9.00

Social Work and Social Care Conference
Bridging the Gap – Research and Practice

Registration and coffee
Welcome
Dr Ruth Carroll

*Please note a video recording will be made of this event and also photographs will be taken. Presentations will be made available after the conference

The Twitter addresses are:

7 days to Bridging the Gap #SocialWork conference @NICVA with @HSCB & R&D Division @publichealthni #SWResearchci ow.ly/Y7jvE
9.45
Opening Remarks
Fionnuala McAndrew
10.00

Health and Social Care Research in NI

Professor Ian Young
Research in Health and Social Care

Ian S. Young,
Chief Scientific Advisor, DHSSPS
Director of Health and Social Care Research and Development
Research in HSC

- Research is a core function of HSC
  - Addresses specific patient/population needs
  - Facilitates early access to innovative treatments and care
  - Attracts, develops and retains the best staff
  - Facilitates evidence-based practice
  - Directly and indirectly benefits the economy
£200,000 cystic fibrosis drug 'could transform lives'

A drug which could transform the lives of people with cystic fibrosis has been developed, as the health watchdog investigates whether it can be provided on the NHS at an annual cost of £200,000.
The focus of HSC R&D support has shifted towards clinical application
Funding for HSC R&D

• The total health and social care R&D budget is significantly less in Northern Ireland per capita than the rest of the UK.

• Even at its peak in 2008 the total HSC R&D budget in Northern Ireland was less than 50% of the budget available in England.
Regional Health & Social Care R&D Fund
(\(~ \text{£10.3M annually}\)
Public Health Research Network
Research Design Groups

NI Cancer Trials Network

NI Clinical Research Network
Cardiovascular; Childrens;
Critical Care; Dementia; Diabetes;
Primary Care; Renal; Respiratory;
Stroke; Vision

HSC
Innovations
Data linkage

HSC
Trusts

OREC

Research
Networks

CRF
CTU
C-TRIC

Universities
QUB
Ulster

Business &
Community

NI Biobank
Molecular Pathology
service

Methodology
Hub

NI HSC R&D
System

PPI
Evaluation of Impact of HSC R&D funding.

Independent evaluation showed:

- £4.14 in direct R&D funds attracted per £1 allocated
- 20% of projects claiming an impact on policy or practice
- Plus additional beneficial effects on economy etc

Partnerships – the key to HSC R&D success

- Between Trusts
- With local Universities
- Participation in networks in UK, Ireland, Europe and Internationally
- Between professionals and the public
HSC R&D – aiming at excellence

- Addresses patient and client needs
- Nationally or internationally competitive
- Supports economic development
Developing successful research

- Benchmarking against international standards
- Developing linkages and collaborations with the best
- Competing successfully for national and international funding
- Demonstrating meaningful impact
How can HSC R&D help?

- Various funding streams available to Social Work researchers
- Can be approached to discuss important projects
- Keen to build capacity and support excellence
  - national/international linkages
  - leverage external funding
10.15
Connected Health and Social Care
Soo Hun
- Centre for Connected Health & Social Care
- Telemonitoring NI
- EU Funding Opportunities
- Connected Health Opportunities in Social Care and Research
History 101

Established in 2008 as **European Centre for Connected Health**

- Promote improvements in patient care through the use of technology and fast track new products and innovation in the HSC
- Improve the patient and client experience, quality and effectiveness of care with technology
- Enable the healthcare system to respond better to the future needs of the population.
- Contribute to the advancement of European e-health agenda, work with partners to secure economic gains for NI
Our work to-date

- Telemonitoring NI – current and future
- Supporting EU Projects
- eHealth & Care Strategy
- EHCR
Telemonitoring NI

- August 2008, procurement for the provision of an end-to-end remote telemonitoring service in Northern Ireland (RTNI)
- Initiated by DHSSPS - part of a modernisation of services for patients/clients living with LTC - heart failure, chronic obstructive pulmonary disorder (COPD), diabetes and stroke
- 6-year contract awarded on 16 March 2011 to TF3, a consortium comprising Tunstall, Fold and S3 Group.
- For further details see: www.telemonitoringni.info
Progress to-date

- >4000 patients from telehealth/vital sign monitoring
- >3000 from telecare

New developments

- **2013** – use for weight management and renal diseases
- **2013** - provision of Telecare services – sensors and alarms in homes to manage risks and safety
- **2014** – “Weigh to A Healthy Pregnancy”
- **2016** – Telehealth in nursing homes; GPS tracking devices to support people to live independently
Connected Health supporting Research

- Tele-mum – blood sugar monitoring for supporting diabetes care for those with Gestational Diabetes
- “Weigh to A Healthy Pregnancy” – weight monitoring for regional pilot maternal obesity project by PHA
- Patient Client Council – Patient Experience report
- Commissioned Research - Evaluation of Telemonitoring NI Managed Service
Tele-Mum: A Feasibility Study for a Randomized Controlled Trial Exploring the Potential for Telemedicine in the Diabetes Care of Those with Gestational Diabetes.

