Abstracts Book

Friday 3 September 11:00 – 11:45

BREAKOUT ROOM 1

CHAIR: SARAH HOARE

Lifecourse - Reproductive Health; Chronic Conditions; Ageing: Death and Dying

“I’m done:” poetic reflections on narrative and stillness towards end of life for people with deteriorating heart failure.

Caitlin Pilbeam

(University of Oxford)

Dying with heart failure is a turbulent journey potentially over years. However, making life ‘worth living’ in the face of dying is less well-studied. Based on two years’ ethnographic fieldwork in Oxfordshire, UK (2017-2019) with people with heart failure, I present two poetic excerpts that capture and synthesise key themes. These excerpts were written during fieldwork, and reworked during data analysis. I foreground how narrative and stillness intertwine towards end of life as participants begin to look back on their lives, and making new meaningful narratives is deprioritised; whilst they simultaneously do less and less, and feel ‘done’ with living. Wish to die is most often seen as symptomatic of underlying pathology, however, I argue for an understanding of ‘settling into stillness’ to highlight how this can be a gradual, multifaceted, nonpathological process of change. Settling into stillness, and realising that one is done with living, might thus be respected.

Exploring Identity in the Very Old: A Qualitative Study

Helen Anderson, Sian Russell, Rachel Stocker, Barbara Hanratty, Louise Robinson, Joy Adamson

(University of York)

A growing number of people are experiencing very old age. Experiences of those aged ≥95 years are rarely researched and how identity is constructed, and sense of self in the world negotiated, is little understood. Here voice is given to how the very old conceptualise identity and negotiate their continued place in the world through a Positioning Theory lens. Qualitative interviews were conducted with 23 participants aged ≥95 and analysed thematically, with five themes generated: A contented life; reframing independence; familial positioning; appearance and physical wellbeing; reframing ill health. Individuals created a sense of who they are now by challenging, refuting, adapting and creating societal master-narratives. Participants saw themselves as largely contented. Despite their world becoming smaller, pleasure was found in small daily routines/events. Tensions around loss of autonomy and independence were countered by small acts of resistance and subversion, with preserving autonomy prioritised over safety.

The impact and implications of Covid-19 on the relational, social, and healthcare experiences of hospice care in the West Midlands

John MacArtney, Abi Eccles, Joanna Fleming, Catriona Mayland, Sarah Mitchell, Kathryn Almack, Jeremy Dale

(University of Warwick)

Following the countrywide lockdown in March 2020 hospices rapidly changed the way they worked, how they cared for people with life-limiting conditions, and how they supported families. This ESRC funded study contributes the missing hospice perspective to the growing body of knowledge about the effectiveness and uneven effects of changes to palliative services in response to Covid-19. Our mixed-methods study uses two data collection methods: the collection of already existing quantitative and qualitative data and outputs created by the hospices in response to the pandemic (grey evidence); and, interviews with patients, carers, hospice staff, and with those responsible for hospice service design and provision. Our presentation will report the findings from the transdisciplinary, multi-stakeholder, collaborative approach we used to synthesise and interpret the data. We will also identify recommendations to mitigate the uneven relational, social and healthcare impacts of Covid-19 upon hospice service users and providers.

The routinisation of access to donor-egg assisted reproduction: navigating the gendered limits of the Iranian ART scene

Tiba Bonyad

*(*The University of Manchester*)*

Since the first Iranian baby conceived through egg donation in 1994, this technology has become the most sought-after method of third-party assisted reproduction (Abedini et al., 2016; Tremayne & Akhondi, 2016). Despite its relative popularity, this medical technology is exercised at an intersection of gendered socio-cultural structures, the Shia Islamic ethics of kin-making and the absence of specific legislation. This paper aims to examine how the local knowledge of Islamic law and the politics of sex mutually shape the normalisation of egg donation in Iran. I use two sociological concepts of ‘normalisation’ and ‘routinisation’ (Thompson, 2005; Wahlberg, 2016) in tandem to guide my analysis on the role of temporary marriage for egg donation in Iran and its evolvement over time. I will answer this question based on my ethnographic fieldwork in two ART clinics in Tehran and twelve in-depth interviews with intended mothers in 2019, and the available legal documents.

Abortion online: how gender impacts sharing of abortion experiences on virtual platforms

Rachel Wilson-Lowe

*(*MRC/CSO Social and Public Health Sciences Unit, University of Glasgow*)*

Online platforms are increasingly used as sources of healthcare-related information and support, particularly by women. In relation to stigmatised areas of health, like abortion, individuals must navigate potentially judgemental spaces to access this support. This paper presents findings from a qualitative interview study of 23 women living in Scotland about their experiences of reading and/or posting online content relating to their abortion(s).

I conducted thematic analysis which foregrounded gender as significantly impacting these experiences online. Given that abortion most immediately impacts women, platforms primarily used by/targeted at women were often viewed as desirable spaces in which to discuss abortion online. However, gendered online spaces did not ensure a positive sharing experience, with platforms and users perpetuating abortion as a transgression of womanhood. Informed by feminist digital scholars and conceptualisations of stigma, this paper explores how the gendering of online spaces motivates sharing of abortion experiences and how they are received.

Friday 3 September 12:00 – 12:45

BREAKOUT ROOM 2

CHAIR: SALLY BROWN

Embodiment and Emotion / Experience of Health and Illness

It’s all wrapped up in emotion’: The personal resonance of a public health crisis

Bridget Lockyer

*(*Bradford Teaching Hospitals Foundation Trust*)*

Format: Storytelling radio piece/podcast. Jackie’s words are spoken by someone else alongside narration. This is an immersive audio experience that conference participants can listen to at their convenience (on a walk or doing the dishes perhaps).

Health decisions and behaviour often take place in emotionally-laden contexts (Ferrer and Mendes, 2017). Derived from an interview study with participants in West Yorkshire about health experiences and health beliefs during Covid-19, this narrative audio piece focuses on one woman’s experience of the Covid-19 pandemic, illustrating the personal resonance of a public health crisis. Jackie faced illness, bereavement, difficulties accessing health services and online misinformation during the first UK lockdown, which left her feeling abandoned, alone and confused. These experiences and feelings clouded her trust in the NHS and increased her uncertainty around taking a Covid-19 vaccine. Through her personal narrative, we can better understand how social context, experience and emotions shape people’s relationships with health and health services.

Inter-embodiment and parent-child relations: the case of food allergy

Marie-Louise Stjerna, Geraldine Brady

*(*Department of Special Education, Stockholm University*)*

There is a growing interest in ideas of inter-embodiment within childhood studies. We add to existing research by addressing inter-embodiment in the parent-child-health/illness triad, drawing on focus group interviews with parents of children with food allergy in Sweden. Parental accounts demonstrate that children display competence in interpreting their own body, using their experiential knowledge to recognise symptoms of food allergy. The analysis demonstrates that ‘parental vigilance’ is the embodied manifestation of concern for another’s body in perpetual liminality, when constantly exposed to allergens and the risk of becoming ill.

Breaking up is Hard to Do: Negotiating Feeling Rules In Youth Breakup Cultures

Raquel Boso Perez, Ruth Lewis, Kirstin Mitchell

*(*MRC/CSO Social and Public Health Sciences Unit, University of Glasgow*)*

Emotions characteristic of breakups such as heartbreak or relief are often experienced as private and individual; yet these feelings are also socially patterned. At this stage of life, young people’s limited experience of relationships may present challenges for navigating this complex process of disentanglement. Breakups can therefore become prominent sites where unhealthy dynamics manifest.

We explore the ‘feeling rules’ (Hochschild,1979) governing youth breakup cultures, drawing on data from focus groups with 28 LGBT and cisgender heterosexual people aged 15-24 recruited via youth groups in Scotland. Identified ‘feeling rules’ include how: 1) one should be appropriately distressed during a breakup; 2) one should not cause unnecessary hurt to one’s ex-partner; and 3) one should no longer be in love with their ex. We delve into these ‘rules of disengagement’, considering the role of one’s social membership in shaping the emotion work, rule exceptions, and sanctions at play amongst (ex)partners and peers.

(In)visible Women: A Participatory Transmedia Storytelling Experience

Sushila Chowdhry, Maya Chowdhry

(University of Dundee)

Transmedia storytelling is a method of telling a story using multiple media. The story we tell is drawn from interview narratives focusing on pregnant embodiment and maternal healthcare. Through digital and material media we create an immersive sensory experience which allows participants to vividly imagine aspects of larger embodied women's accounts of pregnancy, childbirth and maternal healthcare which would otherwise be rendered invisible.

The story conveys how the intense focus on maternal carbohydrate consumption, maternal body mass index and screening for gestational diabetes and weight-gain, combined with the technologies of foetal growth monitoring, shapes one larger woman's (Lily) pregnant embodiment and experience of childbirth. As Lily's body is absent, participants are encouraged to move beyond internalised neoliberal medical and public health discourses which shape societal value judgements in relation to the large female body.

Presentation mode - Participatory Transmedia Experience

From the Home to the (Hand)bag: Negotiating Intimacy and Privacy in the Everyday Lives of People with Irritable Bowel Syndrome (IBS)

Lauren White

(University of Sheffield)

Acquiring privacy when it comes to our intimate bodily needs is perhaps one of the most ordinary but hidden features of our everyday lives. Obtaining privacy, including going to the toilet, is shaped spatially, temporally, relationally and materially. Drawing upon a qualitative study that utilised diaries and follow-up interviews to explore everyday life with the health condition irritable bowel syndrome (IBS), this paper explores the navigations of privacy when anticipating or experiencing symptoms. Building upon Twigg's (1999) spatial ordering of privacy and theories of materiality, I map the intimate ways in which privacy is sought out in domestic and public realms. This is achieved through following spatial and material locations of privacy as people move through public and private spheres - from the home, to the (hand)bags and to intimate yet public places like the hairdressers. This paper offers a contribution to domestic geographies and broader conceptualisations of materialities.

