval conducted in the last 5 years.

Results so far indicate that researchers find that the NHS research ethics process inhibits high quality social research in health. Examples were provided by the qualitative responses.

73. Can Health Visitors help Clients to Manage their Indoor Environment to Alleviate Respiratory Problems?

George Richardson

There is a substantial body of research acknowledging that the composition of the indoor environment in the home may be responsible for worsening respiratory conditions, especially for children. The indoor environment is a major source of pollutants e.g. environmental tobacco smoke and allergens. The home indoor environment is undergoing substantial changes in connection with a nationwide drive to increase energy efficiency. These changes might further affect the pattern of children's illnesses, especially breathing related ones. There is currently no simple way of assessing the indoor environment in homes from a health perspective. Information is gathered about housing in the UK, whilst at the same time academic research is disseminated on the risks from the indoor environment to members of the public, who often require a personal approach to education. Self-reporting of indoor environmental conditions is notoriously fraught with difficulties and generally, householders are not able to understand and or relate indoor environmental conditions, and especially changing variables, with health outcomes.

From 2003, the UK government and the Nursing and Midwifery Council require health visitors (HVs) to take a more proactive approach to health care. Potentially, HVs are the ideal health professionals to work with clients to improve their indoor environment for the benefit of their health, thereby reducing the burden on the NHS. Empowering HVs with additional information and providing them with suitable simple measuring equipment with which they could quantify critical indoor environmental variables will enhance their role towards their clients. It will also enable them to better justify their approach towards property owners and social services to make positive change for their clients.

The study aims to explore the acceptability and feasibility of HVs taking on an additional role, to work with clients in their own homes to assess and advise on environmental risk factors for respiratory disease. The HVs will be taught how to use simple environmental monitoring equipment to measure indoor environmental factors and to assess actions that could be taken to make their client's homes more 'healthy'. The study will test HVs' acceptability of carrying extra equipment requiring new knowledge; the acceptability to clients of extra data being recorded in their home; the acceptability of possible recommendations and the technical feasibility of HVs using the equipment and giving accurate assessments. If this new role for HVs appears acceptable and feasible, a randomised controlled trial will be designed for a future application, assessing health outcomes.

Work completed to date: Ethics approval given; Research governance granted, PCT approval, Literature review submitted for publication; Scientific equipment procured; Proposed test variables validated in ~200 houses in background studies.

74. Creativity and the Changing Face of Healthcare

Shee Lippell

A study of the role of creativity in healthcare, which aims to examine the relationship between innovation in general practice and personal creativity using an integrated research methodology. This employs indices of general enterprise tendency and matches these to performance indicators. General practice has been described as a 'mini business'. The business world values innovation and entrepreneurship. The development of personal creativity is argued to be an essential pre-cursor to successful business management. This has implications for the education and development of doctors, nurses and all healthcare professionals.

I am interested in two questions.

- Are creative thinkers able to respond to new roles more quickly or effectively?
- If so, given the level of continual change in the NHS, would it help to build more creativity into healthcare professional training?

I propose starting with a fairly open ended interview approach with a small number of medical and nursing students and working healthcare professionals. In a second stage I will develop a slightly more structured approach and aim to interview, for example, six from each of student doctors, nurses, practicing doctors, nurses and ask them to complete relevant psychometric measures. Possibilities are the Durham GET Score and indicators from the Performance Balanced Scorecard. Qualitative interview data will be compared with psychometric data and other questionnaire data to assess the validity of the latter. Finally a questionnaire survey of these four groups will explore levels of perceived creativity in larger samples, for example forty each (sample sizes calculations to be determined after the pilot).

75. Defining 'Expert' Practice for the Twenty First Century

Sarah Johnson

Benner (1984) described practitioners as moving from novice to expert as they progressed throughout their careers. She identified a five stage process with a number of competencies attached to each level and stated that a linear, step wise progression through these levels would lead the individual to 'expert' practitioner. This step wise skills acquisition approach has been used to help understand how practitioners approach and explain their practice and it has also been used to underpin curriculum and benchmark development in the healthcare professions.

However, criticisms of this approach are that it is behaviourist and paternalistic – where evidence has to be measurable and scientific. Reflection has been identified as a way of better understanding practice as it involves intuition, creativity and practical experience and this may be a tool that will help unravel and make explicit the process of 'expert' development (Zimolag et al, 2002)

This paper will discuss current research and emerging ideas that address expert practice for the twenty first century, as occupational therapists participate in more complex activities and environments with clients and their families.

References

Benner P (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Prentice Hall

Zimolag U., French N., Paterson M. (2002) Developing expert practice. Striving for professional excellence: the role of evidence based practice and professional artistry. *Occ Ther Now*, 4 (6) 8:10.

76. What makes a good midwife?

Lynn Nicholls

All midwives are competent (proficient) at the point of registration but some also seem to have a 'value added' factor which is not the product of experience. In education some universities are moving towards the grading of practice, but what are the criteria upon which practice can be graded?

There are three stages to this project. Firstly, a meta-synthesis of existing research which can contribute to answering the question 'what makes a good midwife'? Secondly, a Delphi study with an expert panel of mothers, midwives and educationalists. Thirdly, a further qualitative study, interviewing mothers about their experiences and views on what makes a good midwife.

The procedure for the meta-synthesis followed that of a systematic review. Firstly, a protocol was written defining terms of reference, a priori definitions and limits. Secondly, a systematic search was carried out using the key words 'midwi*', 'nurse-midwi*' and 'good'. This was extended using synonyms for good 'exemplary', 'superb' and 'excellent'. The search was the repeated using the antonym 'bad'. Inevitably this led to many false positives. Finally, after applying inclusion and exclusion criteria, 33 papers were appraised using a standard model of critique

Eight headings emerged from the literature: attributes of a midwife, education, research, what a midwife does, care organisation, other professionals, partners and an international perspective. Having good communication skills made the most significant contribution to being a good midwife, while being compassionate, kind and supportive (affective domain), knowledgeable (cognitive domain) and skilful (psychomotor domain) also made major contributions.

Being competent implies having the necessary knowledge and skills to practice as a midwife. However, being compassionate, kind and supportive are also a vital, and possibly neglected, part of midwifery education and practice

77. Applied Health Genetics

Karen Gresty

The 'GeneSense' education resource has been developed as one of the first University of Plymouth Teaching Fellowship projects. The project team is a collaboration between two separate Faculties (Science and Health & Social Work) and comprises individuals with both academic and healthcare practice expertise. GeneSense itself is a free online resource designed to enable the support of genetics education in modern healthcare curricula and practice contexts. It is being developed with an action research approach in response to recent changes in healthcare genetics education and it is our aim to both develop and support competent practitioners who can best meet the challenges of 21st century healthcare. The educational rationale for developing GeneSense was to:

- Demystify genetics for healthcare professionals via means of readily accessible e-learning
- Address the needs of a competency-based healthcare education curriculum
- Use practice-focused case studies to explore relevant genetic theory and to highlight the potential impact of genetics on society
- Adopt a constructivist approach to facilitate optimum practice-centred learning

This poster outlines the pedagogic development of GeneSense and highlights a typical case study that is used in the resource. GeneSense can be accessed via the following link:

<http://www.genesense.org.uk>