Given JE, Bunting BP, O’Kane MJ, Dunne F, Coates VE.

BACKGROUND:
- The incidence of gestational diabetes mellitus (GDM)-hyperglycemia with onset or first recognition during pregnancy-is increasing and will have a significant impact on diabetes services. This study aimed to determine the feasibility and acceptability of using telemedicine in the diabetes care of women with GDM and the possibility of replacing alternate (one in every two) diabetes review appointments with telemedicine.

SUBJECTS AND METHODS:
- A feasibility study for a randomized controlled trial was conducted across two sites. Fifty women with GDM were randomized to usual care (n = 26) or usual care plus telemedicine (n = 24). Telemedicine entailed weekly blood pressure and weight measurements and transmission of these data, along with blood glucose readings, for review by the healthcare team. Patients were contacted about these results as necessary. Patients completed questionnaires to measure their satisfaction with telemedicine or blood glucose monitoring. The intervention group and healthcare providers also took part in qualitative interviews. Analysis involved descriptive statistics for the satisfaction questionnaires and framework analysis for the qualitative interviews.

RESULTS:
- Eighty-nine percent of patients were satisfied with telemedicine and would use it again. Both HCPs and patients found the equipment easy to use and were positive about using it to replace alternate diabetes review appointments in the future. If used in this way, healthcare providers felt that protected time in which to perform the telemedicine review would be necessary.
Evaluation of the ‘Weigh to a Healthy Pregnancy’

CI: Professor Marlene Sinclair, Professor Marie Murphy, Professor Brendan Bunting, Dr Alyson Hill & Dr Mary Jane Brown

The Weigh to a Healthy Pregnancy (WHP) programme was a pilot regional maternal obesity project developed by PHA to support pregnant women with a BMI > 40kg/m². The pilot project was delivered across all five Health and Social Care Trusts in Northern Ireland. Face-to-face with a midwife and/or dietitian at three different time points during pregnancy and one contact at 6 weeks postpartum. Two group sessions at 18-20 weeks gestation and 28-34 weeks gestation and telephone/texting support at three time points during pregnancy.

Aim: To assess the effectiveness and feasibility of the Weigh to a Healthy Pregnancy programme in limiting gestational weight gain in obese pregnant women.

Telemonitoring NI provided weighing scales linked to hub for women to measure weight at home. Early indications have reported that the remote monitoring of weight has been well received by the women involved.
Commissioned Research on the Evaluation of Telemonitoring NI Managed Service

PI: Prof James McElnay (Queens University, Belfast)

The overall aim is to provide an evidence base for the stated aims of the service, which are to:

- Enable greater support for independent living, self-care and for carers
- Support professional decision making, enabling more proactive, effective and co-ordinated community based care.

The outputs of the evaluation would:

- inform the current roll-out of TelemonitoringNI, enabling improvements to be made in a timely fashion;
- inform the development of (any) subsequent Telemonitoring contract;
- inform future strategy for technology deployment in healthcare in NI
- during the initial 6 years and beyond, enable well-informed decision-making

Timeline – March 2016 Telehealth Report, April 2016 Telecare Report
Other Research Projects

- ERA bid - finalise a research application to enhance the management of gestational diabetes using alternative means of information and communication technology to be submitted to an NIHR programme in 2016
- BP monitoring readings to support NHSCT pharmacist research project for developing a Clinical Decision Support Tool for managing virtual Renal ward
“Information and Communication Technology for health and wellbeing (eHealth) is becoming increasingly important to deliver top-quality care to European citizens. The 'eHealth Action Plan 2012-2020' of the European Commission describes the actions foreseen on this topic.”
Why EU? Reasons for engagement

- Funding & DHSSPS target
- Professional collaboration/networking
- Knowledge Exchange
- Access to Innovation/Good practice
- Opportunity to showcase HSCNI
What we do

- Awareness raising - European digital health and care agenda and funding opportunities
- Signposting partnerships to relevant funding opportunities
- Matchmaking – linking NI partners with suitable European partners
  - EU Project Partners, EIP-AHA network, Reference Site Collaborative Network, DHSSPS Connected Health MoUs (City of Oulu, Basque Country)
- Advice and guidance
  - development of funding proposals
  - European project management
# How are we doing in EU projects?

<table>
<thead>
<tr>
<th>Domain</th>
<th>Project</th>
<th>Funding for HSCNI</th>
<th>Matched funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to care in rural areas</td>
<td>ITTS - Implementing Transnational Telemedicine Solutions</td>
<td>€166K - 2.5 years</td>
<td>40%</td>
</tr>
<tr>
<td>Integrated Care</td>
<td>Smartcare</td>
<td>€50K - 3 years</td>
<td>50%</td>
</tr>
<tr>
<td>Integrated Care</td>
<td>Beyond Silo</td>
<td>€886K - 3 years</td>
<td>50%</td>
</tr>
<tr>
<td>Frailty and Multi-morbidity</td>
<td>SUNFRAIL</td>
<td>€158K - 3 years</td>
<td>45%</td>
</tr>
<tr>
<td>Pre-commercial Procurement (PCP)</td>
<td>MAGIC - Mobile Assistance for Groups and Individuals within the Community – stroke</td>
<td>€3.6m - 3 years</td>
<td>30%</td>
</tr>
<tr>
<td>Scaling-up of good practices – telehealth</td>
<td>ACT@SCALE</td>
<td>€383K - 3 years</td>
<td>40%</td>
</tr>
</tbody>
</table>
Implementing Transnational Telemedicine Solutions - ITTS