Friday 3 September 13:30 – 14:15

BREAKOUT ROOM 3

CHAIR: GARETH THOMAS

Experience of Health and Illness / Mental Health / Open

Long Covid - The Illness Narrative

Alex Rushforth, Emma Ladds, Trisha Greenhalgh

(University of Oxford)

Long Covid is arguably the first illness to be defined by patients who came together in online communities. We analyse a large dataset of narrative interviews and focus groups with 114 people with long Covid from the UK, drawing on Frank's socio-narratology. We describe how storytelling devices including chronology, characterisation, and imagination were used to create persuasive accounts of a strange and frightening new condition beset with setbacks and overlooked or dismissed by health professionals. The most unique feature of long Covid narratives (in most cases) was the absence of a professional witness to them. People struggled with a fragmented inner monologue before finding an empathetic audience and other resonant narratives in online communities. Collectively, their stories provided a rich description of the diverse manifestations of a grave new illness, a shared account of rejection by the healthcare system, and a powerful call for action to fix the broken story.

It's time to talk about exploitation in health research

Stan Papoulias, Felicity Callard

(King's College London)

Why is there such little use of the term exploitation in health research? We consider the specific terrain of mental health research undertaken in universities (where we both work), and argue that the current institutional focus on 'improving research cultures' obscures our ability to study the labour relations underpinning mental health research and the practices of exploitation and appropriation which structure these. We argue that such practices are central to the production and dissemination of research evidence, and affect not only who conducts research and where, but also which conceptual frameworks become privileged. We take up the figure of the survivor/user researcher as a particular instantiation of labour precarity, within a much broader exploitative labour ecology. In addition to the survivor researcher, we address exploitation through considering the work of the fixed-term researcher, the research participant/subject, the patient and public involvement (PPI) co-ordinator and the administrator.

Fictionalising the trials and tribulations of young people with mental health conditions into the German labour market – added benefit to research & practice, or idle fancy?

Matthias Varul

(University of Applied Labour Studies, Mannheim)

The contribution will begin by reflecting on three potential benefits of social-science fiction writing are achieved: (1) generating new perspectives on empirical material by confronting it with the construct of an (micro) ideal type, (2) presenting empirical insights which could otherwise not be revealed where identifiability cannot be avoided, and (3) enhancing the ability to understand the perspective of research subjects through artificial re-creation.

These will then be tested by presenting the account of an imaginary social worker going through case notes reflecting on the odyssey of a young person with severe social anxiety and recurring depression from dropping out of school through a highly complex and bureaucratic system of support to find access to vocational training and work. The narrator faces the additional challenge that the audience is not familiar with this system. The empirical basis are both professional experience and results from an ongoing international research project.

Stereotypes and significance: negotiating the meanings of self-harm

Veronica Heney

*(*University of Exeter*)*

The “typical” self-harming subject “is presented as female, white, young, and middle-class” (Chandler et al 2011) in popular discourse, medical literature, and fiction alike. Yet this figure is associated not only with a demographic population but also a set of meanings such as delicacy, vulnerability, and melodrama coalescing around white femininity. Even as this stereotype acts to stigmatise and medicalise, it also acts to exclude along lines of race, gender, and class. This presentation will bring together interview data and fictional texts to consider how people with experience of self-harm negotiate this stereotype. In particular, participants hoped for depictions which engaged with mundanity, with unpleasantness, and with the shame associated with self-harm. I’ll use a close reading of debbie tucker green’s play 'nut' to explore the framing of self-harm within the difficulty of everyday social, material, and political contexts as a valuable refusal of this archetype and its associated meanings.

Gender based treatment preferences for adolescents with mental health issues among families in Layyah, Pakistan

Rizwan Abbas, Piet Bracke

*(*Ghent University Belgium*)*

Adolescent mental health is a neglected field at the research as well as policy level in Pakistan. This negligence facilitated the traditional stigmatized concerns for the issue on one hand and widens the concerns of families for opting for treatment for their children on the other. The present study explored the family treatment preferences based on the gender of their mentally ill child. A Socio-ecological model of McLeroy et al., (1988) was used as a theoretical lens. Five couples having children, a general practitioner, and a religious leader were chosen through the purposive sampling technique. Data was collected through in-depth interviews. A dialectical approach was used to analyze the data. The data revealed, the influence of culture in choosing the treatment strategy which differs according to gender and made females/girls more prone. The study has potential for institutional as well as research perspective if discussed on a credible platform.

Friday 3 September 14:30 – 15:15

BREAKOUT ROOM 4

CHAIR: SARAH HOARE

Experience of Health and Illness

From sex in parks to glory holes: Sex and risk among barebackers during COVID-19

Jaime Garcia Iglesias, Chase Ledin

*(*Centre for Biomedicine, Self and Society, Usher Institute, University of Edinburgh*)*

COVID-19 has had major impacts on sexual subcultures. Our paper explores how barebackers, gay men who engage in condomless sex and have frequently been framed in terms of HIV risk, negotiate COVID-19. We ask: How do barebackers negotiate what behaviors are acceptable during COVID-19? How do they balance risk reduction and their desires for sexual intimacy? Through an online ethnography of a popular barebacking forum, and using participant quotes, we discuss how these men compare their sexual practices to other public encounters and develop risk-management tools. We evidence that individuals are aware of the public health implications of intimate contact but also seek to maintain sexual intimacy through grassroots risk-reduction techniques, improvising narratives about what ‘future sex’ after COVID-19 will look like. We conclude by suggesting that barebackers, because of their past history of negotiating HIV, provide insights into how sexual subcultures balance risk reduction and pleasure during COVID-19.

“it’s got to be an enjoyable experience” – How the sensory landscapes experienced by smokers switching to ecigarettes accounted for successful or unsuccessful uptake

Charlotte Albury

*(*University of Oxford*)*

Many chronically ill smokers are unable or unwilling to quit. Providing nicotine through less harmful sources offers an alternative to quitting, reducing exposure to the harmful constituents in tobacco smoke. In the MaSC trial smokers with a smoking-related chronic disease who had no intention of quitting or seeking support were encouraged to switch some cigarettes for e-cigarettes. We interviewed participants from the trial to find out what aspects of the e-cigarette hindered or facilitated long-term switching. Using thematic analysis, theoretically informed by anthropological approaches to the phenomenology of the senses, we explored the concept of sensorial blends. We found that a composition of sight, taste, smell, and tactile experience caused simultaneous activation of several senses, creating a lived sensory landscape that could facilitate enjoyment (or not) when using the e-cigarette. We present watercolor artwork created from participants’ narratives to better glimpse these colourful and complex landscapes.

UK results from the CHIA study: Impacts of the pandemic on children with complex medical care needs and their networks

Laura Paulauskaite, Matilda Skipper, Oisin Keenan, Amelia Roberts, Carol Rivas

*(*University College London*)*

We present findings from a study of the effects of the pandemic on the lives of children with complex medical care needs (CCN) and medical technology dependence (e.g. requiring feeding tubes or ventilators for part of each day). Many CCN attend school routinely but teachers are now concerned about how to safely deal with their needs. Parents/carers and CCN have taken on extra tasks (e.g. using technologies and delivering therapies at home). Informal support networks have shifted to cyberspace. We synthesised data from a literature and social media review, daily ethnographic diaries, survey and interviews with CCN, their carers and formal support staff. This shows how some changes proved positive for children and their families, and others created new issues. Our focus is on identifying key networks and ‘assets’ to mitigate issues going forward. This study was undertaken in parallel in the UK and Japan.

A Multi-Centre Qualitative Study Exploring the Patient Experience of Digital Ulcers in Systemic Sclerosis – Six constructed poems

Jennifer Jones, Rachael Gooberman-Hill, Michael Hughes, John D Pauling, Andrew Moore

*(*SAPPHIRE, Health Sciences, University of Leicester*)*

Digital ulcers (DUs) are a major cause of disease-related morbidity and a complication of systemic sclerosis (SSc); little is known about the patient experience of SSc-DUs. Four focus groups were conducted with 29 SSc patients with a history of DU disease across three UK-based scleroderma units, using a topic guide devised by SSc patients, experts and experienced qualitative researchers. A purposive sampling frame enabled inclusion of the experiences of diverse patients. Anonymised focus group transcripts were analysed using an inductive thematic approach.

Five inter-related themes were identified, these encompassed both the physical and psychological aspects of patients' experiences of digital ulcers. A series of six poems were constructed from the verbatim transcripts of the focus groups using an innovative creative-arts based approach. Poems highlight the intense nature of pain, emotional considerations and the impact of digital ulcers on patients' daily lives. The poems will be presented as an online poster.

