Research Institute for Health and Social Change
Annual Conference Programme 2015

www.mmu.ac.uk/rihsc
‘Try to learn something about everything and everything about something.’

Thomas Henry Huxley

Blackwell’s is Manchester’s leading academic bookshop, with an unrivalled selection of specialist titles including a wide range of psychology, social work and research books.

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Bring this leaflet into the shop before 6pm on 31st July 2015 to receive 10% off your next purchase*. Find us on Oxford Road, Manchester near the corner of Booth Street West and the RNCM.

*Not to be used in conjunction with existing departmental discount. Excludes stamps, gift vouchers and technology products. Available instore only at Blackwell’s Bookshop Manchester.
NIHR Clinical Research Network: Greater Manchester

The NIHR Clinical Research Network (CRN) is the NHS’ clinical research delivery arm operating across England through a national coordinating centre and 15 local branches delivering research across all disease areas.

CRN: Greater Manchester helps to increase the opportunities for patients to take part in clinical research, ensures studies are carried out efficiently and supports the Government’s Strategy for UK Life Sciences by improving the environment for commercial contract clinical research in the NHS in Greater Manchester.

We ensure the effective delivery of research across Greater Manchester’s Trusts, primary care organisations and other qualified NHS providers.

We are hosted by Central Manchester University Hospitals NHS Foundation Trust.

CRN: Greater Manchester will be holding a stall at the RIHSC Conference, and they can be found downstairs, near Reception.

Find out more/contact us:

w. www.crn.nihr.ac.uk/greater-manchester
t. 0161 701 5600
e. crngmcomms@cmft.nhs.uk
We are delighted to present an original piece of artwork, created especially for the RIHSC Conference, by Mei Yuk Wong. Mei Yuk Wong was born in Hong Kong, and moved to the UK in 1997, when her interests moved from theology to art and writing. She has had numerous artworks displayed, and had volumes of poetry published. She has led a poetry reading event at Manchester Poetry Festival, and has had her artwork displayed at MMU’s Postgraduate Student Conference.

Of her installation, Mei Yuk has said: “I believe art plays a vital role in our wellbeing. After attending art therapy and mindfulness courses, I deeply believe that this is an important area that I would like to further develop artistically. Everybody who attends the conference or passes by the building can see the artwork hanging down from the first and second floor railings. The materials that I use are very colourful and light, consisting of knitted yarn/wool. The aim is to create a joyful piece of work for people to notice and feel relaxed with.”
Welcome

Established in 2003, The Research Institute for Health and Social Change (RIHSC) is a cross-disciplinary institute that has brought together internationally recognised, innovative research in Health and Social Change, embracing the disciplines of Psychology, Physiotherapy, Nursing, Speech and Language Pathology, Social Work, and Social Care. In REF 2014, we made successful submissions to UoA22 (Social Work and Social Policy) and UoA3 (Allied Health Professions, Dentistry, Nursing and Pharmacy), with 60% and 73% of our research rated as internationally excellent or world-leading.

Strongly established and widely published in the field, RIHSC and our faculty partner, the Centre for Innovation & Knowledge Exchange, have brought together an impressive array of research and knowledge exchange activity within MMU and across our extensive regional, national and international networks. We reflect the demands placed on policy makers, employers and public services in the 21st century, through our integrated approach both to research and to the issues affecting individuals, communities and populations.

The Faculty of Health, Psychology and Social Care offers postgraduate supervision at Masters and Doctoral level. The Faculty currently has over 80 doctoral students, including full and part time students from the UK and a wide range of other countries.

This will be the final Conference under the banner of RIHSC. Whilst research will continue in the Faculty of Health, Psychology and Social Care, we will now be organised into two centres:

- Health: Disability, Ageing and Wellbeing
- Social Change: Community Wellbeing

Feeding into these two centres will be seven research groups:

- Ageing and Long-Term Conditions
- Applied Psychology and Wellbeing
- Critical and Community Psychology
- Disability and Participation
- Health Services and Outcomes
- Safeguarding and Critical Professional Practice
- Substance Use and Addictive Behaviours

More information about these new centres and groups can be found on the following pages. In the meantime, I hope you will enjoy this year’s Conference, as we celebrate the achievements of RIHSC, and look forward to the future.

Professor Juliet Goldbart
Associate Dean for Research
Director, Research Institute for Health and Social Change
The Health Research Centre: Disability, Ageing and Wellbeing is the base for all health related research within the Faculty of Health, Psychology & Social Care.

The Centre comprises a world-leading group of researchers and practitioners spanning a range of academic disciplines within the caring and enabling professions, including psychology, physiotherapy, nursing, and speech and language therapy with expertise in the areas of arts and wellbeing, behaviour change, communication impairment, learning disabilities, mental health, musculoskeletal disorders, public health, respiratory disease, substance misuse, typical ageing and long-term conditions associated with ageing, amongst others.

Contacts
Professor Carol, Haigh c.haigh@mmu.ac.uk
Dr Julie Marshall, j.e.marshall@mmu.ac.uk

The Health Research Centre has four constituent Research Groups:

• Ageing and Long-Term Conditions
• Applied Psychology and Wellbeing
• Disability and Participation
• Health Services and Outcomes

Ageing and Long-Term Conditions
This group brings together academics locally, nationally and internationally to undertake work focused on improving care and service delivery that can improve the health and wellbeing of an ageing society. Taking a proactive and person-centred approach are key values that underpin the work of the group. Research areas include dementia, COPD, stroke, compassion, frailty, emergency medicine and ophthalmology, rehabilitation, technology and active ageing. The group have an active and lively seminar series as well as a social media presence. The research group are committed to participatory and inclusive research that can improve the lives of older people and people living with long-term conditions.

Contacts
Professor Josie Tetley, j.tetley@mmu.ac.uk
Professor Janet Marsden, j.marsden@mmu.ac.uk
Dr Abebaw Yohannes, a.yohannes@mmu.ac.uk

Applied Psychology and Wellbeing
In this group, we focus on applied research in health psychology and behaviour change, social critical and community psychology, applied cognitive measurement and evaluation, forensic psychology, and performance and positive psychology. Our research focuses primarily on solving real-world problems, to ensure that our theoretically-strong work has an impact outside academia. We are engaged in wide-ranging inter- and multi-disciplinary research in health services, disability and rehabilitation, education, sport and exercise, the business community, learning disability, and other areas of applied behaviour science, and we work in collaboration with external groups such as local councils, the police and probation service, professional sports teams, blue chip businesses, pharmacology companies, stop smoking services, and charities. We also advise Parliament and the media on psychological issues.

Contacts
Professor Sarah Grogan, s.grogan@mmu.ac.uk
Professor Peter Clough, p.clough@mmu.ac.uk

Disability and Participation
This group brings together health, education and social care researchers from MMU and from other UK and international organisations whose work has significant impact on disability. There are three main areas of interest within the group: communication impairment; learning disability; and physical impairment and health care practice. Central to our work is the participation of disabled people and those who support them, and we seek to engage collaboratively with our local communities as well as with international research colleagues.

Contacts
Dr Janice Murray, j.murray@mmu.ac.uk
Professor Duncan Mitchell, d.mitchell@mmu.ac.uk

Health Services and Outcomes
This group is aimed at improving access to, and quality of, healthcare through interdisciplinary research activities taking into account patient experience. Research activities include patient experience, quality and service improvement, quality of care, patient-reported outcomes including quality of life, effectiveness of healthcare interventions, and economic and service evaluations. The research group contributes to policy and practice development by providing commissioners and practitioners with evidence-based information on the outcomes of healthcare interventions.

Contacts
Dr Francis Fatoye, f.fatoye@mmu.ac.uk
Dr Jennifer Read, j.read@mmu.ac.uk
Social Change: Community Wellbeing

The Social Change: Community Wellbeing Research Centre is the base for social and community focused research with the Faculty of Health, Psychology and Social Care.

The Centre comprises world leading researchers from diverse academic traditions; primarily psychology, social care and social work. Together with community partners, we undertake research which informs theory, policy and practice, enhances effectiveness of organisations, celebrates diversity and works within a social justice framework to enhance people’s lives, health and wellbeing. The focus is on social change within communities, workplaces and households, and implications for well-being across the life course.

Contacts
Professor Rebecca Lawthom, r.lawthom@mmu.ac.uk
Dr Katherine Runswick-Cole, k.runswick-cole@mmu.ac.uk

The Research Centre is organised into three Research Groups:

• Critical and Community Psychology
• Safeguarding and Critical Professional Practice
• Substance Use and Addictive Behaviours

Critical and Community Psychology
This group seeks to engage in work which has a clear value base. These values of stewardship, social justice and community are allied with practices of critical reflection and dialogue. Research areas include wellbeing, community engagement and critical approaches to study at the intersections of gender, sexuality, class, ethnicity and disability. This group engages in participative and collaborative approaches and is allied to the communities we work with.

Contacts
Dr Jenny Fisher, j.fisher@mmu.ac.uk
Dr Katherine Runswick-Cole, k.runswick-cole@mmu.ac.uk

Safeguarding and Critical Professional Practice
This group comprises MMU academics and colleagues from practice and both UK and international universities. The group exists to prepare and support the development of world class professionals to investigate and make a significant impact upon the welfare outcomes and services provided for service users of children's and adult safeguarding services. The focus on safeguarding and critical professional practice seeks to influence the nature of service provision, but in particular will seek to critically assess the outcomes of service provision and whether they could/should be provided differently and more effectively. The research group is committed to working with service users, practitioners, managers and other stakeholders in service development and developing participatory research approaches within a social justice framework.

Contact
Prof Hugh McLaughlin, h.mclaughlin@mmu.ac.uk

Substance Use and Addictive Behaviours (SUAB)
This group comprises MMU academics from a range of disciplines, as well as community partners and associates from policy and practice around the UK and internationally. Its overall purpose is to develop and conduct research and related activities that ultimately result in a better service for people who experience problematic substance use. In addition to ongoing bid development, the group is focussing on building regional, national and international networks of colleagues researching and practising in the area of substance use. We are also keen to ensure our research is fed into policy and practice, education and continuing professional development.

Contacts
Prof Sarah Galvani, s.galvani@mmu.ac.uk
Dr Lucy Webb, l.webb@mmu.ac.uk
Dr Rob Ralphs, r.ralphs@mmu.ac.uk
Research Group Email, suab@mmu.ac.uk
## Conference Timetable

**Day 1: Wednesday 1 July 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Venue</th>
<th>Activity</th>
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<tbody>
<tr>
<td>08:45</td>
<td>Brooks Reception</td>
<td>Arrival and registration</td>
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<tr>
<td>09:15</td>
<td>Lecture Theatre 3 (G.29)</td>
<td>Welcome by Professor Juliet Goldbart</td>
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<tr>
<td>09:30</td>
<td>Lecture Theatre 3 (G.29)</td>
<td><strong>Keynote speech:</strong> Devolution in Manchester &amp; the role that Academic Health Science can play in its success &lt;br&gt;Mike Burrows, Managing Director, Greater Manchester Academic Health Science Network &lt;br&gt;Chair: Prof Juliet Goldbart</td>
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<tr>
<td>10:15</td>
<td>Brooks Reception and Spanish Steps</td>
<td>Coffee Break &amp; Poster Viewing</td>
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<td>10:45</td>
<td>Rooms 2.07, 2.10, 2.28, 2.31</td>
<td><strong>Parallel Seminar Sessions</strong>&lt;br&gt;Seminar Session 1 Room 2.07&lt;br&gt;Seminar Session 2 Room 2.10&lt;br&gt;Seminar Session 3 Room 2.28&lt;br&gt;Seminar Session 4 Room 2.31</td>
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<td>12:15</td>
<td>Brooks Reception and Spanish Steps</td>
<td>Lunch</td>
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<tr>
<td>13:00</td>
<td>Lecture Theatre 3 (G.29)</td>
<td><strong>Keynote speech:</strong> Co-production; working together in research &lt;br&gt;Annie Ferguson, Jodie Bradley and Vicky Farnsworth, Speakup Self Advocacy &lt;br&gt;Chair: Dr Katherine Runswick-Cole</td>
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<td>13:45</td>
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<td>14:00</td>
<td>Rooms 2.07, 2.10, 2.28</td>
<td><strong>Parallel Seminar Sessions</strong>&lt;br&gt;Seminar Session 5 Room 2.07&lt;br&gt;Seminar Session 6 Room 2.10&lt;br&gt;Seminar Session 7 Room 2.28</td>
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<td>15:30</td>
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<td>Time</td>
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<td>Keynote speech:</td>
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<td></td>
<td><strong>Health and Social Care Research: “what is most important is invisible”</strong></td>
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<td></td>
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<td>Professor Brendan McCormack, Head of the Division of Nursing, Queen Margaret University</td>
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<td>Chair: Professor Josie Tetley</td>
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<td>Seminar Session 8</td>
<td>Seminar Session 9</td>
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<td>Seminar Session 9</td>
<td>Seminar Session 10</td>
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<td>Room 2.28</td>
<td>Seminar Session 11</td>
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<td>Lecture Theatre 3 (G.29)</td>
<td>Keynote speech:</td>
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<td></td>
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<td><strong>Understanding and managing fatigue</strong></td>
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<td>Alison Wearden, Professor of Health Psychology, University of Manchester</td>
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<td>Chair: Professor Sarah Grogan</td>
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<td>Seminar Session 12</td>
<td>Seminar Session 13</td>
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<td>Seminar Session 14</td>
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<td>Seminar Session 13</td>
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<td>Seminar Session 15</td>
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<tr>
<td>15:30</td>
<td>Lecture Theatre 3 (G.29)</td>
<td>Research Awards &amp; Poster Prize</td>
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<tr>
<td>16.30</td>
<td>RIHSC Conference Close</td>
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</tbody>
</table>
## RIHSC Conference Abstracts