- Northern Periphery Programme
- 6 partners
- 10 demonstrator projects
- €2.3m
- Sept 2011 – Mar 2014 (30 months)
Project Level Impact

A total of 25 new services have now been implemented at more than 48 sites across the programme area.

3,890 patients have used the services as a direct result of the project.

Total of 25 new services have now been implemented at more than 48 sites across the programme area.

560 staff involved in demonstrator projects.

Est 6.03 tonnes of carbon emission saved as a direct result of travel time saved.
Local Impact

- 3 Video Conferencing projects HHD (renal), Diabetes & SLT
- Shared knowledge in Telehealth & Telecare
- Knowledge Exchange on Diabetes Management - Newcastle Sept 2013

- Norway, Ireland, Scotland & NI
- 3 Diabetes Consultants
- 5 Specialist Nurses/AHPs
- 2 GPs
- 3 Commissioners & R&D
- 6 HSC Directors/Managers
- 3 SMEs
- 1 University
- Diabetes UK
- 3 People with diabetes
Technology Making Life Better for Stroke Patients

How are you today?
Overview of Funding Programmes (2014 - 2020)

- Public Health Programme
- Erasmus & Sector Skills Alliance
- ESIF (European Structural and Investment Funds)
- Horizon 2020
Public Health Programme

Expected launch: June 2016
Expected deadline: September 2016
Total budget: €449.4m (EC DG SANCO)

- Objectives:
  - Health promotion, disease prevention, healthy lifestyles environments;
  - Cross-border health threats;
  - Innovative, efficient and sustainable health systems;
  - Access to better and safer healthcare
Horizon 2020

Expected timeline: October 2015- April 2016
Total budget: (80 billion EUR)

- 488 m EUR 2014
- 492 m EUR 2015

Objectives:

- Health, demographic challenge and well-being
- Active and healthy ageing, independent living
- Sustainability of healthcare systems
### Two Stage 2017 Calls Opening 29th July 2016

<table>
<thead>
<tr>
<th>Topic &amp; Identifier</th>
<th>Total Budget €M</th>
<th>Proposal Budget €M</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC1-PM-02-2017: New concepts in patient stratification</td>
<td>40</td>
<td>4-6 (EC Contribution)</td>
</tr>
<tr>
<td>SC1-PM-07–2017: Promoting mental health and well-being in the young</td>
<td>20</td>
<td>2-4 (EC Contribution)</td>
</tr>
<tr>
<td>SC1-PM-08–2017: New therapies for rare diseases</td>
<td>60</td>
<td>4-6 (EC Contribution)</td>
</tr>
<tr>
<td>SC1-PM-10–2017: Comparing the effectiveness of existing healthcare interventions in the adult population</td>
<td>40</td>
<td>4-6 (EC Contribution)</td>
</tr>
<tr>
<td>SC1-PM-20-2017: Development of new methods and measures for improved economic evaluation and efficiency measures in the health sector</td>
<td>9</td>
<td>TBC</td>
</tr>
</tbody>
</table>

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**DRAFT Work Programme**

Publication by the Commission mid-October 2015 on:

So what’s the opportunity?

<table>
<thead>
<tr>
<th>Problems</th>
<th>Connected/eHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource and Capacity</td>
<td>Remote Monitoring</td>
</tr>
<tr>
<td>Ageing Population</td>
<td>Video Conferencing</td>
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<tr>
<td>Social Isolation</td>
<td>Mobile Apps</td>
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<tr>
<td>Engaging with Young People</td>
<td>eLearning</td>
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<tr>
<td>Audit and Governance</td>
<td>Information Analytics</td>
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<td>Decision Support</td>
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<td>Social Media</td>
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</tbody>
</table>
Relevant links

- Horizon2020 and 3rd Health Programme

- Northern Periphery and Arctic (NPA) Programme – Cooperation Programme

- North West Europe Programme – Cooperation Programme
  [http://www.nweurope.eu/5b/](http://www.nweurope.eu/5b/)

- Atlantic Area Programme

- INTERREG EUROPE – Programme Summary Document
Useful resources

- http://www.nhsconfed.org/regions-and-eu/nhs-european-office/get-involved/nhs-top-leaders-visit-to-brussels?ec_as=1B3A00C8CoF044B8864599FC91E5A333
Thank You

Soo Hun

Centre for Connected Health & Social Care

soo.hun@hscni.net
10.30

Tea / Coffee
Engaging with families where there is family violence and abuse

Dr Ruth Carroll
Engaging with families where there is family violence and abuse

Dr Ruth Carroll
Thursday 18 February 2016
Bridging the Gap – Research and Practice
Overview

- Who are the hard to reach?
- What is engagement?
- Principles of engagement
- Background to study
- Challenges
- Participants
- Consent issues
- Data Collected
- What does success look like?
Who are the ‘hard to reach’?