Managing health conditions during Covid-19: enforced stillness and everyday efforts to minimise risk. Findings from a qualitative study in the East of England

Claire Thompson, Laura Hamilton, Angela Dickinson, Rosalind Fallaize, Jo Morton, Wendy Wills

*(*University of Hertfordshire*)*

In March 2020, the first 'lockdown' began and those who were the most clinically vulnerable to the consequences of Covid-19 had to 'shield' and remain at home. This co-created film reports on the findings of an NIHR ARC funded qualitative study. In-depth interviews were carried out with more than 40 households and 30 organisations providing community support. Participants shared varied and substantial accounts of the challenges the restrictions posed both to managing health conditions and to caring work. The enforced stillness of the mitigation measures caused problems with accessing medications, medical supplies, support, and care. It also prevented people from engaging in physical activity and maintaining their dietary health in ways that were acceptable to them. Coping strategies to meet these challenges and minimise risk were often problematic. The film presents these experiences against the backdrop of images and footage produced by East of England residents

Animating the lived experience of Hepatitis C

Sarah Skyrme

*(*Newcastle University*)*

I will discuss how my experience of illness with hepatitis C has inspired the production of an animation I am developing with an animator. I will explain how the short film, now nearly completed, has been an exciting way of bringing sociology to life. Some of the ethical and creative issues encountered will be explained, such as how to represent challenges I encountered when ill, while using a fictionalised approach to create some distance. The animation is aimed at making visible the limitations of health and social care, and the outcomes poor provision and poor health have in people's lives. I will share images from the animation to illustrate points, and a short extract from the film will be shown. Graphic medicine will be drawn from as a source of theory and practice, and I hope to enthuse others to try a creative approach to generating and communicating meaningful knowledge.

Friday 10 September 11:00 – 11:45

BREAKOUT ROOM 1

CHAIR: SHADRECK MWALE

STS and Medicine

Polycystic ovary syndrome: the construction of ‘classic PCOS’

Angela Plessas

(Newcastle University)

Polycystic ovary syndrome (PCOS) is a common endocrine condition, which affects approximately 10% of women globally. As a diagnostic category, PCOS has stimulated longstanding debate, and clinicians and researchers remain divided over how best to define, diagnose and treat PCOS.

Following an in-depth documentary analysis of 150 medical texts, I have identified several key trends in the representation and construction of PCOS as a diagnostic category. In this context, the continued debates regarding PCOS diagnostic criteria provide an excellent case study for examining the social construction of medical knowledge.

The analysis focuses on why consensus on PCOS diagnosis remains elusive, despite numerous consensus conferences since 1990. The diversity of phenomena now captured under PCOS produced a controversy over the diagnosis, resulting in the development of a new category, ‘classic PCOS’. Constructing classic and novel variants of PCOS maintains the existence of a medical controversy, with implications for clinical practice.

Inventing biomedical accuracy: between customisation and personalisation of advanced therapies

Michael Morrison, Alex Faulkner

(University of Oxford)

Drawing inspiration from Donald Mackenzie’s classic study ‘inventing accuracy’ we examine how ‘biomedical accuracy’ is framed in discourses around the personalisation and customisation of biomodifying therapies. Interrogating material from qualitative interviews, academic papers, and promotional material across three case study technologies, 3D bioprinting, induced pluripotent stem cells, and gene editing, we identify how claims of accuracy are associated with particular material features or properties of each technology and how accuracy comes to be associated with tailoring or matching of therapies to particular features of specific patients or patient groups. The paper then considers how these notions of personalisation or customisation interact with the persistent drive towards standardisation in both manufacturing and healthcare, and what impact this has on the ways ‘accuracy’ is configured, measured and evaluated in therapy development.

Artificial intelligence and embodiment in medicine

Tomoko Tamari

(Goldsmiths, University of London)

The paper critically considers the limitations of the algorithmic approach and the significance of ‘embodiment’ for understanding organic bodies. Medical technology, especially computerization has transformed both practices and knowledge in medicine. The paper focuses on recent debates on the development of soft-robotics which regard ‘having/being the body’ to be a vital element to understand ‘embodiment’ as opposed to ‘the body as digital data’. Soft-robotics consider that ‘AI without the body’ has limitations, since the body is a crucial platform for humans to interact with the complex environment in the real world. Although this isn’t a new idea for the social and life sciences, the paper, drawing on Simondon’s notion of ‘technical mentality’, examines how the incorporation of robotics (technics) and social sciences (culture) could open up new ways of understanding the body, artificial intelligence, and robots in order to help rebalance medical knowledge and practice.

A digital revolution? Conceptualising the emergence of contraceptive apps

Alina Geampana

*(*Aston University*)*

The Femtech industry, which includes digital products, software and devices aimed at improving women's health, has skyrocketed in recent years. Contraceptive apps, in particular, have drawn both praise for innovation and negative attention due to being overly reliant on user compliance. Drawing on data from UK and US regulatory documents, this paper analyses how such digital technologies have been understood

and received within different healthcare contexts. Using a socio-material framework, I argue that their novelty in relation to other fertilityawareness-based contraceptive methods is assessed to varying degrees, depending on the regulatory approach. Additionally, their classification as a technology masks their complex relationship with fertility knowledge and how this is inputted into proprietary algorithms. This raises sociological questions about the value of digitalising contraception, the commercialisation of fertility data and the benefits that users actually get by using an app to get information about their fertility.

Friday 10 September 12:00 – 12:45

BREAKOUT ROOM 2

CHAIR: GARETH THOMAS

STS and Medicine

Trauma Induced Dementia and Rendering the Biosocial Molar

Gregory Hollin

(University of Leeds)

There is growing scientific recognition that head trauma is a risk factor for at least some Alzheimer's-like dementias. This focus upon trauma and dementia can be understood as part of a broader "biosocial turn" within which the "new biologies"—such as epigenetics and neuroplasticity—have been strongly implicated. While "molecularization" is understood as a key process within contemporary biosocial science, I argue here that the "environmental" cause of dementia appears resolutely molar: not intracellular but the car crash, the battlefield, or the abusive household. With reference to my ongoing ethnographic work, I here consider if and how the sciences of trauma-induced neurodegenerative disease complement existing work theorising the emerging biosocial sciences. I suggest, first, trauma-induced neurodegeneration complicates work that takes molecularization as its point of departure for theorising the 'new biologies' and, second, draw attention to a quite different and ongoing politics of life consolidating around environmental dementias.

House of tracking: emplacing the domestic practices and socio-material relations of self-monitoring.

Kate Weiner, Lauren White, Flis Henwood, Catherine Will, Ros Williams

(University of Sheffield)

With the growth in consumer markets, self-monitoring has become a significant aspect of everyday life. This is anticipated to revolutionise and redistribute responsibility for healthcare. Our research explores self-monitoring that people undertake for themselves using technologies acquired independently of health professionals. Focussing on blood pressure and BMI/weight monitoring, we consider why and how people self-monitor and how this relates to knowledge creation, care and responsibilities for health. Research involved 86 qualitative interviews, including a subset of photo-elicitation interviews using images taken over 6 months.

Our presentation provides a brief walk around the 'House of Tracking', an interactive web tool that presents key findings from our research. Participants' images and quotes, voiced by actors, are located around the home to demonstrate how self-monitoring is experienced across different spaces and at different times, showing it to be emplaced and embedded, private and collective. We invite delegates to explore the house further (https://tracking-ourselves-house-of-tracking.group.shef.ac.uk/)

What does it mean to detect disease? Findings from a study of digital tools for the detection of cognitive decline.

Alessia Costa, Richard Milne

(Wellcome Sanger Institute, Connecting Science, Society and Ethics Research)

Recent years have seen a growing interest in the detection of non-communicable diseases on the basis of genetic, molecular and digital 'signatures'. An area of rapid innovation is that of Alzheimer's disease. Despite biomedical attention to anticipating, preventing or delaying dementia, however, the value of detection, 'early diagnosis' and 'screening' remain contested.

Drawing on interviews with 25 researchers in public and private sectors working on digital tools for the detection of cognitive decline, we map how emergent practices and imaginaries of detection reconfigure how we identify, define and deal with Alzheimer's disease. We build on this analysis to explore what it means to 'detect' disease, asking what kind of practice detection is and how we might conceptualise the relationship between 'detection', diagnosis and screening (cf. Jutel 2009, 2015; Armstrong and Eborall 2012).

The presentation will be delivered as a short video using animation (https://youtu.be/1Evwgu369Jw), on-screen text (https://youtu.be/Nnjuafhc34) and/or stock footage.

Experimenting with animals, sociologists, and medical imaginaries

Pru Hobson-West, Renelle Mcglacken

*(*University of Nottingham*)*

As well as being consumers of medicine, non-human animals play a crucial role in the production of medicines through their role as experimental models in the laboratory. This topic can sometimes seem distant, polarised, or an expert affair, restricted to particular professionals such as scientists, veterinarians, or ethicists. Working as part of a Wellcome Trust funded collaborative programme on the ‘Animal Research Nexus’, we are interested in trying to encourage and understand wider conversations on animal research. This presentation will report on our research findings and then introduce a novel engagement activity, designed around the hypothetical question: ‘if everyday medicines were labelled as tested on animals, what might this look like?’. In the live session we will then conduct our own experiment: Conference attendees will be invited to design their own label, and collectively consider what this activity means for our understandings of medical consumption, scientific imaginaries, and human-animal relations.