Wednesday 1 July 2015 – 10.45-12.15

### Seminar Groups

#### Seminar Session 1 – Room 2.07

<table>
<thead>
<tr>
<th>1.1</th>
<th>Emma-Reetta Koivunen</th>
<th>Perceptions of family members of the role of telecare in supporting older people with dementia and/or memory problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>Janet Marsden, Josie Tetley &amp; Donna Davenport</td>
<td>Nurses’ knowledge and practice of glaucoma management in care homes</td>
</tr>
<tr>
<td>1.3</td>
<td>Josie Tetley &amp; David Lee</td>
<td>How do attitudes and beliefs impact on the sexual relationships and activities of older couples in England?: a qualitative analysis</td>
</tr>
</tbody>
</table>

#### Seminar Session 2 – Room 2.10

<table>
<thead>
<tr>
<th>2.1</th>
<th>Julie Wright</th>
<th>A doctoral journey through the lens of the looking glass</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Clair Tourish</td>
<td>Dear departed, the final nail in the coffin for medical paternalism: Implications for cosmetic procedures</td>
</tr>
<tr>
<td>2.3</td>
<td>Susan Guthrie, John Lancaster &amp; Jois Stansfield</td>
<td>Implementing dysphagia competency development for newly qualified (NQ) SLTs in north-west England</td>
</tr>
</tbody>
</table>

#### Seminar Session 3 – Room 2.28

<table>
<thead>
<tr>
<th>3.1</th>
<th>Ann Potter</th>
<th>Navigating boundaries across social work and law: inter-disciplinary evaluations of local authority social workers’ evidence in care proceedings and perceptions of expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>Chris Yianni</td>
<td>Exercise, the Civilising Process and the Invented Self</td>
</tr>
<tr>
<td>3.3</td>
<td>Debbie Thackray</td>
<td>Why women don’t leave domestic abuse perpetrators? The psychological journey through the relationship and beyond</td>
</tr>
<tr>
<td>3.4</td>
<td>Helen Mayall, Teresa O’Neill &amp; Rose Devereux</td>
<td>The Experiences of Care Leavers (Post-care Adults) in Social Work Education</td>
</tr>
</tbody>
</table>

#### Seminar Session 4 – Room 2.31

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<thead>
<tr>
<th>4.1</th>
<th>Adam Parkin, Andrew Parker &amp; Neil Dagnall</th>
<th>Effects of Saccadic Bilateral Eye Movements on Autobiographical Memory</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2</td>
<td>Katie Dhingra, Daniel Boduszek &amp; Rory O’Connor</td>
<td>Distinguishing between those who think about suicide from those who attempt suicide</td>
</tr>
<tr>
<td>4.3</td>
<td>Sandra Hartley</td>
<td>Service users’ perceptions of a community wellbeing facility for people with psychological distress</td>
</tr>
</tbody>
</table>
### Seminar Groups

**Seminar Session 5 – Room 2.07**

| 5.1 | Jois Stansfield | Investigating the history of stammer therapy: Manchester and beyond |
| 5.2 | Bernhard Wagner | People Like Us? People Like Them? Contemporary Media Representations of Social Class |
| 5.3 | Helen Whittle | Enabling people with Communication difficulties to participate in research |

**Seminar Session 6 – Room 2.10**

| 6.1 | Rachel Robbins, Hugh McLaughlin, Claire Bellamy, Concetta Banks & Debbie Thackray | MARACs, Domestic Violence, “Austerity” and the Poverty of the Imagination |
| 6.2 | Hugh McLaughlin | Have MARACs had their time? |
| 6.3 | Marie Lebacq | Developing the Evidence Base for Health Based Youth Work |
| 6.4 | Cherilyn Dance | Adoption from Care: Finding the Right Match |

**Seminar Session 7 – Room 2.28**

| 7.1 | Robert Lowe & Claire Campbell | “I’m obviously Catholic, but I wouldn’t class myself”: Exploring presentation of social identity in Northern Ireland |
| 7.2 | Christina Nascimento, Linda Reichenfeld & Lee Smith | An impact evaluation of energy efficiency measures in hard-to-heat properties of a housing association |
| 7.3 | Lucy Mort | Becoming an outsider? Ethnography in a voluntary organisation in a time of austerity |
Thursday 2 July 2015 – 10.45-12.15
Seminar Groups

<table>
<thead>
<tr>
<th>Seminar Session 8 – Room 2.07</th>
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<tbody>
<tr>
<td>8.1 Sue Caton &amp; Lynne Goodacre</td>
<td>Evaluation of a ‘hard-to-reach’ dental service</td>
</tr>
<tr>
<td>8.2 Sue Caton &amp; Melanie Chapman</td>
<td>Digital Inclusion? The Use of Social Media and People with Intellectual Disabilities</td>
</tr>
<tr>
<td>8.3 Helen Ogilvie</td>
<td>Is it all one big happy party? Why students drink</td>
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<thead>
<tr>
<th>Seminar Session 9 – Room 2.10</th>
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<tbody>
<tr>
<td>9.1 Abebaw Yohannes</td>
<td>The responsiveness of the anxiety inventory for respiratory disease scale following pulmonary rehabilitation</td>
</tr>
<tr>
<td>9.2 Polly Harris</td>
<td>Clinical practice evaluation of the assessment and management of faecal incontinence in adults in a nurse-led community service</td>
</tr>
<tr>
<td>9.3 Raluca Matei, Jane Ginsborg, Stephen Broad &amp; Juliet Goldbart</td>
<td>Promoting Health in Music Education: Better Practice</td>
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<tr>
<th>Seminar Session 10 – Room 2.28</th>
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<tbody>
<tr>
<td>10.1 John Haworth</td>
<td>Creativity: Exploring Boundaries</td>
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<tr>
<td>10.2 John Haworth</td>
<td>Enjoyment and Wellbeing</td>
</tr>
<tr>
<td>10.3 Naheed Hanif</td>
<td>An investigation of effectiveness of facial morphing in promoting smoking cessation in smokers aged 35+</td>
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<tr>
<th>Seminar Session 11 – Room 2.31</th>
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<tbody>
<tr>
<td>11 Jenny Fisher, Katherine Runswick-Cole &amp; Rebecca Lawthom</td>
<td>Parenting in austere times – Joint seminar</td>
</tr>
<tr>
<td>11.1 Rebecca Lawthom, Katherine Runswick-Cole &amp; Dan Goodley</td>
<td>Dis/ability and austerity: beyond work and slow death</td>
</tr>
<tr>
<td>11.2 Katherine Runswick-Cole &amp; Dan Goodley</td>
<td>Mothering dis/abled children in austere times: blame, difference &amp; disorder</td>
</tr>
<tr>
<td>11.3 Jenny Fisher, Teresa O’Neill, Zinnia Mitchell-Smith, Rebecca Lawthom &amp; Hugh McLaughlin</td>
<td>Caring and volunteering in domestic spaces: an evaluation of a UK HomeStart organisation</td>
</tr>
</tbody>
</table>
### Seminar Groups

#### Seminar Session 12 – Room 2.07

| 12.1 | Neil Dagnall, Ken Drinkwater, Andrew Denovan & Andrew Parker | Suggestion, belief in the paranormal, proneness to reality testing deficits and perception of an allegedly haunted building |
| 12.2 | Neil Dagnall & Ken Drinkwater | Conspiracy theories and cognitive style: a worldview |
| 12.3 | Ken Drinkwater & Neil Dagnall | Historical Development of the Paranormal |
| 12.4 | Claire Elliott | Electronic Voice Phenomena (EVP): Communicating With Ourselves? |

#### Seminar Session 13 – Room 2.10

| 13.1 | Hetal Patel | “I expect my son to look after me but I would never ever stop him from moving on”: Expectations and negotiations of future care |
| 13.2 | Gayatri Nambiar-Greenwood | Considering the difference between extant knowledge and patients’ perspective regarding culturally appropriate care |
| 13.3 | Jo-Pei Tan | Exchange of support and care relations: A comparison between families in Malaysia and Vietnam |

#### Seminar Session 14 – Room 2.28

| 14.1 | Rachel Swindells, Ros Hawley & Juliet Goldbart | “And we all play gong”: reflections on a participatory gamelan project for disabled children and young people at the Seashell Trust |
| 14.2 | Julia Bennett | Whose place is this anyway? A tale of a hill, a heath and some big weeds |
| 14.3 | Michael Walton | Using Community Place Mapping to Explore the Relationship between Individual Resilience and Local Places in Hulme and Moss Side |
| 14.4 | Cheryl Hanson | Engaging special schools and respite providers in recruitment: A reflection on the application of participatory action research as a methodology |

#### Seminar Session 15 – Room 2.31

| 15.1 | Jenny Fisher, Gemma Yarwood & Zinnia Mitchell-Smith | UK/Hungary Knowledge Exchange in Social Care – experiences of partnership working |
| 15.2 | Sarah Pollock | Ethnicity in Intermediate Care: A Review of the Literature |
| 15.3 | Alicja Blada-Edgeley | Domestic Violence and Abuse: An Exploration of the Experiences of Polish Migrants to UK |
| 15.4 | Devina Lister | Research working ‘with’ and ‘for’ women with Irritable Bowel Syndrome (IBS) |
You can view all these posters online at https://rihsc15.wordpress.com/, and vote on which ones you think are the best. Paper voting forms will also be provided to delegates.

The three posters with the most votes will each receive a prize, and these will be awarded on Thursday afternoon at the end of the Conference.

<table>
<thead>
<tr>
<th>P1</th>
<th>Elizabeth Lewis</th>
<th>Managing Adult Social Care effectively: Are Human Resource Management and Development integral additions?</th>
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<td>P2</td>
<td>Jois Stansfield</td>
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<td>P3</td>
<td>Michael Walton</td>
<td>Volunteering to Blur the Lines Between Outsider and Insider in Community Research</td>
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<td>P4</td>
<td>Faye Bruce</td>
<td>Health Inequalities in Cardiovascular Disease (CVD) for People of African and Caribbean Descent: A Review of the Literature</td>
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<td>P5</td>
<td>Janice Murray, Janet Scott, Helen Whittle, Sara Dale, Helen Bell &amp; Osman Javaid</td>
<td>E-learning to support AAC assessment</td>
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Keynote Speech –
Wednesday 1 July – 9.30am

Devolution in Manchester & the role that Academic Health Science can play in its success

Dr Mike Burrows
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Abstract
The recent Devo Manc announcement has created enormous interest from policy analysts to health service researchers in terms of where it may lead health & social care provision in the future.

The presentation will set out the background to the devolution deal and the key drivers that brought it about. Consideration will be given to the risks that devolution presents, and also the opportunities it creates both in terms of a radical new approach to the health & social care challenge & the redesign aspects of the work. The role that academic health science can play through the Academic Health Science Network and partner organisations, in ensuring that Devo Manc adopts an approach that is both evidence-led and also driven by innovation adoption, will be explored.

Dr Mike Burrows is the Managing Director of the Greater Manchester Academic Health Science Network (AHSN) Previously he was the Director of the NHS England (Greater Manchester) Area Team, a role that followed on from that of Chief Executive of NHS Greater Manchester. From May 2004 until May 2011 he was Chief Executive of Salford Teaching Primary Care Trust. Originally a Doctor of Biochemistry, Mike has worked in the NHS for 28 years now, both in the finance discipline and general management. He has an active interest in the use of evidence-based medicine and a passionate believer of the benefits of strong ties between the NHS and academia. In this respect he was one of the founding Board members of the Manchester Academic Health Sciences Centre (MAHSC) and under his leadership developed Salford PCT to be one of the leading research active PCTs in the country.