- Homeless
- Drug users
- Refugees/Asylum seekers
- Travellers
- Disabled people (physical/learning/mental health)
- BME/ non-English speaking
- Children/young people/in care/carers / young parents/single parents
- Elderly/isolated/socially excluded/sexual minorities/socio-economically disadvantaged
- Offenders
- Victims of domestic abuse
What is the difference?

- Involvement = active involvement of service users and or the public in research decisions.
- Versus

- Participation = volunteering for research studies as a subject.
What is engagement?

‘engagement consists of informing, consulting, involving, listening and responding to communities through on-going relationships’

‘engaging with vulnerable groups and communities that are seldom heard, and responding to their needs, will help tackle inequalities’

Ineffective engagement leads to ‘services that fail to meet the needs and wants of local people and a disillusioned, cynical local population that has little trust in the NHS’

NHS Act (2006), Department of Health
Principles of Engagement

- Establish contact – use a range of methods
- Face to face, text or telephone
- Options – make appointment or straight in!
- Snowballing (note bene. Pitfalls!)
- Person at the point of contact is the only contact
- Non-judgemental (lack of bias)
- What you tell me is important...
- Make it easy to talk – semi structured interviews
Principles of Engagement

- Anonymous
- Risk managed
- Trust
- Consent
- On own terms
- Lived experience – perpetrator, victim, onlooker (perceptions)
- Health visiting service
Background to Study

- Identified practice need (2000).
- Discussed potential for research proposal – manager, colleagues, academics.
- Appointed supervisors (UU, Jordanstown).
- Came up with a title and grounded theory (!)
- Presented at local venues, groups, colleagues, UU, QUB, Society of Chaplains (NI), All Ireland Association of Psychoanalysts, North Carolina School of Nursing, World Health Organisation.
- Completed study in 2010
Challenges!

- Where will I get my sample?
- How will I risk assess the potential for harm to participants?
- Myself?
- Will this be approved by ethics?
- What if no one responds (Plan B)?
- What if there are too many respondents for me to handle?
- Will snowballing work?/What is saturation point?
Participants

- Adverts went to press
- Contacts established \((n=16)\)

Male perpetrators = 1
Male victims = 1
Male onlookers = 1
Female perpetrators = 1
Female victims = 11
Female onlookers = 1
Geographical Layout

- Armagh $n = 5$
- Antrim $n = 2$
- Down $n = 5$
- Fermanagh $n = 0$
- Londonderry/Derry $n = 2$
- Tyrone $n = 1$
Consent Issues

- Informed consent
- Adapted for telephone interviews
- Recorded interviews/written and taped
- Friend/Relative may be present
- Helpline numbers provided
- Notes of interview/final report may be shared
- Contribution to help those in similar situations in the future
Some of the Data Collected

- Health visiting service varied from ‘brilliant’ to ‘rubbish’ to ‘could have been really good’.
- Trust and engagement are key to effective intervention.
- The intervention depends on the risk, the individual, the relationship.
- Management of ‘risky’ situations.
- Investment in the individual’s situation pays off.
- When a ‘victim’ requests help from a ‘professional’ it is usually a last resort.
Additional Data Collected

- Similarities and differences in victim and perpetrators behaviours
- Victims do not want to repeat the story over and over again
- Recovery processes develop from violence and abuse to absolute despair to growth and development
- Trust is a key factor in any relationship – personal and professional
Learning from this study

‘Coming together is the beginning; keeping together is progress; working together is success’

Henry Ford
11.30

What’s on the Horizon (2020)?

Patricia McCrory
What’s on the Horizon (2020)?

Bridging the Gap: Research and Practice

Health & Social Care Board

Patricia McCrory

18th February 2016
Horizon 2020 Structure

**Excellent Science**
- European Research Council (ERC)
- Future and Emerging Technologies (FET)
- Marie Skłodowska-Curie Actions (MSCA)
- Research Infrastructures

**Industrial Leadership**
- Leadership in Enabling and Industrial Technologies (LEIT) - ICT, KETs, Space
- Access to Risk Finance
- Innovation in SMEs

**Societal Challenges**
- Health and Wellbeing
- Food security
- Transport
- Energy
- Climate action
- Societies
- Security

Widening Participation; Science with and for Society, **Mainstreaming of Social Sciences and Humanities (SSH)** and ICT

- European Institute of Innovation and Technology (EIT)
- EURATOM
- Joint Research Centre (JRC)
Horizon 2020

Definition of Health (WHO)
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

• Work Programme: Health, demographic change and well-being (Societal Challenge 1)
• Specific objective: to improve the lifelong health and well-being of all

• For all - children, adults and older people
• High-quality, economically sustainable and innovative health and care systems, as part of welfare systems
• Opportunities for new jobs and growth
Funding opportunities for Health & Social Care