Enrolling The Body as Active Agent in Disease Treatment: Tracing Immune System and Cancer Relations

Julia Swallow

*(*University of Edinburgh*)*

Immunotherapy is an emerging biotechnology in the treatment of advanced cancer and involves harnessing or reprogramming patients’ own immune system T cells to ‘attack’ cancer, potentially leading to long-term survival and cure. Militaristic metaphors pervade immunity discourse concerning immunotherapy whilst the immune system is also framed as agile and adaptable, (re)figuring distinctions of self/other, internal/external as the patient’s own body becomes active agent in treatment, bolstering the personalisation agenda in cancer. Drawing on documentary analysis and interview data, this paper explores the social, cultural and experiential significance of the mobilisation of the patient’s own immune system as ‘weapon’, or ‘saviour’ in the long-term treatment for cancer. In so doing, addressing the entanglements between discursive representations of the relationship between the immune system and cancer and the material realities of immune system/cancer relations, including the impact of these therapies on biosocial experiences of cancer, practices of cancer and disease ontologies.

Friday 10 September 13:30 – 14:15

BREAKOUT ROOM 3

CHAIR: ROSE WATSON

Diagnosis, Screening and Treatment / Theory

‘Frailty’ multiplicity in covid times

Dawn Goodwin, Cliff Shelton, Kate Weiner

*(*Lancaster University*)*

At the outset of the covid-19 pandemic in the UK, NICE produced a rapid guideline for managing critical care in adults that made frailty pivotal to assessments. This aimed ‘to maximise the safety of patients who need critical care …[and] enable services to make the best use of NHS resources’. Consequently, frailty became key to avoiding potentially harmful interventions and, implicitly, to rationing access to care in the context of concerns about the NHS being overwhelmed.

In this presentation we explore what frailty is, how it became a central construct for making care assessments during the pandemic, and the implications of the increasing currency of frailty within healthcare. We address these questions drawing on academic research, recent media, government reports and ethnographic research undertaken on hospital wards before the onset of the pandemic. We find multiple understandings of frailty, but at a policy level we suggest potential for large-scale discrimination.

Seeking a diagnosis, wanting to be tested: transnational healthcare practices of Polish migrants in the UK

Giuseppe Troccoli, Chris Moreh, Derek Mcghee, Athina Vlachantoni

*(*University of Southampton*)*

This paper asks how migrants arrive at an understanding of their health by reaching to different practitioners and technologies situated transnationally and how their understanding of the care received is shaped by their experiences of diagnosis as transmigrants. Our contribution is situated at the conjunction of the sociology of diagnosis and the study of transnational healthcare. We adopt a theoretical approach that situates diagnosis within a “transnational social field” (Levitt and Schiller 2004) within which diagnostic technology is central for healthcare practices. We base our discussion on the second phase of a mixed-methods study consisting firstly of an online survey (November 2019–February 2020) amongst 510 adult Poles living in the UK, and secondly of thirty-two in-depth semi-structured phone interviews (JuneAugust 2020) with survey respondents affected by, or caring for someone with, a chronic condition or disability. This paper reveals the creative, transformative, and uneven character of their health-seeking practices.

Re-imagining the ‘pregnancy hormone’: monitoring gestational trophoblastic disease

Emily Ross

*(*University of Sheffield*)*

This presentation uses sound and images to explore material practices of disease monitoring in gestational trophoblastic disease (GTD). GTDs are rare but potentially cancerous conditions that develop following conception. A key element of experiences of GTD is hCG monitoring. Detected by home pregnancy tests, hCG is commonly known as the ‘pregnancy hormone’ but is also produced by GTD tissues. It is quantified to diagnose GTD, evaluate treatment, and detect its return. Diverse practices of measurement and care across these settings mean that this hormone can take on multiple meanings for patients. GTD services are centralised in the UK, and monitoring requires women to post urine and blood samples to a specialist centre. In this session I present photographs, audio and qualitative interview accounts of hCG monitoring. These act as an invitation to reflect on the implications of repeated hCG testing for (non)pregnant embodiment and subjectivity, and for experiences of cancer.

Not a precise art': The making of a diagnostic label

Jennie Hayes

*(*University of Exeter*)*

Diagnosis of autism involves assessment of a wide range of observations, interviews and third-party reports. Deciding where the diagnostic threshold lies can be problematic: symptoms are behavioural, ambiguous and widely heterogeneous. Taking an ethnographic approach, we collected over 19 hours of clinician interaction discussing 88 patient cases across four assessment teams and conducted 21 interviews. Considering diagnosis as a social transactional process negotiated by a variety of actors (Jutel & Nettleton, 2011), we used discursive and thematic methods to examine how clinicians draw on pragmatism, affect and patient testimony to resolve contradiction from different aspects of the assessment. This then serves to create a narratively-coherent, intelligible clinical entity that is autism. We present audio data from the study and consider the implications of the label by presenting an animation, 'The State of Being Different', commissioned by the Exploring Diagnosis project, drawing on the voices of autistic adults talking about diagnosis.

Critical Realism in Diagrams

Priscilla Alderson, Stuart Hofer Green

*(*Social Research Institute, University College London and Faculty of Medicine, School of Public Health, Imperial College London*)*

Critical realism is often said to be dense and difficult, and indeed some texts are heavy-going. Yet the growing literature on critical realism applied to social and health research includes clear introductions, showing how useful CR can be to health and illness research. We explain basic CR concepts in diagrams and summarise their meaning and relevance, hoping to interest a wider range of health researchers.

CR helps to overcome splits between positivist/quantitative research and interpretive/qualitative research by combining them into a larger framework of complementary interacting levels of reality in three tiers.

Other illustrations include: the detached objective or the engaged interacting scientist; open and closed systems which influence people and events; differences between thinking in dichotomies or in dialectic; different theories of structure and agency; the semiotic triangle; emergence and transformative change over time; and the four planes of social being that help to organise data analysis.

Friday 10 September 14:30 – 15:15

BREAKOUT ROOM 4

CHAIR: JO HOPE

Citizenship and Health / Pedagogy and Methods

Giving voice to the pandemic experiences of people from minority ethnic groups with chronic conditions/disabilities

Carol Rivas

(UCL)

Two groups experiencing similar societal inequities (expanded by the COVID-19 pandemic), are people with chronic conditions/disabilities (PwCD) and ethnic minorities. The worst affected belong to both groups. We are exploring this combined group's pandemic experiences with new or worsening conditions/disabilities, including post-Covid syndrome, in relation to services, inequalities, lifestyle changes, health behaviours and vaccine uptake. In our presentation, members of the public belonging to the groups being explored and who have been coresearchers on the project, will help share findings from the first of three waves of data collection. These findings provide a rich intersectional understanding of mental and physical health, coping, access to resources, and informal and formal social and health care support experiences, and relevant assets and strengths of participants. Our data come from a new survey, secondary analyses of other surveys, qualitative interviews with over 200 people in the community, social network analysis and rapid review.

Bedspace: using video to study the care environment in an acute medical unit.

Tom Furniss

(University of Leicester)

The environment in which medical care is delivered impacts patients' experience, including their sense of safety, privacy, and interactions with staff (Lupton, 2017). This poster will reflect on the use of video as a method for studying the role of the environment in care in a hospital setting. It will address the practical and ethical issues of using video as a research method and will be accompanied by illustrative footage from our preparatory videoing in a simulation suite. Through experimenting with a Gopro camera attached to the wall or foot/head of a bed, we found that different viewpoints had different implications in terms of the numbers of people within the camera's view, highlighting the challenges of delineating the bedspace, and how considerations of consent and privacy necessarily impacted on what could be recorded. This has implications for the scope of video methods as an approach to improvement in hospital settings.

Constructions of context in case study research: findings from a methodological study about case study, context and complex health interventions.

Sara Paparini, Jamie Murdoch, Chrysanthi Papoutsi, Sara Shaw

(Interdisciplinary Research in Health Sciences unit, Nuffield Department of Primary Care Health Sciences, University of Oxford.)

"The construction of contexts is (…) intimately connected with how we conceive of knowledge." (Dilley, 2002)

For this presentation, we will film our interdisciplinary team discussing Dilley's point to frame the findings from our TRIPLE C study. TRIPLE C aims to develop Medical Research Council guidance on the conduct and reporting of case study research into the influence of context on complex health interventions. Study methods include a meta-narrative review on the conceptualisation and operationalisation of context in case study health research, and a Delphi expert panel and interviews with case study researchers. In the film, we will trace the different epistemological threads identified in the study between definitions of context and the case, methods employed to investigate interventions 'in context', and knowledge produced as a result. We will then consider how disciplines beyond health research provide opportunities for enhancing our understanding of context in case study research.

Teaching sociology to medical students in exceptional times: snapshots from the edge

Kathleen Kendall, Tracey Collett, Jeni Harden, Moira Kelly

*(*University of Southampton*)*

As individuals teaching sociology to medical students, we are situated on the margins of disparate subjects: sociology, medicine and medical education. Our profession requires us to criss-cross these disciplines yet rarely allows us to be fully immersed in any one. Engaging in this occupational 'edgework' produces a number of risks to our professional and personal identities. However, it also opens up unique spaces from which to observe, experience and analyse the social world as well as to contribute to better healthcare. The boundaries we negotiate and places we occupy are typically invisible but the pandemic and contemporary social movements have brought some of these into focus, making our work increasingly relevant and valued. In this sway presentation, we adopt an epistolary approach – an assemblage of letters, diary entries, blogs, video/audio recordings, photos and cartoons – to capture, investigate and archive snapshots of UK teachers' experiences in these exceptional times.