In his current role Mike has the responsibility for engaging the NHS, academia & industry to generate health & wealth in Greater Manchester particularly through the adoption and diffusion of innovation and research output.

In his previous role as the Chief Executive of NHS Greater Manchester Mike shaped the concept of a major programme of service transformation in Greater Manchester entitled ‘Healthier Together’, which is now being led and delivered by the 12 CCGs.

Mike is the Deputy Chairman of the University of Salford.

Keynote Speech –
Wednesday 1 July – 1.00pm

Coproduction: working together in research

Annie Ferguson, Jodie Bradley and Vicki Farnsworth
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Abstract
In this presentation, we are going to talk about our work on a research project “Big Society? Disabled people with learning disabilities and civil society”. We will tell you:

- Who we worked with
- What we found out
- How we worked together
- What is happening next

Jodie Bradley is a Care Quality Commission expert by experience in the UK, she is project lead for Healthy Surfers, an internet safety training course for people labelled with intellectual disabilities and she is autism representative at Speak Up Self-Advocacy. Jodie has eight years’ experience as a self-advocate and trainer promoting co-production in the north of England.

Vicky Farnsworth is a Care Quality Commission expert by experience, she is a former representative on the Learning Disability Forum in the North West and Humber region and on the National Learning Disability Forum, UK. She has developed and delivered “Healthy Surfers” and “I’m a person too” training for Speak Up Self Advocacy in Rotherham. She is paid trainer at Speak Up. Vicky has been involved in “Home from Home” inspections for supported living and residential homes for people with intellectual disabilities. Vicky has fourteen years’ experience as a self-advocate and trainer.
Health and Social Care Research: “what is most important is invisible”

Professor Brendan McCormack
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Abstract

Health and social care research represents a breadth of perspectives from bench-research that tests particular treatment options through to health systems research and service-user outcomes. There is little doubt however, that research is now an increasingly accepted part of everyday health and social care provision and it is almost unthinkable to have services and care provided that are not influenced and shaped by research evidence. However, whilst the body of health and social care research is extensive, the dominant focus on tangible outcomes has been palpable and the place for research that is ‘alternative’ in its focus and outlook has been limited and becomes more so as the REF increasingly dictates what counts as valid research. This is a key challenge for research departments (be they Institutes or Centres) that on the one hand need to ‘play the REF game’ in order to secure a financial infrastructure and on the other maintain an ‘edge’ to their research. Demonstrating making an impact on society is a key outcome driver and it is increasingly obvious that these outcomes are often not the tangible and measurable type (in the traditional outcome sense) but instead are the more hidden outcomes that are key priorities for service users. In this paper, I will consider the hidden-outcomes of research and the need for creativity, innovation and ‘edginess’ in research programmes if research that is innovative and person-centred is to be realised.

My research and teaching focuses on person-centred practice, gerontological nursing, practice development/implementation research. I have a particular focus on the use of arts and creativity in healthcare research and development. I am the Editor-in-Chief of The International Journal of Older People Nursing and a member of the editorial board of: The Journal of Applied Gerontology; International Practice Development Journal; Online Journal of Issues in Nursing; Worldviews on Evidence-Based Nursing; Educational Action Research: an international journal; and, the Journal of Compassionate Care. Since 2000 I have been successful in obtaining over £5 million in competitive research grants and approximately £1.5 million in research consultancy.

Understanding and managing fatigue

Alison Wearden
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Abstract

Chronic fatigue syndrome (CFS) is characterised by severe, disabling fatigue which cannot be attributed to any other medical or psychiatric condition. Fatigue is usually accompanied by other symptoms, and results in significant functional impairment and high social and economic costs. Over recent years, several explanatory models for CFS have been developed. A common feature of these models is the suggestion that the factors which trigger fatigue are not necessarily the same as those which maintain it. The maintenance of fatigue is explained in terms of a complex interaction of physiological dysregulation, behavioural, cognitive, emotional and social factors. This understanding has informed treatment approaches, including cognitive behaviour therapy, graded exercise therapy and pragmatic rehabilitation, all of which have been shown to be moderately effective treatments for CFS. In this talk I will briefly review the underlying model of fatigue in CFS and the evidence for treatments based on it, referring to recent work in the field. I will then examine the model in more detail and will consider to what extent it can help us to understand and manage chronic disabling fatigue which occurs in the context of many other medical conditions.

I graduated in Psychology from the University of Manchester in 1977, and then went on to obtain a Diploma in Social Administration and Social Work in 1979. After working for nine years as a Probation Officer and four years at home caring for children, I returned to Psychology in 1993 when I worked on some research looking at age and IQ effects in timing. I worked as a researcher from 1993 to 1999 until taking up my post as lecturer in Psychology in January 2000. I obtained an MSc entitled “Cognitive Functioning in chronic fatigue syndrome” in 1995, and a PhD, entitled “Expressed emotion and Type 1 diabetes” in 2000. My current research interests centre around understanding and managing chronic illness, particularly chronic fatigue syndrome, focusing on the roles of illness cognitions and interpersonal factors.
Seminar Session 1.1

Perceptions of family members of the role of telecare in supporting older people with dementia and/or memory problems

Dr Emma-Reetta Koivunen
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Abstract

A range of telecare technologies are available to aid people with dementia, including GPS trackers and personal alarms. These support the person with dementia as well as help and reassure their carers. Providing care to a family member can have a negative impact on the health and wellbeing (Buckner & Yeandle 2006) and caring for someone with dementia has a worse effect on health than caring for someone with a physical disability (Moise et al. 2004). There are 850,000 people in UK with dementia and 670,000 people who are their carers (Alzheimer’s Society, 2015).

This presentation is based on data collected in the AKTIVE-project, which aimed to understand use of telecare as part of the everyday life of older people with falls or dementia (sample = 60). In this presentation the focus is on the experiences and views of the family members of research participants who had dementia (24 participants with dementia, 13 family carers involved in study). The data collection was formed of repeat interviews and participant observation with older people.

The experiences of family members are varied. Telecare supported some family carers or made a contribution to the wellbeing or independence of the person with dementia; some family members were able to support the person with dementia to incorporate telecare into their life. However, some family members had critical experiences of telecare. They saw barriers to the older person’s use of telecare, or family carers did not feel empowered to use, or see a benefit of telecare.

Seminar Session 1.2

Nurses’ knowledge and practice of glaucoma management in care homes

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Abstract

The purpose of this study was to explore what nurses working in care homes understood about glaucoma, and how this long-term condition can affect the health and wellbeing of older people. As there is little evidence about glaucoma management in long-term care settings, this study has aimed to generate baseline knowledge of formal carers’ knowledge of this condition and their everyday practice in relation to the care of people with this long-term condition.

A review of the literature identified that there is limited information regarding the management of glaucoma for older people, particularly those living in long-term care facilities. However, nurses working in care homes play a key role in managing long-term conditions and reducing the use of inappropriate medicines. Responding to these issues, in the first stage of the study, 24 nurses working in care homes were interviewed using a semi-structured interview schedule. Findings from these interviews will ultimately be used to develop a glaucoma knowledge, understanding and attitudes questionnaire. This questionnaire will be used to evaluate an impact study day developed for nurses working in care homes.

Initial findings from the analysis of the qualitative interviews have identified that nurses in care homes have some knowledge of glaucoma and the medications that are used to manage this long-term condition. However, issues of poly-pharmacology and adverse outcomes related to cardiac health and dementia are less well understood. This has wider implications for practice as ophthalmic beta-blockers have been linked to side effects such hypotension depression, hallucinations and confusion.
Seminar Session 1.3

How do attitudes and beliefs impact on the sexual relationships and activities of older couples in England?: a qualitative analysis

Josie Tetley1 & David Lee2
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Abstract
Research that explores sexual relations in the context of a coupled relationship is important as sexual gerontology often struggles to deal with the issues of how male and female partners interact in a partnership. The literature around sexual intimacy in later life suggests that this has come about, in part, because there has been a failure to take account of the social and cultural influences that may impact on the sexual activities and relationships of an older couple.

Against this backdrop the English Longitudinal Survey of Ageing (ELSA) Wave 6 has included a sexual relations and sexual activities questionnaire to identify how sexuality interrelates to the health and wellbeing of older adults. This survey was completed by 7079 men and women who were primarily in a coupled relationship, However, at the end of the survey an open comment box asked participants if they had anything else that they wanted to add and over 1000 respondents provided additional information, these comments create a unique qualitative data set.

This paper will present key findings from this ELSA dataset, however, self-reported attitudes to, and beliefs about, sex will be specifically highlighted. These findings are particularly important as they illustrate how older people identified issues such as: religious beliefs, personal perceptions, views on ageing, personal relationships and views on media, culture and pornography as impacting on their sexual relations and sexual activities.

Seminar Session 2.1

A doctoral journey through the lens of the looking glass

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Abstract
This paper aims to provide a critical reflection of the author’s personal journey through doctoral study with the assistance of Lewis Carroll's Alice's Adventures in Wonderland (Carroll, 1993).

Background
The doctorate study proposed to provide a clearer understanding of effective interprofessional working which is critically informed by carer experiences and perceptions and not wholly constructed from professional perspectives and policy frameworks.

In the first stage of the study the author, working with two informal carers, developed two stories depicting their experiences. The stories were then used in the second stage of the research in semi-structured interviews to trigger interviewees’ thoughts and experiences of interprofessional working from their perspectives as carers.

Description
This paper describes certain points in the author’s doctoral journey. She relates these as significant episodes of learning and self-discovery. Excerpts from Carroll’s text are used to provide further analysis of a light-hearted and honest self-reflection.
Seminar Session 2.2

Dear departed, the final nail in the coffin for medical paternalism: Implications for cosmetic procedures

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Abstract
The cosmetic procedure industry is booming, worth £750m in the UK in 2005, forecasters predict this to reach 3.6bn by the end of 2015 (Mintel, 2010). The events surrounding Poly Implant Prothese implants, reported widely as the ‘PIP scandal’, exposed a number of serious concerns regarding the industry as a whole. Complaints from patients are on the rise with the Medical Defence Union reporting that cosmetic surgery claims are more likely to result in a settlement.

Informed consent is a central tenet of health delivery. A preliminary review of the literature highlights that this issue contributes significantly to patient complaints and negligence claims against cosmetic surgery practitioners. Consequently, emphasis is on the need for risk disclosure. I argue that ‘informed consent’ is a misnomer, as it implies that the practitioner’s duty to disclose has been discharged if they provide an extensive list of every possible risk. Current research does not focus on the patient, specifically, what would a patient in this circumstance actually want to know?

My research idea has gained more significance in light of Montgomery1. This case represents a major legal shift away from medical paternalism by introducing the doctrine of informed consent in the law of negligence. There is a duty to disclose any material risk, but more importantly, materiality is now from the perspective of the patient. This leads me back to my initial question; what do patients actually want to know? I hypothesise that seeking to identify the answers to this fundamental question is key to improving health outcomes for patients and a subsequent reduction in complaints and claims involving informed consent.

Seminar Session 2.3

Implementing dysphagia competency development for newly qualified (NQ) SLTs in north-west England

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Abstract
Objective: To develop a consensus model for implementing dysphagia competency development for newly qualified (NQ) Speech and Language Therapist (SLTs) in north-west England.

Methods: The study had 3 phases. Firstly a literature review and interviews of experts in the UK were conducted to identify current practice and ideas for dysphagia competency development. Secondly SLTs working in the north-west of England and SLT students in Manchester were then surveyed to illuminate current competency development approaches. Thirdly a Delphi consultation of stakeholders and clinicians explored models for achieving competency in NQ SLTs. Purposive sampling ensured representation of a range of clinical contexts and SLT experience.

Results: A consensus model has evolved with processes to achieve dysphagia competencies. SLT students achieve theoretical knowledge and gain practical skills post qualification. Discussion of how to overcome barriers present across the geographical area of the study has lead to recommendations for models of supervision and frameworks appropriate to developing newly qualified SLTs’ skills in different service contexts.

Conclusions: Models for achieving competency can vary across different service contexts but a consensus for a protocol for feasible supervision, assessment and development of dysphagia competencies has been defined with alternatives to account for different contexts. This links to new RCSLT guidance on dysphagia competence development (RCSLT 2014) covering knowledge and skills development from initial SLT education onwards.

Keywords: Initial education, competency-based learning, quality of education, dysphagia.