• Health 2016/17
  • Understanding health, well-being and disease
  • Preventing disease
  • Treating and managing diseases
  • Active ageing and self-management of disease
  • Methods and data
  • Health care provision and integrated care

Integration of social aspects: solutions and products that are socially acceptable, directly applicable or marketable and cost-effective
• Human behaviour and choices
• Lifestyles and well-being
• Economic analysis & business models
• Cultural aspects
• Variations across social groups

• Topics are 'flagged' for social aspects by EC - SSH research an integral part of the expertise needed to properly address the issue outlined in the topic
• ‘SSH-flagged' proposals should contain meaningful, integrated contributions from SSH researchers
• Evaluation panels include SSH expertise: evaluators briefed on how to identify and evaluate SSH aspects

(SSH = social sciences & humanities)
### Topics for 2016
- 6 Health topics + 4 Connected Health topics
- All single stage (full proposal, 70 pages)

#### 2016 deadline, HEALTH topics: 13 April 2016

| PM-01-2016 | Multi-omics for personalised therapies addressing diseases of the immune system |
| PM-04-2016 | Networking and optimising the use of population and patient cohorts at EU level |
| PM-06-2016 | Vaccine development for malaria and/or neglected infectious diseases |
| PM-09-2016 | New therapies for chronic diseases |
| PM-11-2016 | Clinical research on regenerative medicine |
| PM-21-2016 | Implementation research for scaling-up of evidence based innovations and good practice in Europe and low-middle-income countries |

#### 2016 deadline, CONNECTED HEALTH topics: 16 February 2016 (*12 April 2016 for PM-14*)

| PM-12-2016 | eHealth innovation in empowering the hospitalised patient |
| PM-13-2016 | PPI for deployment and scaling up of ICT solutions for active and healthy ageing |
| PM-14-2016* | EU-Japan cooperation on Novel ICT Robotics based solutions for active and healthy ageing at home or in care facilities |
| PM-18-2016 | Big data supporting public health policies |
• **2016 Topics – Social Sciences input needed to……**

• **PM-04-2016:**
  • Provide the evidence base for the *development of policy strategies* for prevention, early diagnosis, *therapies, health economics as well as addressing health inequalities*.
  • Wherever relevant, *evidence for economic evaluation* of interventions should also be included.

• **PM-21-2016:**
  • Impact should be broad, addressing *economic and social benefits* and its *effect on reducing inequalities*.
  • The research should identify the facilitators of and barriers to scaling-up….. and *differing social and health systems environments* in Europe or in LMIC.
  • Proposals should be *multidisciplinary* and relevant *gender aspects*. 
• **Topics for 2017** – mix of single stage & 2-stage proposals
  - 7 ‘single stage’ topics (full proposal)
  - 4 ‘2 stage’ topics (outline proposal at stage 1)

<table>
<thead>
<tr>
<th>2017 single stage deadline</th>
<th>2017 2 stage deadline – 4 October 2016 (stage 1); 11 April 2017 (stage 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM-11-2017: Clinical research on regenerative medicine</td>
<td>PM-07-2017: Promoting mental health &amp; wellbeing</td>
</tr>
<tr>
<td>PM-08-2017: New therapies for rare diseases</td>
<td><strong>SSH-minor role</strong></td>
</tr>
<tr>
<td>PM-10-2017: Comparing the effectiveness of existing healthcare interventions in the adult population</td>
<td><strong>SSH-relevant</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2017 deadlines, CONNECTED HEALTH topics: *31 January; $14 March, #11 April</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM-15-2017*: Personalised coaching for well-being and care of people as they age</td>
</tr>
<tr>
<td>PM-16-2017$: In-silico trials for developing &amp; assessing biomedical products</td>
</tr>
<tr>
<td>PM-17-2017$: Personalised computer models and in-silico systems for well-being</td>
</tr>
<tr>
<td>PM-19-2017$: PPI for uptake of standards for the exchange of digitalised healthcare models</td>
</tr>
<tr>
<td>PM-20-2017#: Development of new methods and measures for improved economic evaluation and efficiency measures in the health sector</td>
</tr>
</tbody>
</table>
• **2017 Topics – Social Sciences input needed to......**

• **PM-07-2017:**
  • The interventions should build on but may go beyond existing state-of-the art knowledge on *biological, psychological and social determinants of mental well-being*
  • Eg, *societal, cultural, work life, lifestyle, epidemiological,* economic and environmental perspectives.