Friday 17 September 11:00 – 11:45

BREAKOUT ROOM 1

CHAIR: HILLLARY COLLINS

Patient - Professional Interaction

Between autonomy and abandonment: reconsidering patient centred care

Alison Pilnick

*(*University of Nottingham*)*

The principle of patient-centred care (PCC) underpins much UK healthcare, and is widely regarded as an uncontentious moral good, addressing the power imbalance caused by previous, paternalistic modes of practice. However, research does not show a clear link between PCC and improved health outcomes, and it has been suggested by some critics that the focus on patient autonomy leads instead to patient abandonment. This project will consider PCC critically from a sociological perspective, to identify the ways in which there may be ‘good’ interactional reasons for ‘bad’ healthcare practice, and to consider how moral norms and interactional norms may be in conflict. A critical sociological engagement, grounded in empirical analysis of consultations, will reframe existing debate, addressing the consumerist conceptualization of medicine that underpins PCC and questioning to what extent reformers of doctor/patient interaction have crucially misunderstood the role and nature of medicine in their pursuit of projects for reform.

Making a video with service users to aid consent for hysteroscopy

Carol Rivas, Natasha Waters, Rose Coates, Sarah Wallis, Bernadette Mcghie, Bertie Leigh, Salvador Maldonado

*(*UCL*)*

Poorly obtained consent for medical procedures can leave patients disempowered and under-informed. We used co-development with service users to produce a video for routine use in giving information required for informed consent to outpatient hysteroscopy (OPH), a procedure under public scrutiny because of reports of bad patient experiences. OPH is used to investigate and/or treat abnormal bleeding, or polyp/contraceptive coil removal. Our hysteroscopy video is a pilot; we plan further co-developed videos for other medical procedures. To develop our video we ran two remote workshops with service users, one to co-develop the script and style and one to obtain feedback on the storyboard. Finally, we asked participants to feed back on the draft video. Filmmakers provided mentorship throughout. We also documented our experience to guide clinicians to co-develop similar information videos. We will show some of the materials produced at the different stages as an annotated exhibition.

The complexities of compassion in nursing practice: responding to patient complaints.

Rachael Drewery, Alison Edgley, Alison Pilnick, Joanne Cooper

*(*University of Nottingham*)*

Healthcare policy recommends compassion as an integral component of all care (DoH, 2015). Yet, there has been limited exploration of how compassion is enacted within actual interaction, where competing interactional and institutional demands exist. Using the case of advanced clinical practitioners’ (ACPs) responses to patient complaints, this paper explores how potential opportunities to display compassion are managed.

Twenty-seven audio-visual recordings of naturally-occurring interaction between ACPs and older patients in hospital settings were collected. Sequences where the patient complained were extracted and analysed using conversation analysis. While in everyday talk recipients normally both align as a recipient of a complaint, and affiliate with the complainant’s stance towards the complainable issue, in the hospital setting ACPs do not always affiliate. This absence of affiliation may not appear to offer the compassionate response policy outlines, but I will argue it can be a necessary and unavoidable way of managing competing institutional demands.

Friday 17 September 12:00 – 12:45

BREAKOUT ROOM 2

CHAIR: HILLLARY COLLINS

Patient - Professional Interaction

Positioning patients and citizens at the centre of AI in healthcare

Beverley Yamamoto, Nisha Shah, Amelia Katirai, Atsushi Kogetsu, Seongeun Kang, Yayoi Aizawa, Jane Kaye, Kazuto Kato

*(*Osaka University & University of Oxford*)*

Artificial intelligence (AI) has the potential to transform healthcare. Expert reports recommend that patients and citizens are not only informed, but that they play a central role in the development, implementation and assessment of AI technologies. In response, when planning a joint UKJapan project to design a stakeholder engagement platform around healthcare AI, we positioned Patient and Public Involvement Panels (PPIPs) at the centre of our activities to help steer and co-design the research. We conducted deliberative approaches to highlight key ethical issues identified by the panel members. In this paper we report on the process involved in setting up the PPIP, and the training and coproduction work that has been done to-date. From this, we will offer a preliminary analysis of data from the two PPIPs in Osaka and Oxford to outline similarities and differences in attitudes, benefits and concerns about AI that have emerged so far in workshops.

Patients’ use of the internet to negotiate about treatment

Fiona Stevenson, Geraldine Leydon-Hudson, Elizabeth Murray, Maureen Seguin, Rebecca Barnes

*(*University college London*)*

The internet provides access to a huge variety of information, but there is a dearth of evidence as to how, and to what ends, patients raise prior use of the internet during consultations.

281 video-recorded primary care consultations were systematically inspected for instances in which patients inform doctors they have accessed online resources regarding their illness, symptoms, or treatment concerns.

Patients invoke the internet: to (i) justify concerns about a serious illness that may warrant treatment; (ii) provide a warrant for treatment where they have been unable to find a solution; and (iii) advocate in relation to treatment.

Patients carefully design their turns when raising the internet so as to orientate to the final decision about treatment as residing firmly within the doctor’s domain of authority.

Illustrations from consultations will be used to illuminate the work patients and doctors engage in to manage the availability of information from the internet.

" Mental health and digital media mechanics: Harmful and helpful experiences of people with eating disorders

Paula Saukko, Helen Malson

*(*Loughborough University*)*

Research on digital media and mental health focuses on associations between use and mental illbeing e.g. social comparisons and body image. This presentation pushes beyond influences and images. Using Akrich’s work we explore how digital media mechanics shape relations, key to mental health. Interviews with people with eating disorders (n=31) during lockdowns featured three themes: (i) messaging apps facilitated interpersonal social support but gamification fuelled pressures for interaction and comparisons, (ii) participants followed diet, fitness, recovery and body positive influencers, algorithms pushing similar content, positive content also being informed by generic ‘likable’ conventions, (iii) participants accessed wide range of both helpful and harmful digital mental health care (groups, broadcasts, information, online coaching and counselling). We suggest paying attention to the business model driven mechanical features that push for expansive connections, generic user-generated content and unregulated services and jar digital social support, alternative cultures and care.

It's gonna be a bit .. awkward": How UK GPs orient to obesity as a delicate topic in their talk

Madeleine Tremblett, Helena Webb, Sue Ziebland, Elizabeth Stokoe, Paul Aveyard, Charlotte Albury

*(*University of Oxford*)*

The UK government’s strategy for addressing the ‘obesity problem’ holds primary care interactions as key. The move to delivering brief opportunistic interventions (BIs) to people living with obesity is complicated, partially due to the contested nature of obesity, both medically and socially. Drawing on sociological approaches to interaction, we used conversation analysis to examine over 200 recordings of general practitioners (GPs) delivering BIs to patients living with obesity. Throughout our analysis we identified features in GPs' talk that orient to obesity as a delicate topic. These features included distancing, hesitation, minimisation and softening. We discuss the function of delicate features, with reference to their sequential placement, and the implication for how patients can, and do, respond, including how treating obesity as a delicate topic may burden patients to account for their weight. The presentation includes a short conversation with a GP and patient, alongside a 'live' analysis of a BI.

Curating the digital space: structural gate-keeping and boundary work

Nicola Mackintosh, Qian (Sarah) Gong, Natalie Armstrong, Shona Agarwal, Jane Sandall, Annette Briley

*(*University of Leicester*)*

This paper explores professional jurisdictions and staff boundary work in relation to pregnant women's online practices. It reports from interview data from 30 women and staff as part of a larger study examining women's use of online resources for help-seeking during the perinatal period. Our findings highlight how epistemic authority is enacted in staff interactions with women, reflecting distinction practices (Bourdieu) and boundary work at the external border of science (Gieryn). Some staff engaged in 'digital asepsis', avoiding direct questioning about women's online practices to protect themselves from having to take on distinction and accountability work regarding claims to truth, evidence and authority. Other staff described a blurring and necessary extension of their role and authority into the digital space to protect women, engaging in digital mediation work. This oral presentation will utilise animated gifs and artwork to reflect on the significance of this boundary work for policy and practice.

How can we deconstruct the concept of "personality"?: from the viewpoint of attendants for the independent living of people with learning disabilities and autism in Japan

Sayo Mitsui

*(*Hosei University*)*

How can we deconstruct the concept of "personality"? I will try to answer this question from the viewpoint of attendants for the independent living of people with learning disabilities and autism in Japan, which is based on my participatory fieldwork.

I have engaged, for fifteen years, in supporting activities for those people in a suburb of Tokyo. The activities have been one of the first trials to support their independent living in an around-the-clock system. Through the activities, we, attendants, found that their decision making cannot be cut away from their interaction process with people around them. We often tended to compel them to do this and that against their will, apprehending their "personality" one-sidedly.

We have reconsidered the interaction process repeatedly in a way that is different from professional carers. And I think this is an effort of searching for a new manner of supporting in the current society.

Friday 17 September 13:30 – 14:15

BREAKOUT ROOM 3

CHAIR: JEN REMNANT

Professions

Time and the medical record - doctors' temporal experiences of patients accessing record information online

Jesper Petersson, Christel Backman

*(*Department of Sociology and Work Science, University of Gothenburg*)*

Levelling out differences between patients and doctors regarding information access, commonly part of patient empowerment efforts, is high on the healthcare policy agenda. Increasingly such efforts turn to digitalization and its associated promises of making information accessible anywhere at any time. In this paper we focus the temporal side of one such development, namely the patient accessible online record and what the possibilities for patients to swiftly access record information online do to doctors' perception of the sequencing and pacing of their medial work. The investigation combines sociological perspectives on time and technology with Goffman's notions of front and back stage performances, here translated into the professional language of front and back office regions of doctors. The research draws upon an analysis of empirical material gathered through a semi-structured interview study with 30 Swedish doctors about their experiences of and reactions to the patient accessible online record.