This project was funded by Health Education North West.
Exercise, the Civilising Process and the Invented Self

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Abstract

My research includes the evaluation of methods of exercise that people adopt in trying to “better” their health and fitness. Identity plays a key role in this phenomenon in that as well as than trying to improve health, people are increasingly seeking to attain the toned body that is according to Bordo an indication of the model citizen. Indeed, Bordo reports “…the firm, developed body has become a symbol of correct attitude; it means that one “cares” about oneself and how one appears to others, suggesting willpower, energy, control over infantile impulse, the ability to “make something” of oneself”.

The research forms part of my mixed methods approach to my PhD. I will be presenting some of the results of my inquiry into sport as a force for social change and the increasing obligation to health that the “good” citizen has in a “good” society. I look at the way in which certain behaviours are pathologised and the prevailing societal attitude impacts on our very identity.

Members of gymnasia and health clubs are constantly running on treadmills, riding static bicycles etc. in a quest for the perfect body. Are they trying to reinvent themselves to match the marketed image of the “body perfect” that dominates magazines, television, cinema and social media? If so; in this quest, are people abandoning the imperative to be oneself in favour of an invented identity represented by the perfect body?

The civilising process has seen people become increasingly repulsed by certain corporeal functions and images and this has further driven the social directive to adopt the correct image, be that a natural one or one that is attained through a process of re-invention.

Aims of Presentation

• to consider the seeming need to adopt the “body perfect”
• to evaluate how this impacts on one’s identity
• to ask if these identities are natural or invented

The presentation offers a comprehensive assessment of the issues drawing from established sociologists such as Norbert Elias and modern philosophers such as Susan Bordo. The presentation was warmly received at an international conference in Rotterdam in October 2014 and has been updated for RIHSC. It forms the basis for a journal article to be submitted later in the year.

1 Montgomery v Lanarkshire Health Board (Scotland) [2015] UKSC 11
Seminar Session 3.3

Why women don’t leave domestic abuse perpetrators? The psychological journey through the relationship and beyond

Debbie Thackray
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Abstract

I will introduce my PhD exploring the “psychological journey” (Stark and Plitchart 1996) that a woman who has been subjected to domestic abuse travels. A woman will be doing “emotion work” in making decisions about whether to stay, leave, the timings of these decisions and the psychological aftermath and trauma. Such positioning is fluid, multi-faceted and constantly in need of redefinition. Barnett (2000:343) poses the question “how can she make any decisions when she is so traumatised?”

I will:

• focus on case studies of women’ decision making processes about whether to leave and the impact of such psychological abuse from the perpetrator on making such decisions (e.g. use of coercion and control to manipulate her decisions).
• use extracts from case studies and a survivors’ journal.
• use a feminist perspective
• examine individual, interpersonal and wider structural tensions
• look at the effects of psychological abuse prior to separation, at separation, 6 months later and 2 years post separation

Seminar Session 3.4

The Experiences of Care Leavers (Post-care Adults) in Social Work Education

Helen Mayall1, Teresa O’Neill1 & Rose Devereux2
1Social Care & Social Work, Manchester Metropolitan University
2Person Shaped Support, in partnership with Liverpool Hope University

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Abstract

This presentation will communicate recently published findings from a qualitative research project investigating the experiences of social work students who have been in care. The research explores reasons care leavers choose to enter social work and their experiences of social work education. The findings inform good practice in admitting, teaching and supporting students who have been looked-after and are timely, given current changes to social work education. The findings are useful for advising potential students who have been looked-after, and supporting those who may choose not to disclose their experiences of care. The research team includes academics at four universities in the Northwest and two qualified social workers, who have been in care.

The presentation will explain the ethical considerations and demonstrate how advice from care experienced social workers has impacted on the research design.

The following issues will be addressed from the research:

• What motivates care leavers to enter social work?
• What teaching and learning approaches are helpful and what could be improved?
• Student decisions about whether to share care experiences or not
• Students’ views about teaching content; particularly relating to childcare social work and looked-after children
• Implications, in view of changes to social work education
• Future developments and areas for further research
Seminar Session 4.1

Effects of Saccadic Bilateral Eye Movements on Autobiographical Memory

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Abstract

Current research indicates that performing a sequence of fast saccadic horizontal eye movements facilitates performance on a range of cognitive tasks. Particularly, saccadic eye movements enhance memory performance on tests of declarative/episodic memory and tasks that require top-down recruitment of attentional resources.

There are two current explanations for this effect: hemispheric processing and top-down attentional control. Hemispheric processing states that saccadic bilateral eye movements increase hemispheric interaction and that increased interaction enhances performance on tasks requiring hemispheric interactions. Contrastingly, top-down attentional control hypothesizes that bilateral saccades increase within hemisphere interactions, enhancing interaction between frontal/executive control regions (those involved with memory storage). To date, evidence for both accounts exists.

The current presentation considers the relative merits of these competing theoretical accounts by reviewing and evaluating evidence. This paper provides suggestions for theoretical advancement and considers the practical applications of eye movement research.

Seminar Session 4.2

Distinguishing between those who think about suicide from those who attempt suicide

Katie Dhingra¹, Daniel Boduszek² and Rory O’Connor³
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Abstract

The majority of individuals who consider death by suicide do not make suicide attempts. Despite this, most prior research has examined the predictors of the presence of suicidal behaviour, but has failed to identify which suicide ideators are at greatest risk of acting on their thoughts (i.e., which factors may predict the transition from suicide ideation).

Drawing on the Integrated Motivational–Volitional (IMV) model of suicidal behaviour as a theoretical basis, this study aimed to examine the factors associated with having thoughts of suicide versus those associated with suicide attempts. It was predicted the factors associated with ideation formation would be distinct from those factors concerned with behavioural enactment (suicide attempts). University students (N = 1, 288) completed anonymous self-report questionnaires. Analyses compared three groups: suicide attempters (n = 230), suicide ideators (n = 583), and those without any suicide history (n = 475). Suicide attempters differed from suicide ideators on all volitional factors (fearlessness about death, impulsivity, and imitation).

Compared to ideators, attempters were more likely to have a family member and close friend who had self-injured or attempted suicide, and were more impulsive and fearless about death. Conversely, the two suicide groups did not differ on any of the variables (motivational factors) associated with the development of thoughts of death by suicide. Further research efforts to distinguish between suicide ideators and suicide attempters is crucial to inform the development of intervention and treatment approaches.
Seminar Session 4.3

**Service users’ perceptions of a community wellbeing facility for people with psychological distress**

**Sandra Hartley**

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**Abstract**

A lack of mental health services in the UK and inequality in provision has been identified, with the Government highlighting the need for more timely access specifically, to psychological therapy. An innovative approach to providing these essential services for people with psychological distress has been developed by blueSCI, a not for profit social enterprise located in a borough of Greater Manchester. The main tenet of this service is the provision of psychotherapy techniques in a social rather than a medical setting, to support people in the community to self-manage, as part of a personalised mental health and wellbeing recovery programme.

A questionnaire survey was conducted with the aim to explore service users’ perceptions of this wellbeing service. Respondents’ documentation was also analysed to evaluate the outcomes of this service provision. Out of 172 service users who were invited to take part in this study, 50 chose to respond to the questionnaire.

This presentation aims to provide an overview of the finding of this study. In addition, the researcher will offer an insight into their own personal journey when faced with the challenges of engaging individuals with psychological distress, in the research process. Identifying opportunities to enhance participation will also be considered.

Seminar Session 5.1
(Also Poster Presentation 2)

**Investigating the history of stammer therapy: Manchester and beyond**

**Jois Stansfield**

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**Abstract**

This paper outlines part of the outcomes of a project to develop an on line accessible history of speech and language therapy for the professional body web site. Documentation of the speech and language therapy profession and reliable reports of stammering therapy have been available since the end of the 18th century. The paper discusses methods of collecting data from historical sources, the challenges of separating fact from fiction and the impact of theorists and practitioners on the knowledge base of the speech and language therapy profession in the nineteenth and twentieth centuries.

Methodological challenges include sourcing, and selection of material for study, triangulation to establish factual information and especially interpretation of differences in terminology from the nineteenth century and early twentieth century, in order to clarify the speech disorder being described in the literature. Accuracy of the histories can be compromised by lack of access to original documents, spelling errors of key names and misinterpretation of earlier work.

The majority of the results presented in this paper are, however, supported by more than one writer and/or original documentation. Results indicate a move from secrecy and testimonial as elocution teachers and entrepreneurs provided support for people with speech difficulties in the 19th century, through hypotheses and experimentation to establish causes of the disorder in the early to mid 20th century, to intense and sometimes ferocious arguments about best practice and the evidence bases for interventions across the years.

The paper discusses the degree to which early writers and practitioners contributed to the field of practice today.
Enabling people with Communication difficulties to participate in research

Helen Whittle
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Abstract
Our responsibilities as researchers are to follow clear ethical procedures and provide participant information sheets and consent forms for all participants. Sometimes our standard participant sheets and consent forms will need adapting to make them more appropriate for people with Communication impairments. Considerable time and experience is needed to alter information in its many different forms to make it truly accessible for people with Communication impairments.

Through my experience of working with Speakeasy, a charity for people with Aphasia, I have become familiar with alternative formats of consent forms and participant information for people with Aphasia. Speakeasy has previously been involved in an NIHR funded project to produce material more suitable for people with Aphasia, which will allow them to be included in research.

As part of an MMU research project into iPad use I was able to use the adapted consent forms to allow true participation and informed consent.

I will use this presentation to discuss ways in which this work could be extended to the wider research community to enable truly appropriate participation. I will also look at how this process could be extended to include individuals with a learning disability or those who use alternative forms of communication. Whilst this idea is not new the templates, which include text and images agreed by people with Aphasia as easy to understand, are useful to share with colleagues in light of their successful inclusion in the recent MMU project. 

People Like Us? People Like Them? Contemporary Media Representations of Social Class

Bernhard Wagner
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Abstract
Social class is very much an issue in contemporary British factual entertainment television. However, class and closely related issues like inequality and social justice rarely enter the discourse in an explicit way. Perceptions of social class and class conflict inform media representations, but tend to be repeated and reinforced rather than scrutinised and challenged. In my PhD research, I analyse the docuseries People Like Us (BBC3) that was aired in early 2013. My analysis focuses on the question as to what degree those representations have a classed character and if so, what the implications of this class-bias are. I will focus on examples of misleading editing and the visual and narrative realisation of the programme.

Using a Bourdieusian framework, I relate my empirical findings to questions of access, power and control. Therefore, I will summarise the central findings of my discourse analysis as well as the interviews with participants of the programme. Questions of access, influence and control will be discussed in theoretical as well as practical terms.
Seminar Session 6.1

**MARACs, Domestic Violence, “Austerity” and the Poverty of the Imagination**

Rachel Robbins, Hugh McLaughlin, Claire Bellamy, Concetta Banks & Debbie Thackray
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**Abstract**

Multi-Agency Risk Assessment Conferences (MARACs) are a key tool in the inter-professional management of the most serious 10% of domestic violence cases. Research was funded by the NIHR School for Social Care Research to consider the role of adult social care within the MARAC process.

The research team have observed MARACs; interviewed 22 members (from 20 agencies) of one MARAC in a large urban authority, interviewed 14 service users whose cases have been through the MARAC process and 20 adult social care workers as to their knowledge and understanding of MARACS.

The story of the research is littered with the difficulties of finding people to interview as the impact of the welfare cuts became more keenly felt and the churn and loss within the system meant locating key personnel became ever more challenging. However, welfare reform has had an impact not only on the processes of research but also participant responses. All participants were asked a “magic wand” question about domestic violence services and there was a common thread to the answers, “more of what we used to have”.

Using this research as an example, this paper will examine the impact of austerity measures on the imagination within welfare. Using Levitas (2013: 66) work on Utopia, it addresses questions about social welfare and justice: “how might it become and be otherwise and how should it be?”

Seminar Session 6.2

**Have MARACs had their time?**

Hugh McLaughlin
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**Abstract**

Multi Agency Risk Assessment Conferences (MARACs) are a key component of the UK’s strategy to co-ordinate community responses to the highest-risk cases of domestic violence likely to result in serious harm or homicide. MARACs exist to: 1) safeguard adult victims; 2) make links with public protection arrangements; 3) safeguard agency staff and 4) address the behaviour of the perpetrator. MARACs are non-statutory.

Nationally, there were 76,336 cases discussed at MARACs in 2014 representing an 18% increase from the previous year. This presentation reports on a NIHR SSCR funded research using a case study mixed methods approach focussed on one MARAC in Manchester which dealt with on average over 20 cases per session each being timetabled for 10 minutes.