• **PM-10-2017:**
  • Preference (for) interventions with *high public health relevance and socio-economic impact,* eg, high negative impact on the *quality of life of the individual*
  • and/or are associated with *significant costs or where savings can be achieved.*
  • A cost effectiveness analysis must be included.
  • Address *gender, socio-economic* differentials in health, other factors that affect health equity.
• **Sustainable Food security (SC2) - 2016/17**
  • Healthy & safe foods and diet for all
  • 3 topics related to health & societal impacts

---

**Sustainable Food Security (SC2)**

<table>
<thead>
<tr>
<th>SFS-38-2016: Impulsivity and compulsivity and the link with nutrition, lifestyle and the socio-economic environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st stage – 17 February 2016</td>
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<thead>
<tr>
<th>SFS-39-2017: How to tackle the childhood obesity epidemic?</th>
</tr>
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<tbody>
<tr>
<td>1st stage - 14 February 2017; 2nd stage - 13 September 2017</td>
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<tr>
<th>SFS-40-2017: Sweeteners and sweetness enhancers</th>
</tr>
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<tbody>
<tr>
<td>1st stage - 14 February 2017; 2nd stage - 13 September 2017</td>
</tr>
</tbody>
</table>

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All SSH Relevant
• Societies 2016/17
  • *No topics related to social care in 2016 or 2017*
  • Horizon Prize for Social Innovation in Europe
    First Horizon Prize for Social Innovation: ‘Challenge of the Ageing Population’
    €2million prize
  • The Prize will ‘reward the innovator or team who comes up with the best solution to address the challenges and opportunities of ageing and to improve the quality of life of senior citizens’

• Science with and for Society 2016/17
  • *The ethics of informed consent in novel treatment*
  • *The ethics of technologies with high socio-economic impact and Human Rights perspective*
Joint Programming Initiatives

• Applications are submitted to the ‘Joint Secretariat’ (not to the EC)
• Participants are funded by their national funding agencies (eg, MRC, ESRC)

• JPI-MYBL: More Years, Better Lives

• JPND: Alzheimer & other neurodegenerative diseases

• JPI-HDHL: Healthy Diet for a Healthy Life
  • Biomarkers in nutrition & health – 19th April

• JPI-AMR: Antimicrobial resistance – the microbial challenge – an emerging threat to human health
  • Transmission dynamics – 21st March
• Active and Assisted Living:
  • Mainly for SMEs/industry – research outputs ready for market within 2-3 years of project start date
  • Other organisations can participate

• Living well with dementia – the contribution of ICT to integrated solutions for enabling the wellbeing of people living with dementia and their communities

  • Challenge: bring together technologies and services to create ICT based solutions addressing the aspirations and challenges that will enable the wellbeing of people with dementia and their communities
  • Info Day: 8-9th March 2016, Brussels
• Identify key players (conferences, brokerage events, EC events, publications)

• [http://www.fitforhealth.eu/](http://www.fitforhealth.eu/) - partner search tool
• [Enterprise Europe Network](http://net4society.pt-dlr.de/) – partner search facility (Invest NI)

• How can you add value to a collaborative project?
  – What’s your USP
  – What trait of your organisation/ your research are novel, interesting, unique
  – Facilities, expertise, patients, research, innovation
- NICP: encourage participation in Horizon 2020
  - Engage with NI Stakeholders

- Align H2020 priorities (Work Programme) with regional research & innovation strengths

- UK, Irish & other NCPs and EC officials
  - Workshops, partnering events

Patricia McCrory

H2020 NICP for Health

p.mccrory@qub.ac.uk

H2020 Work Programmes - Participant Portal

12.00
Understanding and Using Research in Social Work

Professor Brian Taylor
Bridging the Gap conference
18th February 2016

Understanding & Using Research in Social Work

Brian Taylor, Professor of Social Work, Ulster University
Anne McGlade, Social Care Research Lead, Health & Social Care Board NI
A post qualifying programme to support the SW Research Strategy
Research Methods Programme

- Commenced 1992
- Adapted with post-qualifying arrangements
- From 2015 provides two modules:
  - *The Evidence-Informed Professional & Organisation*
  - *Research & Evaluation Methods in Social Work*
academic & employer partnership

- Ulster University, HSC Board, Trusts, NIGALA, PBNI, voluntary sector
- **Management Board** oversees recruitment, teaching, examining
- All projects agreed with line management
- Agency Practice Assessor & University Tutor provide support & undertake examining
The Evidence-Informed Professional & Organisation

- using web-based sources of evidence
- shaping an answerable question relevant to a workplace issue
- identifying research relevant to these issues
- appraising the quality of research
- synthesising research into clear recommendations for practice
- presenting evidence at regional event
‘Evidence module’ - content

- 10 taught days; Sept – June
- 60 academic credits (1/3 Master’s degree)
  - Can also be used towards Postgrad Diploma
- 6 Specialist or 3 Leadership Requirements selected from NISCC-approved menu
Research & Evaluation Methods in Social Work

- introduction to quantitative and qualitative research & evaluation methods
- conduct research, evaluation or professional audit project
- design, gaining access to data & ethical approval
- gathering data & analysis
- presentation in your own organisation
‘Project module’ - content

- 12 taught days; Sept – Sept
- 60 academic credits (1/3 Master’s degree)
- Requires the ‘Evidence Module’ (or equivalent) as pre-requisite for entry
- 6 Specialist or 3 Leadership Requirements selected from NISCC-approved menu
  - Complete both modules for Specialist Award
Dissemination

● Oral presentation:
  ● EIPO – at regional event.
  ● REM – within employing organisation.