Ethnodramas: using creative approaches to challenge/resist the everyday racism experienced by ethnic minority students on healthcare programmes

Patricia Neville

*(*University of Bristol*)*

Exploratory qualitative research conducted at Bristol Dental and Medical School has highlighted how microaggressions and everyday racism are regularly encountered by students from minority ethnic backgrounds. Inspired by feminist and critical race theory, we pursued the creative approach of ethnodramas to shed light on the evasive yet corrosive experience of everyday racism as well as to stand in solidarity with those who are experiencing discrimination as part of their undergraduate experience. This presentation will outline how we created these ethnodramas and the ethical, methodological and logistical challenges we encountered along the way.

What does it mean if I'm "unprofessional"? Time to challenge the convention in Medical Education

Viktoria Goddard, Susannah Brockbank

*(*School of Medicine, University of Liverpool*)*

Medicine prides itself on its professionalism, permitting the profession continued self-regulation and its members privilege in society. Superficially, the construct of professionalism is free from discrimination and allows patients to place their trust in medical practitioners. Yet descriptions of medical professionalism have altered little over the last century, developed and described as the expected behaviours of white males working in Western cultures, while the medical workforce has dramatically changed. In the UK, there are now more women than men on the medical register and over half of new graduates identify as Black or Minority Ethnic. Medical schools actively seek to recruit students from diverse socioeconomic backgrounds traditionally underrepresented in medicine. Here, we will present a conversation between medical educators, discussing the equity of professionalism as a construct in this context, and exploring how we could and should redefine professionalism in an inclusive way, whilst protecting professional trust and patient care.

Surviving: the experiences of nurses working in hospitals during the Covid-19 pandemic

Aileen Grant, Rosaleen O'brien, Catriona Kennedy, Nicola Torrance, Flora Douglas, Neil Johnson, Angela Kydd, Deborah Baldie

*(*Robert Gordon University*)*

The COVID-19 pandemic resulted in health care staff working in extreme conditions for over a year. Prior to the pandemic the NHS experienced staff shortages, particularly in nursing. The pandemic has heightened shortages as staff have not only had to respond expediently to changes in service delivery, but also had to accommodate for staff sickness and absence caused by contracting the disease, having to selfisolate, shield or through stress. Furthermore, many have redeployed to unfamiliar roles and settings. We are currently exploring these experiences through in-depth interviews with nurses who worked in hospitals during the pandemic. In a podcast we will present these narratives drawing on the socio-ecological framework to illustrate the influences and pressures experienced, describe changes to professional boundaries and interactions, and the required emotional work and challenges for mental health. Our findings also show this has been a period of reflection and redirection, creating biographical disruption.

The healthcare workforce - recruitment, development and retention in Southeast Asia and a globalised world

Joy Spiliopoulos, Stephen Timmons, Jean Franco, Maggi Leung

*(*University of Nottingham Ningbo China*)*

There is intense migration of doctors and nurses within the Southeast Asia region, for example, the Philippines and Indonesia ‘export’ the most doctors and nurses in the region. However, there are issues of maldistribution of health workers and shortages of healthcare staff (AliciasGaren et al., 2019; Kanchanachitra et al., 2011), while there are also inconsistencies between SE Asian countries in recognising nursing qualifications, for example, due to lack of capacity (Matsuno, 2009). These factors lead to exploitation of staff and have serious implications for health provision for the local populations, exacerbated by the Covid-19 pandemic. We focus our paper presentation on Southeast Asian migratory movements for Indonesian and Filipino nurses in order to address questions on: recognition of nursing skills; mobility patterns such as circular and return migration; the contributions of diasporas; and finally, questions of inequalities in the workplace and their positioning in the host countries.

Friday 17 September 13:30 – 14:15

BREAKOUT ROOM 4

CHAIR: KATIE COVENEY

Health Service Delivery

The Inclusive Involvement Movement and Elinor Ostrom’s principles of effective group working: reflections from an academic/user-led organisation partnership

Bella Wheeler, Jeremy Browne, Glenn Robert

*(*Shaping Our Lives and King’s College London*)*

Increasingly public participation and user involvement is required and/or expected in the design and delivery of health and social care research, policy, and practice. However, current practice commonly fails to represent and legitimise the voices and perspectives of service users and people from marginalised groups; box ticking, tokenism, and non-compliance are commonplace. Shaping Our Lives - a national organisation and network of user-led groups, service users, and disabled people - have been funded by the National Lottery to co-design new services to promote inclusive involvement. In partnership with King’s College London, participatory action research methods are being used to record and reflect on this user-led initiative and to co-assess the potential relevance and utility of political economist Elinor Ostrom’s work. Ostrom researched local communities collectively managing ‘common pool resources’, e.g., fisheries, and subsequently developed eight principles of effective group working. Here we present preliminary findings.

Institutional routines and care led by others: the impact of ward social context on nursing team ‘compliance’ with vital signs observation schedules

Jo Hope, Peter Griffiths, Chiara Dall'ora, Oliver Redfern, Julie Darbyshire, Jeremy Jones

*(*University of Southampton*)*

Podcast format
Patients in hospital have their vital signs (e.g. blood pressure, heart rate) measured according to standard protocols. These create individual schedules for each patient. Protocol ‘compliance’ is often poor but the role of ward social context is unknown. We observed vital signs monitoring for total of 128 hours across 16 wards in 4 hospitals. We used field notes to record all care activities when vital signs were expected to be taken.

Care activities varied by flexibility of scheduling and nursing control. Fixed care led by others (e.g. doctors’ rounds and meals) was prioritised over nurse-led care and reduced windows to complete vital signs rounds. Nursing teams tried to fix vital signs observation rounds at certain times, but this was often interrupted by flexible care led by others (emergencies or collaborative care). We conclude that institutional routines and power differentials should be considered when creating nursing protocols.

Exploring women’s experiences of telemedicine abortion care services in the context of COVID-19

Nicola Boydell, John Reynolds-Wright, Sharon Cameron, Jeni Harden

*(*University of Edinburgh*)*

The emergence of the COVID-19 pandemic necessitated a radical shift to the delivery of abortion care services. In response to the pandemic, the Departments of Health in England, Wales and Scotland introduced legislation allowing women to self-administer both abortion medications‘at home’, and telemedicine abortion services were introduced widely (across Great Britain) to enable access to this essential form of healthcare. Our qualitative research, based on in-depth interviews with 20 women, investigated their experiences of accessing telemedicine abortion services during the initial ‘lockdown’. Our paper focuses on exploring women’s understandings of ‘visibility’ in relation to different dimensions of telemedicine abortion care. We draw out women’s accounts of the benefits of (in)visibility during telephone consultations, and explore how ideas around the ‘visualised foetus’ shaped women’s responses to the elimination of routine ultrasound scanning. We consider these issues in light of efforts to ensure ongoing access to telemedicine abortion care ‘post-COVID’.

Waiting time while “doing time”: the intersection of disciplinary and healthcare constraints on temporal agency experienced by people living in prison

Sue Bellass, Krysia Canvin, Laura Sheard

(University of Leeds)

Pecha Kucha

Life in prison as an embodied temporospatial experience has drawn the attention of sociologists, criminologists and human geographers, with researchers exploring the extent to which people in prison can exercise temporal agency within an environment designed to suppress autonomy. Yet the security regime is not the only force shaping the experience of time in the prison setting. When people living in prison have health needs, they can face a dual barrier to their capability to control time, as the priorities of both the regime and the organisation of healthcare services operate, and can intersect, to impact on temporal agency.

Drawing on interviews with 21 people who've lived in prison, this presentation brings together the sociologies of health and illness, time and prison to illuminate constraints on temporal agency in the context of prison healthcare, focussing in particular on the various forms waiting time while "doing time" can take.

Identifying the person or the condition? Visual identifiers for in-patients with dementia

Liz Sutton, Carolyn Tarrant, Natalie Armstrong, Simon Conroy, Janet Willars

(University of Leicester)

The number of patients living with dementia and requiring in-hospital treatment is increasing. The organisational response is to utilise a variety of visual identification schemes to help staff to recognise and respond to the needs of patients with dementia. Drawing on 25 interviews with healthcare professionals, in combination with images and documents used to identify and communicate information about people with dementia across four NHS hospitals in England, we explore the practical and ethical tensions involved in labelling someone as having dementia. Focusing on the types of meanings conveyed by signs and symbols that form part of these schemes, we consider how they can undermine or support constructions of personhood, above and beyond the condition itself. This poster identifies factors to consider in designing such schemes in ways that can help promote effective care without obscuring the person.

'If they want, they can go and get more information' – epistemic status within eye donation pathways involving palliative and hospice care.

Mike Bracher, Banyana Madi-Segwagwe, Michelle Myall, Tracy Long-Sutehall

(University of Southampton)

Sociological studies have contributed significantly to understanding how Health Service Delivery (HSD) across departments, institutions, and professional groups involves tacit assumptions about knowledge held by other individuals or practice communities. These factors shape social relations and affect both processes and outcomes of HSD. Eye tissue donation from palliative and hospice care presents an example of this, where patient/carer and healthcare professional understandings of roles, knowledge, and attitudes held by others affect practice and decision making. Drawing on primary and secondary data analysis of survey and interview data from the EDiPPPP study, this presentation will explore how relational understandings of attitudes and knowledge are constituted and operationalised within donation pathways, and explore their impact on related processes and outcomes (i.e. when, if, and how donation options are offered to patients). The presentation will also explore implications of these investigations for broader sociological understanding of the dynamics of epistemic relations within HSD.