The ‘conferences’ are chaired by the police with 20+ agency representatives including children and adults social services, health, probation, Women’s Aid, Fire and Rescue, IDVAs, Victim Support, Relate housing agencies etc. The meetings neither encourage practitioners nor the victims of domestic violence with the ideal member being a manager who is able to commit resources proactively.

The managers who attend these meetings are generally very passionate and committed to addressing domestic violence and supporting victims. However, this presentation asks whether all this activity actually makes a difference and whether it is now time to rethink MARACs.
Seminar Session 6.3

Developing the Evidence Base for Health Based Youth Work

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Abstract
This presentation explores how evaluation research can help develop the evidence base for youth work in health settings. Specifically it seeks to identify the contribution of youth workers in addressing the needs of young people aged 11-18 years old, who present to Accident and Emergency Departments with intentional and unintentional self-harming behaviours. It outlines the initial stages of research into the Inspire Hospital Based Youth Work Project at The Wrexham Maelor Hospital in Wales, identifying some of the issues involved and opening up discussion about how these may be addressed. The research is based on available referral and outcome data collated on a regular basis by practitioners. Research challenges include clarifying the use of definitions and understandings of key terms such as ‘self-harm’ and ‘hospital attendance/admission’, exploring perceptions of the role of youth work in this setting and how to identify successful outcomes for young people, as well as considering the potential limitations of developing a cost benefit analysis as part of an evaluative approach.

The presentation includes a preliminary report on an initial scoping exercise of youth work in health settings in the UK. This indicates innovations in youth work that contribute to engagement with young people about their acute and enduring health needs.

Seminar Session 6.4

Adoption from Care: Finding the Right Match

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Abstract
Adoption is only one of a series of options available to secure permanence for children in care. However, since long-term outcomes for adopted children tend to be better than those who remain in indeterminate state care, in England adoption has been promoted as the preferred option for some groups of looked after children where assessments indicate that their birth families are unable or unwilling to provide for their best interests.

Children in these circumstances are among the most deserving in our society and while, as recent government initiatives have demonstrated, there are many people who wish to create or expand their families by adopting a child (or children) there is often a mismatch between the needs of the waiting children and the attributes or wishes of the waiting families.

The question of how best to match the characteristics and needs of waiting children with those of adults who wish to adopt is a very real and pressing issue. This presentation will draw on recent research projects to consider the linking and matching process, the support on offer for prospective adopters in their search for the right child for their family and the ways in which their views and expectations might change over time.
Seminar Session 7.1

“I’m obviously Catholic, but I wouldn’t class myself”: Exploring presentation of social identity in Northern Ireland

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Abstract

The national and religious identities that underlie division in Northern Ireland are both oppositional (i.e., Irish/Catholic and British/Protestant) and negatively interdependent (Kelman, 1999). This may maintain and exacerbate a divided society, by offering no alternative to the status quo and thus imposing conflict-relevant identities on individuals.

The current study explored the experiences of individuals living in Northern Ireland, examining identity presentation in different situations: areas of highly marked identity salience and areas where the relevance of social identity is ambiguous. Participants took part in daylong events in the city of Derry/Londonderry including a tour of areas of high association with both Irish/Catholic and British/Protestant communities, and listening to presentations by ex-prisoners. They subsequently took part in focus groups on the themes of identity and on forgiveness in Northern Ireland. During the focus groups, participants introduced themes contrasting the role of individual and group identity in Northern Ireland, and the influence of intragroup regulation of behaviour (cf. Levine, Lowe, Best and Heim, 2012).

Seminar Session 7.2

An impact evaluation of energy efficiency measures in hard-to-heat properties of a housing association

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Abstract

This paper presents the findings of the first part of a longitudinal study being carried out by Wulvern, a housing association based in the North West of England. Over recent years, Wulvern has invested in measures to make their properties more energy efficient by providing insulative measures, renewable energy technologies and more efficient heating systems, thereby helping its residents – some of whom are unemployed, and vulnerable through age or disability, and many of whom are on a low income – to heat their homes adequately in cold weather, whilst simultaneously reducing their fuel bills.

This research focuses on two of the energy efficiency measures that Wulvern provided to their residents last year: external wall insulation and heating system upgrades. 60 households who had external wall insulation installed and 43 households who had their heating systems upgraded were contacted via a postal questionnaire. This paper assesses the impact these measures have had on the residents' heating behaviours and fuel bills in cold weather as well as identifying – through proxies – households who may have experienced fuel poverty and some of its associated ailments, before and after improvements were made.

Early results suggest that improving the energy efficiency of the home can help those on a lower income to heat their homes more effectively, thus helping to tackle and prevent fuel poverty and its associated health and well-being issues. This could encourage more government funding to be directed towards making homes more energy efficient.
Seminar Session 7.3

Becoming an outsider? Ethnography in a voluntary organisation in a time of austerity

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Abstract
This presentation will explore the methodological and ethical issues of conducting ethnographic research in a familiar workplace environment. It is based on PhD research that has explored the experiences of austerity from both the service user and service provider perspective. Specifically the research has looked at migrant families and a BME organisation which supported them – an increasingly dwindling sector in the current economic climate (Ware, 2013).

I will consider the complexity of research done in our own ‘backyard’ (Taylor, 2011) and look to position my research within the existing literature on insider/outsider discussions. Where often accounts of insider research talk about the difficulty of ‘leaving the field’, I will share my seemingly unique – and social context driven – position of staying in the field, as those who I worked with and observed left the organisation due to stringent funding cuts.

The presentation will chart an ethnographic tale from a position of ‘intimate insider’ (Taylor, 2011) and question whether my dual role as employee and as researcher has inadvertently led to my becoming an outsider. A reflexive account will consider how the research has shaped relationships, the ethics of observing an organisation in crisis, the difficulty of writing about things close to us, and the strategies adopted to address the issues raised.

Seminar Session 8.1

Evaluation of a ‘hard-to-reach’ dental service

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Abstract
Since 2013, Revive Dental Care in Manchester has been operating a community outreach dental service for ‘hard-to-reach’ clients. The clients using this service are predominantly people who are homeless or from disadvantaged backgrounds and have complex health needs; a population which rarely access routine dental services.

Our research aimed to a) explore the dental care experienced by people who are homeless and/or ‘hard to reach’ b) examine barriers and facilitators to using a dental service c) examine the impact of the outreach dental service d) identify good practice in setting up and providing outreach dental services for homeless and marginalised people.

Semi-structured interviews took place with 20 clients, 9 members of the dental staff and 4 staff members from the community centres providing services for homeless people.

Barriers to using a dental service included fear of the dentist, embarrassment of the condition of their teeth and lack of money. These barriers combined with the effects of living chaotic lifestyles (clients were often unable to comply with attending appointments at a traditional dental practice). Additionally, for many homeless people, dental care is simply not a priority.

To run a successful service of this nature, we have identified the crucial importance of acknowledging that the patients are vulnerable people, often lacking in confidence and the best way to access them is to actually ‘go out and get them’. The service needs to be informal, adapt to patient needs and accommodates chaotic lives.
Digital Inclusion? The Use of Social Media and People with Intellectual Disabilities

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Abstract

Background: The popularity of social media has been growing steadily and has been linked to the formation and maintenance of social capital, a person’s sense of self-worth and other measures of psychosocial development. However, evidence indicates that people with intellectual disability are less likely than the general population to have access to computers or the internet, and therefore social media. This presentation presents and discusses the findings from a systematic review of the evidence on the use of social media by people with intellectual disability.

Method: Ten primary studies published in the English language between January 2000 and June 2014 were identified from electronic database searches, correspondence with experts and citation tracking. Tools produced by the Public Health Resource Unit Critical Appraisal and Skills Programme guided critical appraisal of the quality of studies. Thematic analysis was used to identify important patterns across and within studies.

Results: Nine themes were identified through thematic analysis: ‘safety and safeguarding’, ‘social identity’, ‘level of usage’, ‘support’, ‘relationships’, ‘happiness and enjoyment’, ‘communication and literacy skills’, ‘cyber-language and cyber-etiquette’ and ‘accessibility/design’.

Conclusion: Some people with intellectual disability are having positive experiences using social media in terms of friendships, development of social identity and self-esteem and for enjoyment. Barriers that stop people with intellectual disabilities from successfully accessing social media were identified as being: safeguarding concerns, difficulties caused by literacy and communication skills, cyber-language, cyber-etiquette and accessibility (including lack of appropriate equipment). There is a lack of methodologically robust research and theoretical frameworks in this area.

Is it all one big happy party? Why students drink

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As part of my PhD on alcohol consumption I will be collecting data, via focus groups and interviews, from first year students about their motivations for drinking alcohol in the first term at university. It is recognized that excessive or problematic drinking is more prevalent amongst university students than in the wider population. Research shows, for some students, excessive drinking at university is transitional but for others problematic drinking patterns, formed whilst at university, continue once students leave. The somewhat stereotypical view that students spend the first year (particularly the first term) partying and falling from one fresher event to another in a happy alcohol fuelled stupor may be an accurate one for some but research suggests this is not the experience of all students.

It has been found that excessive or problematic drinking for some students can be associated with stress and as a coping mechanism. Research on drinking motivations and experience of university students is plentiful but much is quantitative and based on questionnaires. Therefore the project will seek to obtain more in depth information and narratives from students about their expectations about drinking prior to starting at university, their motivations for drinking and of particular interest motivations relating to coping and stress.

This presentation will present an overview and analysis of current literature on drinking motivations with particular focus on students and also my research aims and rationale for the study.
Seminar Session 9.1

**The responsiveness of the anxiety inventory for respiratory disease scale following pulmonary rehabilitation**

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**Abstract**

**Background:** Anxiety disorders are common in patients with chronic obstructive pulmonary disease (COPD). To date there is no a disease-specific validated and responsive anxiety scale that measures anxiety in patients with COPD. Recently, we have designed the Anxiety Inventory for Respiratory disease (AIR) to measure anxiety in patients with COPD.

**Purpose:** The aim of the study was to examine the responsiveness of the AIR scale following eight-weeks pulmonary rehabilitation (PR) programme of patients with COPD.

**Methods:** 105 COPD patients completed eight-weeks outpatient multidisciplinary PR programme. Exercise capacity was assessed by the incremental shuttle walk test (ISWT), quality of life measured using the St-Georges Respiratory Questionnaire (SGRQ), and severity of dyspnoea assessed using the Medical Research Council (MRC). Anxiety was measured using the self-administered AIR scale.

**Results:** The mean (SD) age was 72 (8.4) years, and male 54 (51%). The AIR scale was responsive to PR mean pre versus post scores [5.13 vs. 3.26, t=2.76, p < 0.001]. There was a significant change in ISWT pre versus post score [202 vs. 267, t=12.31, p < 0.001], and in total SGRQ score [52.97 vs. 48.35, p < 0.001]. There was a strong correlation between the AIR score and SGRQ score at baseline (r =0.65, p < 0.0001), and weak correlation between AIR score and exercise capacity (r = 0.21, p= 0.03) were observed, respectively.

**Conclusions:** The AIR scale is responsive to change following PR. The eight weeks PR was effective in improving exercise capacity and quality of life in patients with COPD.

Seminar Session 9.2

**Clinical practice evaluation of the assessment and management of faecal incontinence in adults in a nurse-led community service**

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**Abstract**

The NHS constitution for England (2013) places the value of commitment to quality care at the core of NHS service delivery. Through clinical audit of the nursing team’s practice I have been able to evaluate the scope and quality of care delivered to patients with faecal incontinence by measuring care standards against national guidance and reflecting on local practice. Having worked in the field of continence care for the last decade I have gained experience in caring for people with this problem and appreciate that it is an embarrassing and significantly debilitating condition, often under-reported by sufferers.

Faecal incontinence is a symptom of other physical, psychological or functional processes rather than a definitive diagnosis (NICE, 2014, Price and Bradley, 2013). The incidence of both faecal and urinary incontinence will increase significantly in the coming years due to global demographic changes and emergent clinical trends (Milsom et al, 2013) and this will have significant economic and health implications on both patients and healthcare systems.

Evaluation of local trends and demand for the service, within the context of evidence based practice and global demographic challenges for future care priorities, provides a narrative for service development allowing purchasers and providers to understand the scope and impact of the work undertaken for adults with bowel dysfunction within their local population. Patient care can be enhanced by sharing this work with the team as data can act as a catalyst for improvement, enabling nurses to understand and interpret their successes and limitations, creating a positive approach to change.
Seminar Session 9.3

Promoting health in music education: better practice

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Abstract

Purpose

Musical Impact, an AHRC-funded research project involving all nine UK conservatoires (2013-2017) seeks to enhance the health and wellbeing of musicians in Britain. Better Practice, one of three sub-projects, asks 1) What can be learned from existing approaches to promoting musicians’ health? 2) How can such approaches be adapted, applied and evaluated across educational and professional contexts in the UK and internationally?