● Reports on successful (60%+) projects hosted on the University website for wider access to inform social care service developments.
AIM:

…to build a research-minded culture…

Priority 4:

To increase the engagement, participation and visibility of social work practitioners, in partnership with other professionals, in research, evaluation and audit activities.
Understanding & Using Research

We in social work need integrated initiatives to develop the culture, knowledge, skills, systems & infrastructure so as to understand and use research for the benefit of the clients & families whom we serve.
EIPO = Essential knowledge & skills for using research

- Shaping an answerable, useful question
- Understanding types of questions & research
- Skills in identifying relevant research
- How do we appraise quality usefully?
- Synthesise & piece together knowledge jigsaw
- Apply knowledge to practice & decisions

NB An uncertain world! No panaceas!
The Evidence Informed Professional & Organisation: MSc dissertation proposals

- Ruth Kingston (Belfast HSC Trust, FCC team leader) (2015) *The Emotionally Intelligent parent: Do we need to consider this in our assessments?: Systematic narrative review*

- Jenni Rice (South Eastern HSC Trust, Residential Social Worker) (2015) *The importance of relationships between Looked After Children & the people who look after them in residential care: Systematic narrative review*
Programme commissioning & implementation questions:

- E.g. I am responsible for recommending a parenting programme for implementation.
- Which programme do I recommend?

Programme choices:


- Simon Darby (CLIC-Sargent SW at City Hospital Belfast) (2015) *Physical activity and the impact on late effects of teenager and young adult cancer survivors: Systematic narrative review*
Practice issues:

- Elizabeth Tanner (Southern HSC Trust, Sensory Disability Team Manager) (2015) *Interaction by health & social care professionals in the lives of individuals who are deaf-blind: Systematic narrative review*

- Francis Kavanagh (South Eastern HSC Trust, Social Worker) (2015) *Experiences of support networks of young people leaving foster care: Systematic narrative review*
Organisational issues:

- Adrian Graham (South Eastern HSC Trust, FCC team leader) (2015) *Developing team resilience to prevent burnout and compassion fatigue: Systematic narrative review*

Understanding and Using Research in Social Work

Brian Taylor
Campbell Killick & Anne McGlade

- October 2015
- £19.99
- ISBN: 9781473908147

Succinct focused and very well written with up to the minute insights on key issues. Excellent book.

-Mr Sean McEntee,
Department of Social Work, Ulster University
Next steps:

- More information:- the Management Board member from your organisation
- Recruitment:- through your employer social work training department
- Publicity issued mid-February
- Information session at Jordanstown campus - Wed 20 April 2016
- IF all else fails: pqsocialwork@ulster.ac.uk
12.10
Cochrane – Opportunities for Research
Dr Joanne Wilson
Cochrane: Opportunities for research

Joanne Wilson, Managing Editor
Contact: j.wilson@qub.ac.uk
Disclosure of interest

- At the Cochrane Developmental, Psychosocial and Learning Problems Group (CDPLPG), I work collaboratively with authors of systematic reviews of interventions, prognosis reviews, and diagnostic accuracy reviews.

- I am involved in a Cochrane review of centre-based early education interventions for improving school readiness.
Information overload
Information overload

1. Most new information is of poor quality.
2. Most published research findings are false.
Types of reviews

- Critical review
- Literature review
- Mapping review
- Meta-analysis
- Mixed studies
- Overview
- Scoping review
- Systematic search
- Systematic search & review
- Systematic review
- Umbrella review
- Rapid review
- State-of-the-art review
- Qualitative systematic review

Cochrane Developmental, Psychosocial and Learning Problems Group

Queen’s University Belfast
Systematic reviews

Hierarchy of Evidence

From infobesity to info-savvy
What is a Systematic Review?

“…attempts to collate all empirical evidence that fits pre-specified eligibility criteria in order to answer a specific research question. It uses explicit, systematic methods that are selected with a view to minimising bias, thus providing more reliable findings from which conclusions can be drawn and decisions made.”

(Taken from Higgins & Green 2011)
What is a Cochrane Systematic Review?

Like other systematic reviews but:

• Authors adhere to guidelines published in the *Cochrane Handbook for Systematic Reviews of Interventions* (Higgins & Green 2011).

• Authors prepare reviews according to a structured format, using Review Manager software.

• Authors update their reviews.

• The review is held in the Parent Database, which is maintained by Cochrane.