Friday 24 September 11:00 – 11:45

BREAKOUT ROOM 1

CHAIR: JEN REMNANT

Open / Politics and Ethics of Health

Childlessness management mechanisms' used by childless women in a rural community (Punjab-Pakistan)

Rubeena Slamat, Dr. Melissa Ceuterick, Prof. Piet Bracke

*(*Ghent University, Belgium*)*

Childlessness is unaccepted in pronatalist society of Pakistan. Rural women interviewed in this study, entitled "Ethnographic insights on the maternal health structure of a rural community" employ various coping mechanisms to deal with the involuntary childlessness. Seeking treatment (ranges from home remedies, folk, and bio-medicinal treatments) is a priority. After following myriad intermittent unsuccessful treatment some women adopt children or decide to spend time with children of siblings to satisfy their unmet need to be a mother. Rarely couples accept the status of childlessness.

Data was collected through in-depth interviews, focus group discussions and observations from the community under study, which is a religiously diverse village where Christians and Muslims are living together. Thematic analysis was employed to analyze the data.

Intersectionality theory will help to analyze some contrasts in (childlessness) management mechanisms' due to power structures of religion, patriarchy, family system and gender.

Exploring joy as an active actor in reframing experiences of disability

Anita Goldschmied Z

*(*University of Wolverhampton*)*

Exploring joy as an active actor in reframing experiences of disability

I work with images, stories, objects and employ object-oriented Actor-Network-Theory to co-author research with my clients. This allows us to focus on untraditional but remarkable things like hope, wants, and happiness. Together, we have emerged an innovative approach that attempts to match our everyday life and all of its surprises.

Disability is frequently explored from oppression and disadvantaged perspective and remains on the edge of methodological and theoretical imagination. Yet my research has found that joy is just one of the actors that has the capacity to reassemble disability and potentially promote affirmative experiences and productive collaborations between disciplines.

In this short, animated film, my participants help me show joy as a key actor in their everyday life and offer an alternative appreciation of it for practitioners and policymakers who develop and provide services for disabled people.

Three pandemics: an interrogation of epistemic authority (with costumes)

Catherine Pope, Teresa Finlay, Lucas Seuren, Alex Rushforth

*(*University of Oxford*)*

This paper builds on our work in the Remote By Default project, funded by ESRC, examining the shift to online General Practice consultation during the COVID-19 pandemic. Our analysis of interviews conducted with professionals and patients in the early phase of the UK pandemic revealed deep uncertainty and contests of authority as doctors and patients attempted to manage this new disease. In this presentation we compare three pandemics, attempting to embody each, as if a character in a play, to voice and surface themes identified in our analyses. Three speakers adopt the role of fictional 'patients' representing bubonic plague, HIV/AIDS and COVID-19 (with homemade costumes) to examine lay and medical understandings and challenges to epistemic authority. We draw on our data and ideas from medical sociology about uncertainty, diagnosis, legitimation and professional dominance to unpick epistemic challenges encountered. We will do our best to entertain the audience in the process.

Healthcare staff reflection and wellbeing: A serious board game

Carolyn Tarrant, George Sfougaras, Julian Bion, Jennifer Jones

*(*University of Leicester*)*

The wellbeing of NHS staff is of national concern, particularly in the wake of the Covid pandemic. Reflection on experiences, both individually and as a group, can help staff make sense of their feelings and can promote insight, empathy, resilience and teamworking. Using qualitative methods we researched healthcare staff experience of reflection in practice, and developed a novel reflective learning toolkit co-designed with frontline staff, managers and those with lived experience. As part of this programme of work the project researchers collaborated with a local artist to develop a reflection board game. Drawing on interviews with healthcare staff about reflection and wellbeing, and organisational theory, psychology, and philosophy, we created a game that is both a work of art, and a resource for NHS staff to reflect together, in a psychologically safe way, on their experiences.
The game and a blog about its development will be made available.

Overbaked: researching and experiencing video consultations during the Covid-19 pandemic

Lucy Moore, Gemma Hughes

*(*University of Oxford*)*

Arendt (1963) describes how social activities, usually confined to the private sphere, become public and ‘actors’ reveal themselves on ‘the stage of appearance’. During our research into the use of video consultations in the UK throughout the Covid-19 pandemic, we have found this mode of consulting has transformed social boundaries. The consultation is framed within a screen and the ‘private’ consultation between patient and clinician takes place in a fluid technological space: people attend appointments from the supermarket or on public transport where passengers become inadvertent spectators. Our experiences of remote research echo the troubles people recount: the video can become frozen in time, interrupting or prematurely shutting down communication. Therapeutic aspects of the consultation can be disrupted, leaving patients and professionals at a loss. These frustrating, intangible experiences have inspired a poem, Overbaked, which we will perform and discuss.

Transforming the Public Identity of ‘the Origin of Pandemic’: A Case Study of China’s State Propaganda about Covid-19

Xu Liu

*(*Goldsmiths, University of London*)*

This paper focuses on China’s biopolitics of Covid-19 through examining its state propaganda. Using discourse analysis and interviews, this paper will present the propaganda strategies related to the pandemic and the corresponding reactions among the public. Based on the knowledge-power, the official narratives could define and change the public’s identity of ‘the origin of pandemic’ authoritatively. Although Wuhan was commonly regarded as the place where SARS-Cov-2 initially emerged and transmitted, people in China now have diverse identities of this ‘fact’. The initial consensus of Wuhan’s position as the ‘origin’ is declining, and the collective sense of ‘success’ is rising among Chinese audiences. Through examining China’s case, this paper argued that compared with neoliberal contexts of biopolitics, China’s administration could take stronger, centralised control of people through the ideological imposition of knowledge related to Covid-19.

Friday 24 September 12:00 – 12:45

BREAKOUT ROOM 2

CHAIR: JEN REMNANT

Critical Public Health / Health Policy / Open

Vaccines and Conspiracy Theories: Reflecting on the Historical Roots of Vaccine Hesitancy in South Africa

Janice Moodley

*(*University of South Africa*)*

The pervasiveness of COVID- 19 medical conspiracy theories has been a treacherous terrain for governments, the healthcare sector, and society to navigate. Far from psychologized versions of paranoid individuals spreading apocalyptic doom, COVID- 19 medical conspiracy theories have emerged as products of political and social tensions, potentially, radically influencing the health seeking behaviours of vulnerable populations. Exploring the discourses that frame such theories offers insight into the reasons why individuals may refuse the COVID-19 vaccine in the face of unknown health risk. Parallels between the COVID-19 pandemic and the HIV/Aids epidemic are used to illustrate how medical mistrust of vaccines, have historical roots. Through a pictorial presentation, it is orally argued, that the credibility of medical conspiracies, irrespective of scientific refutation, are given credence because of the collective colonial and apartheid histories of exploitation and oppression experienced on multiple levels of individual and social identities within the South Africa context.

Negotiating moralising discourses of eating: tinkering with metabolically-unruly bodies and low-carbohydrate technologies

Caroline Cupit

*(*University of Leicester*)*

How should you eat to maintain or improve your health? The New Public Health discourse has for many years provided the moralising lens through which health services have focused on individuals' responsibility to eat a ‘healthy diet’. However, this approach is increasingly repudiated within an alternative anti-stigma discourse - heightening public debate and tensions over dietary advice and intervention. Into such discussions also enter notions of pleasure - of eating and/or of control.

In this paper, I examine the accounts of healthcare practitioners in general practice who are promoting low-carbohydrate eating to patients with metabolic conditions (e.g. obesity, diabetes). I employ Dorothy Smith’s concept of work, and Annemarie Mol’s logic of care, to highlight their tinkering work. Healthcare practitioners draw patients into practical experimentation (highlighting the pleasure of tinkering with bodies and technologies) and shift focus from stigmatising and anti-stigma ideologies.

This presentation will be photo/illustration based.

Confronting methodological complicity and sitting with discomfort: a conversation about writing about race and ethnicity in health research.

Tanvi Rai, Lisa Hinton, Richard Mcmanus, Catherine Pope

*(*University of Oxford*)*

This presentation takes the form of a conversation between two authors of a recent submission to the SHI special issue, 'Complicity: Methodologies of power, politics, and the ethics of knowledge production'. Our paper examined the methods used to diversify a participant sample for an intervention development study in the run up to a planned randomised controlled trial. In the writing we opened up challenges to ‘normal’ practices in health research and uncovered a number of reasons why so much research fails to adequately represent ethnically minoritised and disadvantaged groups. As racialised ‘white’ and ‘brown’ researchers we found ourselves confronting personal, political and methodological challenges about race and racism in research which we examine in this conversation.

Understanding public perspectives on health inequalities

Katherine Smith

*(*University of Strathclyde*)*

Amidst the mass of research examining the UK’s persistent health inequalities, very little work considers public perspectives. This is an important gap, given research has previously found that many researchers and policymakers working on health inequalities do not believe ‘upstream’ evidence-informed proposals attract sufficient public support to be viable. This study combined a nationally representative survey with three two-day citizens’ juries to explore public views of health inequalities and potential policy responses. The results challenge perceptions that there is a lack of public awareness of the social determinants of health and demonstrate public support for many of the upstream policy proposals favoured by researchers. However, our analysis also highlights high levels of controversy, which appears to be explained by resistance to ideas experienced as disempowering, low trust in government and popular individualising discourses. It concludes by considering the implications for those seeking to promote evidence-informed policy responses to health inequalities.