Background

The physical and psychological demands of the training and practice that musicians must achieve to perform to a high standard can produce deleterious effects on health and wellbeing, arising from musculoskeletal and neurological causes. The available evidence on promoting musicians’ health has been reviewed.

Method

Given the complexity and context specificity of the interventions and programmes, a realist synthesis approach was applied. Published, full-text, quantitative and qualitative studies in English were included. Databases were searched for interventions and health programmes targeting musculoskeletal and music performance anxiety issues among musicians. Quality and validity are being enhanced by continuous discussion among the reviewers.

Conclusion

Few taught courses on health and wellbeing have been evaluated systematically. Zander et al. (2010), using pre-post, longitudinal testing of one programme in Germany, reported a stabilising effect on psychological health, but no effect on physical symptoms. Purpose-designed interventions based on endurance exercises reduced levels of perceived exertion, pain and fatigue (Kava et al., 2010). Current approaches vary widely and present substantial methodological flaws. This project could inform a new evidence-based programme for promoting health, behaviour change and managing ill-health in musicians.

Seminar Session 10.1

Creativity: Exploring Boundaries

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Abstract

Christiane Paul (2003) argues that ‘Art will always reflect on the specifics of cultural change, and ‘technologies’ in the broadest sense have always been an important part of this transformation of culture ’p212. The writings of the philosopher and psychologist Maurice Merleau-Ponty contain an Embodiment Theory of Art, in which art is viewed as ‘enriched being’, in its own right, as distinct from an analogue for an external truth or essence, as traditional aesthetic theory claims. It proposes that this enriched being is not produced primarily by intentional acts, the traditional view, but by the reciprocal influence of consciousness, the body, techniques and materials. It “gives visible existence to what profane vision believes to be invisible” (Merleau-Ponty, 1964 ‘Eye and Mind’ p166).

The paper will briefly summarise practice-led research undertaken by the author at RIHSC on ‘Creativity and Embodied Mind in digital fine art’ initially funded by the Arts and Humanities Research Council in the UK, which supports the Embodiment Theory of Art. The paper will then discuss an exhibition ‘Exploring Boundaries’ curated by Dolphin, Haworth, and Bouguerch at Neo Gallery 22, Bolton, UK in 2014 which brought together an invited diverse group of national and international artists working at the interface of traditional and digital art, and also invited them to comment on their creative process. The exhibition shows how exploration of the traditional-digital boundary can stimulate the creative process.

A CD-ROM, Creativity: Exploring Boundaries, is available from MMU. The PDF can be viewed at:

www.creativity-embodiedmind.com
Seminar Session 10.2

Enjoyment and Wellbeing

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Abstract
Wellbeing has been viewed variously as happiness, satisfaction, enjoyment, contentment, engagement, fulfillment, resilience, and flourishing. Well-being is also viewed as a process, something we do together, and as sense making, rather than just a state of being (Haworth and Hart 2007/12).
The Office of National Statistics (ONS) (www.ons.gov.uk) is developing new measures of national well-being. It has added four questions on happiness, satisfaction, anxiety, and worthwhile activities to its annual Integrated Household Survey. The pilot monthly Opinion Survey conducted in August 2011 by the ONS also included a measure of enjoyment, which showed wider variations than happiness in the sample.
The paper will briefly review research into the role of enjoyment in personal wellbeing, including a recent study using the Experience Sampling Method (Siddiquee, Sixsmith, Lawthom and Haworth 2014) where participants were signalled on a mobile phone several times a day for seven days and took a photo of their activity and answered several questions at each signal. This showed a significant association between enjoyment, happiness, interest and visual interest. Enjoyable flow experiences came from a range of activities in both work and leisure, as did high Visual Interest experiences. Melchionne (2014) argues that the point of everyday aesthetic activity is well-being. A National Centre for What Works in Wellbeing is now being established.
The paper will make a case for investigating the role of enjoyment in creating wellbeing using a variety of methods in local, national and international studies.

Seminar Session 10.3
(Also Poster Presentation 7)

An investigation of effectiveness of facial morphing in promoting smoking cessation in smokers aged 35+

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Abstract
Background: Smoking related illnesses present significant economic burden to the NHS. Smoking kills approx 114,000 UK people each year. Facial morphing intervention (FMI) using computerised age-progression software (APRIL), has been used to explore effects of FMI on smoking attitudes/behaviour. Previous work has shown women under 35 years report being highly motivated to quit smoking as a result of FMI, two thirds reporting intention to quit after exposure, linked with increased perceived personal responsibility for quitting (Grogan et al., 2010). Effects of FMI have not been investigated in older smokers over 35 years.

Aim: To investigate how experiences, attitudes/behaviours related to smoking are influenced by exposure to FMI in men/women smokers over 35 years.

Method: Male/female smokers will be invited to participate in FMI. Initial reactions/experiences of engaging with FMI will be recorded followed by in-depth qualitative interviews/focus groups utilising Grounded Theory (Glaser & Strauss., 1967). Interviews/focus groups will be conducted using a topic guide not to constrain discussion thus allowing exploration of unexpected issues identified by participants. To explore the effectiveness/influence of FMI on attitudes/behaviour, the topic guide will cover:
• Experience of completing task
• Experience of seeing morphed images
• Smoking/non-smoking image comparisons
• Usefulness of FMI
• Effect of intention to smoke

Practical Implications: Quarter of smokers die between 35-69 years in the UK and the majority of smokers in the UK are over 35 years (Cancer Research Campaign, 2014). It is important to find ways of enabling them to quit and FMI may provide useful means of enabling quit attempts in those over 35 years.
Joint Seminar: Parenting in austere times

Jenny Fisher¹, Katherine Runswick-Cole² and Rebecca Lawthom³
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Abstract
In this joint seminar, we draw on three linked papers that consider experiences of parenting in a particular time and place. The neoliberal agenda in the UK has been commented on and theorised widely, notably around the austerity measures, parenting and worklessness. Austerity has been politically reframed from an economic issue to a problem that can be blamed on the welfare state and its dependents. Within the discourse used by the Coalition government, parenting is about creating ‘good citizens’, and parents are seen as responsible for improving the economy, the community and wider society (De Benedictis, 2012). Using findings from funded project work, we articulate the complexities of these positionings in the three papers.

Dis/ability and austerity: beyond work and slow death

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The forthcoming book Dis/ability Studies: Theorising Disablism and Ableism argues that we are living in an historical epoch which might be described as neoliberal-ableism, in which we are all subjected to slow death, increased precarity and growing debility. In this paper we apply this analysis to a consideration of austerity with further reference to disability studies and politics.
**Seminar Session 11.2**

**Mothering dis/abled children in austere times: blame, difference & disorder**

Katherine Runswick-Cole¹ and Dan Goodley²

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In England, ‘good parenting’ has become a focus for government policy alongside the view that early intervention in children’s lives is critical for their cognitive and emotional development. Despite the gender neutral policy discourse, mothers still bear the majority of the responsibility for care. In austere times, mothers are expected to labour and care to produce children who do not place a social or economic burden on the state – this is ‘austerity parenting’ (Jensen, 2012). ‘Austerity parenting’ makes mothers of disabled children precarious as they and their children are seen as making present and future demands on the resources of the state. In order to escape blame, mothers of disabled children must accept their child’s difference and disorder. Mothers of disabled children find themselves having to claim that their disabled children are both ‘same as’ and ‘different from’ other children in order to claim their right to be included in wider society. We describe the temporal and geographical location of the seemingly ‘natural’ importance of the mother-child dyad within studies of childhood. We conclude by re-thinking mothering through disability to call for a coming together of the ‘disability commons’ to campaign for the rights of disabled children and young people.

**Seminar Session 11.3**

**Caring and volunteering in domestic spaces: an evaluation of a UK HomeStart organisation**

Jenny Fisher¹, Teresa O’Neill¹, Zinnia Mitchell-Smith¹, Rebecca Lawthom² & Hugh McLaughlin¹

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Within the context of the current austerity measures in the UK, increasing numbers of families are experiencing hardship. Further, funding for the voluntary and community sector continues to be reduced in the UK. In this paper, we draw on ethnographic research undertaken in Manchester, England with HomeStart, a voluntary organisation that aims to support families experiencing difficulties in caring for young children.

Through considering the narrative accounts of families, volunteers and social care professionals, the presentation outlines how the social relationships and connections transformed domestic spaces into spaces of care associated with advice, generosity and friendship. In highlighting the role played by volunteers within the families’ homes, we consider how practices and performances of volunteering co-construct domestic spaces of care.

The presentation informs practices of voluntarism, professionals’ connections with a social care voluntary organisation, and the role of an area based voluntary organisation in providing care in an age of austerity. It has broader implications for social work practice, specifically demonstrating that coproduction of care between the voluntary sector, professionals and families supports those experiencing difficulties in managing the everyday challenges of parenting. 
Seminar Session 12.1

Suggestion, belief in the paranormal, proneness to reality testing deficits and perception of an allegedly haunted building

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Abstract

The present research investigated whether suggestion, level of belief in the paranormal and proneness to reality testing deficits influenced participants’ expectation of haunt-related phenomena.

Participants watched a short slideshow outlining the history of a fictitious, abandoned hospital. Suggestion occurred in the final sentence of the presentation narration and stated that the hospital administrative building had either a history of ghostly activity or structural problems. Following the slideshow, to ensure participants attended to the suggestion, they read a transcript of the presentation narration. The experimenter then informed participants that they would see the internal features of the administrative building via a soundless, black and white video tour. On conclusion of the filmed sequence participants completed measures assessing environmental perceptions and phenomena, haunt-related opinions and feelings, belief in the paranormal (Revised Paranormal Belief Scale), and proneness to reality testing deficits (Inventory of Personality Organization).

Within the experimental phase, only level of paranormal belief and proneness to reality testing deficits affected haunt-related ratings; suggestion had no effect. Second phase inquiry, using path analysis, revealed that haunting history (the extent to which participants believed the administrative building had a history of being haunted) mediated the relationship between paranormal belief and expectation of haunt-related phenomena.

Seminar Session 12.2

Conspiracy theories and cognitive style: a worldview

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Abstract

This paper assessed whether belief in conspiracy theories was associated with a particularly cognitive style (worldview). The sample comprised 223 volunteers recruited via convenience sampling and included undergraduates, postgraduates, university employees, and alumni.

Respondents completed measures assessing a range of cognitive-perceptual factors (schizotypy, delusional ideation, and hallucination proneness) and conspiratorial beliefs (general attitudes toward conspiracist thinking and endorsement of individual conspiracies). Positive symptoms of schizotypy, particularly the cognitive-perceptual factor, correlated positively with conspiracist beliefs. The best predictor of belief in conspiracies was delusional ideation. Consistent with the notion of a coherent conspiratorial mindset, scores across conspiracy measures correlated strongly.

Whilst findings supported the view that belief in conspiracies, within the sub-clinical population, was associated with a delusional thinking style, cognitive-perceptual factors in combination accounted for only 32% of the variance.
Seminar Session 12.3

**Historical Development of the Paranormal**

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**Abstract**

The historical development of paranormal measures has yet to be comprehensibly documented (Irwin, 2009). Psychical researchers (c.f., Minot, 1887) pioneered attempts to measure belief in the paranormal and these focused often on superstition (regarded at the time as a telling index of ignorance in the general community). Particularly important was Nixon’s Superstition Scale (1925), which was fundamental to the advancement of scale development. Nixon proposed that assessment of a small subset of representative beliefs would index general level of superstitiousness. This notion influenced the development of subsequent paranormal measures.

The pre-Nixon development was slow and characterised largely, by methodological developments designed to enhance psychometric quality and additional consideration of Extra-Sensory Perception (ESP), and the sheep-goat effect (the tendency for sheep, believers in the paranormal to score better on ESP tests than goats, non-believers) (Schmeidler, 1945). Collectively, these advancements informed the development of the Australian Sheep-Goat Scale (Thalbourne, 1995a), which alongside the Revised Paranormal Scale (Tobacyk & Milford, 1983) is the most extensively used measure today.

This paper considers the evolution of self-report/questionnaire measures with reference to their philosophical underpinnings, particularly prevailing definitions and classification of paranormal and anomalous beliefs, and evaluates their utility (relative strengths and weaknesses).