• The review is published in *The Cochrane Library*. 
Cochrane Developmental, Psychosocial and Learning Problems Group

Specific allergen immunotherapy for the treatment of atopic eczema
Herman Tam, Moises A Calderon, Logan Manikam, Helen Nanceviss, Ignacio Garcia Núñez, Hywel C Williams, Stephen Durham, Robert J Boyle
12 February 2016

Interventions to optimise prescribing for older people in care homes
David P McDermott, Mary-Claire Kennedy, Carmel Hughes, Timothy F Chen, Paul Miller
12 February 2016

Skin grafting and tissue replacement for treating foot ulcers in people with diabetes
Trinije B Santema, Paul PC Poyck, Dirk T Ubbink
11 February 2016
Impact factor: 6.035
The systematic review process

1. Define an appropriate healthcare question.
2. Develop a review protocol.
3. Search the literature.
4. Assess the studies.
5. Combine the results.
6. Place the findings in context.
1. Define an appropriate healthcare question

**P** Patient, population or problem

**I** Intervention

**C** Comparison or intervention (if appropriate)

**O** Outcome
2. Develop a review protocol

The protocol should describe:

- The rationale for the review;
- The objectives of the review; and
- The methods that will be used in the review.
3. Search the literature

Conduct a thorough and systematic search of the published and unpublished review literature:

• Electronic search; and

• Additional resources (e.g. grey literature).
4. Assess the studies

- Eligibility;
- Methodological quality; and
- Extracting results.
5. Combine the results

- The results from the individual studies are then synthesised.
- This may or may not include a meta-analysis.
6. Place the findings in context

1. Overall completeness, applicability and quality of the body of evidence.
2. Potential biases in the review process.
3. (Dis)agreements with other studies or reviews.
How can I get involved?

- Author a review.
- Comment on a review, either as:
  - a peer referee (someone with content, methodological and/or statistical expertise); or
  - a consumer representative.
- Translator.

If you are interested in getting involved, please contact the relevant review group.
(www.cochrane.org/contact/review-groups)
Latest News and Events

**Autism: Health Minister Simon Hamilton announces £2m boost**

**New protocol published:** Methylphenidate for attention deficit hyperactivity disorder (ADHD) in children and

**Newly published Review:** Amphetamines for attention deficit hyperactivity disorder (ADHD) in children and
1. Cochrane Fellowships

**2016 Fellowships Advance Notice: Announcement expected in March 2016**

**2016 Fellowships Advance Notice**

The 2016 Cochrane Fellowships Scheme will be announced in March. Potential applicants are encouraged to start registering a title and finding a supervisor now. Further information is available at [http://ireland.cochrane.org/cochrane-fellowships](http://ireland.cochrane.org/cochrane-fellowships) and [https://www.facebook.com/cochraneireland/](https://www.facebook.com/cochraneireland/)

Applicants must be employed in Northern Ireland, within Health & Social Care (HSC), voluntary/not-for-profit organisations providing health and social care or within an academic institution. The Fellowship provides the Fellow with protected time for up to two days per week for up to two years. The award covers systematic review training costs, salary costs and research expenses. The aim of the Cochrane Fellowship scheme is to build capacity in conducting systematic reviews in the health and social care field in Ireland and Northern Ireland, and to free up protected time for applicants to conduct and maintain a systematic review and to generate a body of systematic reviews, led by Irish and Northern Irish reviewers, for inclusion in the worldwide Cochrane Library.

For more information about the fellowship scheme, please contact: Gail Johnston Tel: 028 9536 3490
Courses and workshops

Medical statistics for non-statisticians, Krems, Austria, 8th and 9th March 2016.

Systematic reviews in Medicine, Freiburg, Germany, 10th to 12th March 2016.

Systematic reviews and meta-analysis short course. ScHARR Short Course Unit, University of Sheffield, 12th to 14 April 2016.

Introduction to systematic reviews and critical appraisal course. Centre for Reviews and Dissemination, University of York, 14th to 16th June 2016.
Courses and workshops, continued

Masterclass on systematic reviews in cancer care, guidelines and research, Belfast, UK, 10th to 14th June 2016.

Systematic reviews and meta-analysis. School of Social and Community Medicine, University of Bristol, 13th to 16th June 2016.

Comprehensive systematic review training programme. The University of Nottingham Centre for Evidence Based Health care, 4th to 8th July 2016.
Free courses

**Online training courses.** For more information is available at [www.training.cochrane.org](http://www.training.cochrane.org)


**Cochrane Ireland.** For more information is available at [www.ireland.cochrane.org](http://www.ireland.cochrane.org)
Training opportunities at conferences

3. 24th Cochrane Colloquium.
Training opportunities at conferences

3. 24th Cochrane Colloquium.
Thanks for your attention.
I look forward to working with you in the future!
12.30

Lunch and Social Work Innovation’s (2015-2016) Poster Viewing

Thursday 18 February 2016 – Northern Ireland Community and Voluntary Association (NICVA) “Bridging the Gap – Research and Practice”
13.15
Parallel Oral Presentations / Breakout Sessions

Anne McGlade
Yellow Group – Meeting Room 4

Blue Group – Conference Room A

Green Group – Conference Room B
14.15

Tea / Coffee

Thursday 18 February 2016 – Northern Ireland Community and Voluntary Association (NICVA)
“Bridging the Gap – Research and Practice”
14.30

Panel Summary

Dr Gavin Davidson, Karen O’Brien, Christine Smyth, Laura Collins, Dr May McCann and David McDonald
15.15

Closing Remarks / Evaluation

Anne McGlade