Seminar Session 12.4

**Electronic Voice Phenomena (EVP): Communicating With Ourselves?**

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**Abstract**

This paper explores the debate surrounding Electronic Voice Phenomena (EVP); its historical origins, possible explanations and what it can tell us about the human condition. EVP are the anomalous speech-like sounds found on some electronic recordings. They are usually of poor audio quality, embedded in background noise and brief. Influenced by spiritualist attempts to communicate with the dead and the pioneering work of Thomas Edison, EVP was identified in the 1940/50s (c.f., Attila von Szalay). Popularised by Konstantīns Raudive (1971), it is now widely recognised by the public (c.f., ghost hunting programmes and films). For proponents, EVP represents communication with paranormal entities and evidence of the afterlife. For sceptics, EVP is the product of the recording methods and the top-down processing of the listener. As such, it has been described as auditory pareidolia, akin to ‘Rorschach Audio’ (Banks, 2012). EVPs have not been replicated in controlled conditions (Baruss, 2001). The newer term ‘Instrumental Trans-Communication’ (ITC) describes paranormal communication using electronic equipment and there are many websites devoted to techniques and recordings.

Whilst we all experience examples of auditory illusions, research suggests some groups may be more susceptible to perceiving patterns in random information and suggestion. The debate surrounding EVP tells us much about the human tendency to find meaning (apophenia) and desire to believe (existentialism). But without scientific evidence of their paranormal origin are we merely communicating with ourselves?
Seminar Session 13.1

“I expect my son to look after me but I would never ever stop him from moving on”: Expectations and negotiations of future care

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Abstract

A number of studies have found elderly South Asian people are looked after by family members within British society (Adamson and Donovan, 2005; Kathamna et al, 1998). The key rationale for accepting the caring role was “one’s duty to care” (Seabrooke and Milne, 2004) because South Asian culture denotes the duty of younger members of the family to look after the elderly.

As well as younger members of the family perceiving care to be their duty, Victor et al. (2012) found that parents also expected their children to care for them. Caring for elders was seen as a common behaviour or a ‘tradition’ therefore, there was an expectation of care in old age (Nijjar, 2012). Conversely, there have also been studies where South Asian parents do not expect their children to care for them, and this was attributed to their children becoming westernised (Seabrooke and Milne, 2004; Sin, 2007). Furthermore, Seabrooke and Milne (2004) also found that adult children do not necessarily want to live with parents once married, as was the norm in the past, which represents another move towards the western way of life according to parents. This suggests that a change in care practices looks likely.

This paper will present findings of semi-structured interviews with eight carers of Indian Hindu heritage focusing on expectations of care in old age. These findings are taken from a wider study exploring the experiences of care across three generations. The study uses Interpretive Phenomenological Analysis (IPA; Smith et al., 2009).
Considering the difference between extant knowledge and patients' perspective regarding culturally appropriate care

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Abstract
This paper intends to explore the difference between the extant knowledge regarding the provision of Culturally Appropriate Care (CAC) and the expectations of patients.

The data being presented will be from the findings of an Interpretive Hermeneutic Phenomenological PhD thesis. This research has been influenced by the philosophy of Hans Georg Gadamer (2004) and will show that the work of hermeneutics is not to develop a means to finding an answer for the research question but to clarify the conditions that my participants employ from their own history, tradition, authority and prejudice to understand their experience.

The qualitative paper will present how employing Attride-Stirling's (2001) thematic network resulted in 2 networks and the findings of this study.

Exchange of support and care relations: A comparison between families in Malaysia and Vietnam

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Abstract
In the last decade, the changing family structure and intergenerational ties have strongly influenced the direction and intensity of studies related to the dynamic of cross-generational support and exchange. The main focus of this paper is to investigate the contribution of cultural norms, needs of parents and personal characteristics of adult children on intergenerational relations in relations to co-residence and mutual exchange between generations, as guided by family solidarity model.

A self-administered standardised questionnaire was used to gather data from 1719 adults in Hanoi and 1219 in Kuala Lumpur who were randomly selected through the multi-stage stratified sampling method. Findings showed that the intergenerational relations in these two South East Asian societies reflected a more patriarchal culture and upward support from children to elderly parents. Married sons were the main financial provider for parents; while parents reciprocate by providing practical assistance and affective support to children. However, some noticeable changes were also observed among these families. A substantial proportion of unmarried children not only reported prolonged co-residence with parents, but also contributed to provision of support for parents, irrespective of gender differences. This may implies a new family structure among South East Asian communities.

The pressure from changing demographic trends enmeshed with modernisation and high geographical mobility among young generation has altered the dynamics of intergenerational ties and transformed the continuity of family support and exchanges across generation. The 'new' family structure among these two South East Asian countries is deemed to have important implications on old age support and the future role of family in care provision.
Seminar Session 14.1

"And we all play gong": reflections on a participatory gamelan project for disabled children and young people at the Seashell Trust

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Abstract
Gamelan, an ancient form of tuned percussion orchestra originating from Indonesia, is an accessible form of music, which emphasises group participation over individual ability. Since the 1990s it has been used in a variety of inclusive arts education and health initiatives across the UK and beyond, with research identifying a range of benefits for diverse populations. This paper focuses on a practice-based gamelan project currently being delivered at the Seashell Trust for children and young people with complex and severe learning and communication difficulties. Led by the Seashell Trust in partnership with the Research Institute for Health and Social Change (RIHSC), MMU, and funded by Youth Music, the aim of the scheme is to develop the Seashell gamelan as a community resource and promote the musical development, social skills and wider wellbeing of those taking part. Providing an overview of the project, the presentation will outline the multi-disciplinary discussions that continue to take place around facilitation and evaluation. Grounded in a holistic community arts approach, which sees access to music as a basic human right with intrinsic value, the project draws on ideas/techniques from other fields: ethnomusicology, intensive interaction, music therapy and education, audiology, and critical disability studies. A key objective is to provide participants with playful and interactive high quality musical experiences, while enabling individuals to exercise autonomy and choice over their engagement.

Attention will be paid to the opportunities and challenges arising from such open-ended and group-orientated working in a sector where individual, target-driven learning plans are often required.

Seminar Session 14.2

Whose place is this anyway? A tale of a hill, a heath and some big weeds

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Abstract
This is a story of community protest, natural landscape and ancient history. The setting is Bickerton Hill in South West Cheshire. The protagonists are the Friends of Bickerton Hill, the antagonists the National Trust (or vice versa, depending on whose side you wish to take – I shall remain neutral), or perhaps the big weeds, also known as birch trees. The story takes place over the last 23 years, but has roots back into the ancient past, when people began to inhabit these hills. Nature is pitted against man, local community against trust national icons, identities in the past against those of the present, authenticity against nostalgia. The dénouement takes place in a crowded village hall to the soundtrack of ‘Morning’ from Grieg’s Peer Gynt. Will the local community win out? Or will the “national interest” steal the day? Whose place is this anyway?

Taking an ethnographic approach through observation of a public meeting and an investigation into the history of this conflict over the management of nature, I will examine contesting perceptions of nature/the natural and the importance of local communities’ participation in shaping their leisure spaces.
Seminar Session 14.3

Using Community Place Mapping to Explore the Relationship between Individual Resilience and Local Places in Hulme and Moss Side

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Abstract
Resilience is broadly speaking the maintenance or development of health and well-being during adversity. In much of the literature it is argued to stem from an individual’s thoughts, feelings, and actions. This is often understood to suggest that individuals are responsible for their own resilience (or lack of) - a message which is reinforced in current government policy. Less attention has been given to the contextual factors that influence an individual’s resilience, despite the risk of oversimplifying resilience and ‘blaming the victim’, especially in the context of inequalities. Some research has linked places (such as community groups) to resilience because of their influence on health and wellbeing, although little is known about the extent or range of places which can do this. Such information, however, has implications for theory on the relationship between individual resilience and place, and practical applications in understanding how communities support resilience and how they can develop their ‘capacity’ to do so.

To explore this a technique of community place mapping was developed and carried out in two wards of Manchester (Hulme and Moss Side) to explore the range of places that influence health and well-being. This paper briefly outlines the technique used and the results; focusing on the range of places identified and what they offer local people. It then discusses these results in terms of how we understand resilience touching upon topics such as inequality, austerity and community regeneration.

Seminar Session 14.4

Engaging special schools and respite providers in recruitment: A reflection on the application of participatory action research as a methodology

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Abstract
This paper relates to a PhD research project aimed at developing a communication training package in collaboration with families of young people with complex communication needs. This paper describes the role that special schools and respite providers play in enabling access to and identification of the families who meet the research project criteria.

The aim of this paper is to explore application of the participatory action research model to the recruitment process. The benefits and challenges of adopting participatory action research are discussed based on experiences of working with one special school and one respite provider to date. Application of the participatory action research model to the remaining elements of the research project is discussed to include anticipated benefits and challenges.
Seminar Session 15.2

**Ethnicity in Intermediate Care: A Review of the Literature**

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**Abstract**

Intermediate Care in its most current incarnation has been a key government strategy since 2001. Since this time a considerable body of research has developed which explores many aspects of the services provided under this umbrella term, potentially due to initial concerns that services were implemented without what some would consider an adequate evidence base.

A thorough review of the literature indicates that despite this substantial evidence base, there is still a gap in the research available. There is very little consideration of the impact of ethnicity on any aspect of services. This presentation will utilise Census data and National Audit of Intermediate Care demographic information to highlight the underrepresentation of specific ethnic groups within intermediate care services. Findings from the literature review will then be discussed in order to explore the absence of certain groups from the research, considering the limited articles that do acknowledge ethnic differences within their publications.

With the implementation of the Care Act (2014) requiring Local Authorities to actively identify individuals who need but are not receiving support, this is a timely and important debate.

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Seminar Session 15.1

**UK/Hungary Knowledge Exchange in Social Care – experiences of partnership working**

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**Abstract**

Globalisation and neo-liberalism are impacting social care and social work practice across the European Union (Spolander et al., 2014). The UK has an ever-growing diverse care workforce to meet the care needs of an equally diverse population (Centre for Workforce Intelligence, 2012). A review of literature reveals that evidence based on the welfare systems, care workforces and care needs of populations of European Union countries is patchy. Consequently, there is a need to develop strategic partnerships across geographic boundaries to share knowledge between countries about social change and social work praxis.

The purpose of this paper is to consider knowledge exchange between UK and Hungarian social work educators, practitioners, managers and self-advocates. Drawing on mixed methods data collected between October 2014 and April 2015, we present comparative profiles on the social work practice and welfare systems of the two countries. We aim to discuss the ways we undertook the knowledge exchange across two European Union member states. Firstly, we consider a case study of a social work conference held in Manchester, England attended by 280 Hungarian social work educators, managers and practitioners. Secondly, we consider ethnographic field-notes collected whilst undertaking a series of research activities in Hungary. In conclusion, we discuss the implications of this project for the field of social work.

Looking to the future, the paper considers new horizons for social care and social work education and research, to enable traditional boundaries of space to be transgressed through more international partnership working.
Seminar Session 15.3

Domestic Violence and Abuse: An Exploration of the Experiences of Polish Migrants to UK

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Abstract
This paper will present details of a Masters project currently being undertaken which explores the experiences of domestic violence and abuse (DVA) for female Polish migrants who live in the UK. DVA is highly prevalent and still a hidden crime on the national and the worldwide scale. In the UK, the latest statistics (Home Office, 2013) state that 1.2 million women a year suffer from the crimes associated with domestic violence. Yet on average a woman is assaulted 35 times before she seeks help. There is no recorded data specifically relating to Polish migrants and DVA.

A social interactionist theoretical framework provides the theoretical underpinning of this study. This enables the researcher to explore the impact of DVA on the individual woman and then place this understanding within their social and cultural context. The research uses a qualitative, approach; specifically semi-structured interview. The interviews have been conducted in Polish and then translated into English. Translation issues will be discussed. Data has been transcribed and analysed using inductive thematic analysis. The findings of the interviews will be reported.

The objectives of the study are:
1) To explore Polish women’s experiences of DVA in the UK
2) To explore the specific needs of female Polish survivors of DVA
3) To determine how far these needs are met by existing generic services for survivors of DVA
4) To identify any gaps in provision for female Polish survivors of DVA

Seminar Session 15.4

Research working ‘with’ and ‘for’ women with Irritable Bowel Syndrome (IBS)

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Abstract
Irritable Bowel Syndrome (IBS) is a common chronic illness thought to affect more women than men. There are a diverse array of symptoms such as changes to bowel movements, abdominal pain, bloating and excess wind. Research suggests that it can be difficult for people with IBS disclosing experiences of ‘invisible illnesses’ (Arroll & Dancey, 2014) with symptoms that cannot be seen by others, which may be worsened by the taboo that surrounds bowel-related discourses in western societies (see for example, Björkman et al, 2013). This may be particularly challenging for women with IBS to make sense of when taking into account cultural norms surrounding the ‘ideal’ female body as slim and under control, rather than bloated and ‘messy’ (Defenbaugh, 2011).

In this paper I will discuss my PhD research, which draws upon feminist and narrative theory exploring how women with IBS tell ‘stories’ of illness and their everyday lives in ways that make sense to them. In addition to explaining the rationale and methodology, I will situate myself within the research by exploring my insider positionality as a researcher and woman with IBS.
Poster Presentation 1

**Managing Adult Social Care effectively: Are Human Resource Management and Development integral additions?**

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**Abstract**

Current Adult Social Care (ASC) has been described as fragmented, costly and convoluted (The Law Commission 2012), and research has highlighted a lack in appropriate management of the expanding, yet largely untrained Adult Social Care (ASC) workforce. This may be considered a factor leading to the low status and low financial remuneration, experienced by carers (Gray & Birell 2013).

Use of Human Resource Management and Development (HRMD) practices has been linked to increased performance within ASC (Atkinson, Lucas & Crozier 2012). However, this is still a relatively emerging area, and there is a need to establish the impact of specific development practices within ASC, and potential organisational or individual areas of need. Organisational factors could encompass size, specific ASC sectors and organisation type (i.e. private, local authority and not-for-profit). Individual variables could be gender, age, ethnicity or contract type.

The research aims to establish how HRM and HRD practices may lead to particular outcomes moderated by individual and organisational demographics, with outcomes such as turnover within ASC through moderated mediated regression analysis. Findings from these analyses will drive qualitative work considering the support required in current ASC, the skills needed and how this relates to motivation, engagement and intention to stay.

Poster Presentation 2  
(also Seminar Session 5.1)

**Investigating the history of stammer therapy: Manchester and beyond**

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**Abstract**

See Seminar Session 5.1 (page 23) for details.
Volunteering to Blur the Lines Between Outsider and Insider in Community Research

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Abstract

The researcher’s identity can often be problematic when conducting community research, especially in the context of insider/outside tensions. On the one hand, being an insider can ease access to participants and use pre-existing rapport to access rich data. On the other hand, being an outsider can provide a distance which enables a more critical and more ‘objective’ eye, but can make the process of research and data collection difficult. Traditionally researchers are either seen as ‘insiders’ or ‘outsiders’, although researchers have begun to move beyond this the dichotomy and argue there is a continuum between being a complete insider and complete outsider.

This poster reflects on how by engaging volunteering researchers can become active members of the community, shifting along the ‘continuum’ from the position of outsider to insider. It considers how this approach can be used to gain the benefits of both positions whilst addressing some of their relative weaknesses. This poster also considers some of the potential benefits and challenges of volunteering for participation, reflecting upon the overall usefulness of the approach.

Health Inequalities in Cardiovascular Disease (CVD) for People of African and Caribbean Descent: A Review of the Literature

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Abstract

Aim: In the area of Public Health, CVD risk is one area where health inequalities are demonstrated. CVD affects people from all ethnic and socio-economic backgrounds, however, the prevalence of this and poor health outcomes for people of African and Caribbean descent is significantly high. The aim of the literature review was to explore the underlying thematic areas underpinning the evidence to inform my study.

Methods: A comprehensive search of the literature using a combination of catalogues was undertaken to obtain peer reviewed and grey sources of literature. This search consisted of electronic databases such as MEDLINE, EBCSO, SCOPOS and Internet searches using Google Scholar. The literature search used MESH and Boolean operator terms OR/AND in conjunction with key words and variants within worldwide studies. References to CVD health, health outcomes and African Caribbean categories were reviewed. Recurring findings in the studies were grouped thematically and formed three themes to include, cultural and health beliefs, health and health services, and society.

Results: The literature found that the high prevalence of CVD was related to biological/genetic, anthropological, socio-economic, racial and cultural factors. The evidence from the literature that supports how these factors impact on CVD and key messages for public health will be presented.

Conclusion: The studies imply that there are hidden factors such as structural discrimination, racial and gender bias that point towards health inequality. Further research is needed to explore the root causes of those hidden factors within an interdisciplinary framework of critical race theory and intersectionality.
E-learning to support AAC assessment

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Abstract

In October 2014 NHS Education for Scotland (NES) accepted MMU’s bid for the design, development and delivery of a suite of multi modal learning resources which support practitioners in NHS, social care services, education services, voluntary organisations and the general public across Scotland.

Augmentative and Alternative Communication (AAC) is “any method of communicating that supplements the ordinary methods of speech and handwriting, where these are impaired” (Scottish Government, 2012). The recommendations from a 2012 Scottish Government report focuses on the need for education and learning opportunities that build the capacity and competencies of the wide range of staff who are involved in supporting people who use AAC.

A diverse range of users will access the resource including non-specialist medical staff, teachers, swimming instructors, social workers etc. and to better understand the needs of AAC users and enhanced knowledge on how to assess which AAC device is most appropriate.

This poster uses the ADDIE model as a means of demonstrating the life cycle of development from analysis and design, right through to implementation and evaluation.

Social Workers’ Experiences of Assessing Parents with Learning Disabilities

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Abstract

It is evidenced that parents with learning disabilities are socially isolated, frequently subjected to marginalisation and strong societal opinions (Harris 1993, Department of Health 2001). Research indicates that almost 40% of parents with learning disabilities have their children living away from the family home (Booth and Booth 2004, Emerson, Malam, Davies and Spencer 2005); though child removal is often based on pre-conceived ideas about ability to parent rather than actual abuse or neglect (Booth, Booth and McConnell 2004).

McGaw, Scully and Pritchard (2010) note professionals are often ill-equipped to assess this parental group leading to unnecessary concerns and child removal.

Qualitative research will be completed with an aim of gathering a depth of knowledge about the experiences of social workers when completing assessments with parents with learning disabilities. The study will seek to hold two focus groups consisting of 6 children’s social workers in each, and semi-structured interviews will be completed with 6-8 practitioners, all with experience of assessing this parental group. An Interpretative Phenomenological Analysis position will be adopted. Phenomenological philosophy is appropriate for this research as it considers how people understand themselves, and that of the world around them.

The aim of the research is to understand how social workers undertake the assessment of parents with learning disabilities?, what prior knowledge/training has been developed/attended to ensure that an assessment can be appropriately completed?, and what tools, if any, are used to support the assessment of parents with learning disabilities?
“Thank God my daughter wasn’t born in a war zone!”
Social identity and health in ‘The Legacy of the Troubles’ study

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Abstract
The role of social identity processes in the progression and maintenance of conflict in Northern Ireland has been widely discussed. Whilst the Belfast Good Friday Agreement of 1998 instituted political progress, wider society remains divided along social boundaries.

This study explores the lingering social and health consequences of ‘the Troubles’. The study explores the experience of living in the Northern Ireland and the Border Counties of the Republic of Ireland, experience of the conflict, and the social and health consequences of the conflict. Semi-structured interviews (N=61) and two focus groups (N=6) were conducted across Northern Ireland and the Border Counties. Participants were selected for diversity of background and experience, ranging from ex-prisoners and emergency service personnel to those who claimed no experience of conflict. Key concepts were identified using an iterative thematic analysis.

Three themes related to social identity and health in Northern Ireland are discussed: i) social division, ii) the impact of the conflict and iii) negotiating contemporary Northern Ireland. The themes indicate the continuing centrality of traditional social identifications in contemporary Northern Ireland. Participants often underplay the conflict and divisive social practices; however, these remain central to all participants’ accounts. Many participants also remain outside the dominant narrative of agreement and peace. The continuing social impact of the conflict has significant implications for individual health in Northern Ireland.
Athletes’ perceptions of taking part in cold water immersion after training

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Abstract

Background: Delayed onset muscle soreness is a common symptom after over-load training. It typically begins 12-24 hours post exercise and lasts up to 72 hours, resulting in muscle pain and reduced function. Cold-water immersion (CWI) has emerged as an effective method of recovery, reducing pain and enhancing function. However, limited literature exists regarding the psychology of its perceived effectiveness. Therefore, athletes’ pain, perceptions of performance and expectations post-CWI were investigated.

Methods: Eight male rugby players participated in a 2 weeks cross-over trial comprising of 15 minutes of CWI (12-13°C) vs passive recovery after 20 minute step-up exercises. Three questionnaires were self-completed, two investigating the experience of CWI and perceived performance, immediately post CWI and the third investigating expectations, 48 hours later. A focus group was held 48-hour post-CWI. Results were analysed using a mixed methods approach.

Results: All players found this CWI protocol acceptable. For most in this cohort, there was a perception that CWI would enhance performance and expect it to reduce pain more than passive recovery. The focus group confirmed the questionnaire findings.

Conclusion: Player perceptions of CWI might have a significant psychological impact on recovery outcomes.

People Like Us? People Like Them? Contemporary Media Representations of Social Class

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Abstract

See Seminar Session 5.2 (Page 24) for details.
**Media impact on perceptions of stammering**

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**Abstract**

**Background:** Many studies suggest the general public tends to hold negative perceptions of people who stammer. However, research into the origins of these perceptions are limited. This small study aimed to explore the extent to which exposure to a media representation of stammering may influence members of the general public in their perception of this group of people.

**Method:** Fifteen participants were shown a short clip from the film ‘My Cousin Vinny’, a negative media portrayal of people who stammer and then completed a questionnaire exploring their views of the condition. Once all answers were complete, participants were then shown a short, more ‘positive’, clip from the film ‘The King’s Speech’ in an attempt to counter any negative influencing caused. Following member checking, the data were then analysed via thematic analysis.

**Results:** Three main theme titles were identified: ‘Perceptions of stammering’, Responses to stammering’ and ‘Media Representations’. The data revealed that although participants reported universally negative views of people who stammer following the film viewing (mirroring the negative media portrayal and findings from past research), they also showed an understanding of how media representations draw on stereotypes, and indicated an emerging wish for change in how society responds to these individuals.

**Conclusion:** This was a small study which looked at immediate reactions to a negative portrayal. It suggests that while there may be a correlation between perceptions of people who stammer and negative media influence, however there is also real empathy for people who stammer and scope for changes in the way an audience responds to the speech condition when this is considered in detail.

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**Inclusion, Hidden Disability and Higher Education**

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**Abstract**

This poster considers inclusion and ‘hidden’ disability within the context of Higher Education (HE). As this is a wide topic, with many theoretical strands, the poster will focus on HE as an ideological landscape – a ‘country’ – a cultural environment where normality is based upon academic achievements. To be citizens of HE, specific criteria must be met in relation to intellectual, financial and social abilities. The ‘able’ prosper and are rewarded, the un-able – the failures, are excluded and removed. This is the common sense, taken-for-granted and accepted cultural practice across the continent of HE. The rewards include longevity, increased security, well-being, and employability (BIS, 2014). Statistically, ‘the disabled’ remain marginalised, and ‘...among the most economically and socially disadvantaged in Britain,’ (Oliver and Barnes, 2008:397). As a widening participation group in HEIs, those with disabilities are underrepresented, and suffer higher than average drop out rates (Gibson, 2015). Within this cultural context, the idea of ‘inclusion’ is considered – inclusion being based on both social justice ideals, and pedagogical principles.

However, inclusion itself is not a bland and innocuous term, it is laden with value-based historical and cultural-linguistic associations (Clough, 2005); at its most basic, to include educationally means one has been excluded. The dominate group create the criteria for those who are ‘normal’ and for those who will be ‘included’ (Gibson, 2015) this misrecognition of the cultural needs of the marginalised is also evident in ‘inclusion’ in HE where there is an acknowledged gap in the perspectives of students with disabilities (Beauchamp-Pryor, 2012; Madgriaga, 2007). As ‘hidden’ disability currently makes up the largest disabled group (ECU, 2012) this a group whose voices need to be heard. From an educational perspective, inclusion is synonymous with ‘Special Educational Needs’, and accessibility issues, and is often both imagined and implemented along these lines. Inclusion, within a HE context is an embryonic concept, a contested term, born from recent national legislations, such as The Equality Act, 2010 which defy the economic constrains of the neo-liberal, marketised, and competitive global industry which HE is becoming (Giroux, 2014). It could therefore be argued that this concept of ‘inclusive’ education in HE remains simply that, a concept.
We hope you enjoy the conference

Please send feedback and comments to Chris Wills at c.wills@mmu.ac.uk

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