Problematising ‘Choice’ in NHS Maternity Care Policy and Practice

Georgia Clancy

*(*University of Warwick*)*

Aim: Problematise, from a feminist perspective, the rhetoric of ‘choice’ in NHS England’s Better Births (2016) policy.

Background: ‘Choice’ is fundamental to the feminist agenda and increasingly important in maternity care policy and practice under neoliberal policymaking. Less research explores women’s experiences of this.

Methods: Policy analysis of Better Births, 49 questionnaires and 14 follow-up interviews with pregnant women and new mothers. 13 interviews with maternity care professionals.

Findings: Better Births utilises ‘choice’ to justify practice changes yet findings suggest that women’s childbirth choices are often not actualised due to complex barriers and discourses, rendering the concept of ‘choice’ meaningless, or even harmful.

Conclusion: ‘Choice’ in childbirth is entangled with responsibility, control and safety for women and professionals, and expanding choice is not always considered desirable. Re-focusing policy on aspects of care such as continuity of carer, transparent information and advocacy might offer more meaningful and empowering experiences for women.

Device activism and the continuum of material participation in healthcare – Retracing forms of engagement in the #WeAreNotWaiting movement for open-source closed-loop systems for type 1 diabetes self-care

Bianca Jansky, Henriette Langstrup

*(*Augsburg University; Ludwig-Maximilians-University, Munich; Copenhagen University*)*

The #WeAreNotWaiting movement is a global digital health phenomenon where people with type 1 diabetes all over the world engage in the development and usage of an open-source closed-loop technology for the improvement of their self-care. A digitally enabled and technologically engaged global patient collective feeds into existing narratives of user-led innovation, but what does it actually mean to be locally involved in this kind of technologically mediated and global form of patient engagement? Building on ethnographic fieldwork in the German healthcare context, we are exploring the different tactics of material participation encountered amongst this group. We argue that engaging in this movement and subsequently in any health movement in the digital age, is a continuum of material participation: From narrow device-centered participation over immanent technical critique of contemporary health devices and related services to explicit device activism where devices are explicit tools for more commons-based healthcare futures.

Friday 24 September 13:30 – 14:15

BREAKOUT ROOM 3

CHAIR: María Jesús Vega Salas

Inequalities and Intersectionality

Class, creativity and social prescribing: a phenomenology of men seeking wellbeing in the North of the UK.

Adam Mars

(Lancaster University)

“when grief hits you start to believe,
all the things you valued have been
taken away it makes you wonder,
how to get through each day.
I know what it’s like to feel empty and
alone, unsure about the future, mostly
the unknown.
When you’ve lost someone, you still need to be loved yourself,
Reach out before it’s too late and grief puts you on the shelf.”

The above is an extract from a poem produced by a male member of a creative writing social prescribing group. In an effort to make primary care more responsive, social prescribing represents an effort to join primary care with assets within the local community, moving from asking individuals “what is the matter with you?” to “what matters to you?” This presentation will present preliminary themes from men’s experiences of social prescribing in the “post-industrial North”, combining creative, poetic output and conventional qualitative themes.

Reproductive justice, pregnant migrants and the ubiquitous border

Gwyneth Lonergan

(Lancaster University)

Reproductive justices scholar Loretta Ross (2006) argues that both immigration policies, and state policies around reproduction, are underpinned by discourses of belonging and citizenship. Both sets of policies ultimately seek to define who can be a member of the nationstate, and on what terms. The deterritorialisation of bordering processes and the emergence of ‘everyday bordering’ (Yuval-Davis et al., 2019) has transformed migrants’ material experiences of immigration policies. What consequences does the increasingly ubiquitous border have for migrant women’s experiences of pregnancy and childbirth?

This contribution argues that bordering processes exert significant, but varying, influence over migrant women's experiences of pregnancy, interacting with factors including ethnicity, class, immigration status, country of origin, and education levels. The contribution will include an interactive website that shares the stories of individual pregnant migrants. The website will be part of a formal oral presentation, and remain accessible to conference attendees during MedSoc Month.

Black Student Wellbeing Study: A multi-site qualitative study on the mental health and wellbeing experiences of Black UK university students

Nkasi Stoll

(King's College London)

There is increasing concern about the mental health of university students in the UK. Black university students who report a mental health condition are less likely to complete their course, achieve a first-class or upper second-class degree, and progress to further education.

This qualitative study used Biographical Narrative Interpretive Method interviews and Interpretative Phenomenological Approach to study systematically how Black university students make sense of themselves and account for the complexities of their life experiences, from their own perspectives and language.

This study documents Black university students' accounts of their mental health experiences and perceptions of key turning points of biographical changes to their mental health as they move through the university life cycle. This is the first study of its kind in the

UK. Findings point to key recommendations for interventions and further research into race, racism, and racial inequality in higher education and support services.

How political attitudes influence the individual's health? Evidence from the Chinese General Social Survey (CGSS)

Zhe Chen

(London School of Economics and Political Science)

The ongoing COVID19 pandemic demonstrated that political discrepancies lead to distinct health behaviors in many societies. Based on Bourdieu's "cultural capital," Shim proposes the "cultural health capital" concept in explaining the causes of health inequalities, including cultural skills, verbal and nonverbal competencies, and interaction styles under medical contexts. Few studies of "cultural health capital" have focused on the individual's political attitudes. This article answers the following questions: Do political attitudes influence the individual's health? How political attitudes interact with other factors? What are the typologies of political attitudes affecting the individual's health? Based on quantitative data from the nationwide sample survey the Chinese General Social Survey (CGSS) in 2015, this article uses multivariable regression and factor analysis to study the relationship between the individual's political attitudes and health. The findings will contribute to discussing determinants of health and health inequalities in medical sociology and public health areas.

The effectiveness and suitability of social isolation and loneliness interventions for older people from minoritised ethnic groups living in the UK.

Brenda Hayanga

(University of Sussex)

We know much about social isolation and loneliness in older people in the UK and the interventions adopted to address these issues. However, older people are a diverse group, and we know little about older people from minoritised ethnic groups. They are vulnerable to social isolation and loneliness when age and ethnicity intersect with adverse outcomes, including health and socio-economic inequalities, racism, and discrimination. Furthermore, we know much less about how older minoritised people's experience social isolation and loneliness and whether existing initiatives are effective, suitable and acceptable for them. This poster summarises the findings of a mixed-methods study conducted (pre-COVID-19) in four iterative phases to address this gap. It illustrates the benefits of adopting an intersectionality informed stance to generate findings that are both relevant to older people from minoritised ethnic groups and valuable for informing future interventions for social isolation and loneliness.

Exploring Healthcare Bricolage in Europe's Superdiverse Neighbourhoods

Hannah Bradby, Tilman Brand, Tove Samzelius, Claudia De Freitas, Kristine Krause

(Uppsala University, Sweden)

Migration-driven diversity means that European cities are becoming increasingly diverse. What does this increasing population diversity mean for how local health service providers and those that use their services address everyday health concerns?

This discussion of a book-length account of a research project based in diverse neighbourhods in four European countries - Portugal, Sweden, UK and Germany - covers healthcare provision from the public healthcare system alongside private and informal actors who offer advice and services.

Bringing together qualitative and quantitative evidence the project offers insight into complex and intricate actions, which vary over time and space, implemented by both neighbouhood residents and healthcare providers in eight difference localities, from four countries with different health and welfare traditions.

The discussion will critically appraise the research project and underline lessons for future research into meeting healthcare needs in diverse localities.

Exploring Welfare Bricolage in Europe's Superdiverse Neighbourhoods Routledge ISBN 9780367629359

Friday 24 September 14:30 – 15:15

BREAKOUT ROOM 4

CHAIR: María Jesús Vega Salas

Health Care Organisations / Inequalities and Intersectionality

Perceptions of cultural parity and equality across and between NHS and care homes to provide safe care during transitions

Stephanie Mulrine, Kate Byrnes, Katie Brittain, Pam Dawson, Michele Spencer, Justin Waring, Lesley Young-Murphy, Jason Scott

(Northumbria University)

Care homes have infrequently received the high-profile, public scrutiny which has been witnessed throughout the COVID-19 pandemic. Despite this focus the pressures and demands of care homes and their staff to provide a home for their residents, as well as care, is often overlooked. As part of a wider project focused on safety of transitions between hospital and care homes, the cultural perceptions of NHS and care home staff became informative in understanding differing working conceptions of achieving patient safety. This paper will discuss the results of semistructured interviews with care home staff (n = approx. 40) and healthcare professionals (n = approx. 30). Findings suggest the relationship between the NHS and the adult social care sector is not equal, can be hindered by poor communication, and scrutiny of each is not equivalent. This can lead to feelings of resentment, dejection and disempowerment particularly for those working in care homes.

An Exploration into the reported effects of food aid on users wellbeing

Kerry Brennan-Tovey, John Fulton

(University of Sunderland)

This study explored the individual's experience of using foodbanks and in particular the effects on their wellbeing. Due to the restrictions imposed due to COVID-19, the focus was on one food bank in the North East of England. Semi-structured interviews were carried out with food aid users and a small number of volunteers. Using constructionist grounded theory and situational analysis, as a method of data analysis, the themes and (neoliberal) discourses present within this narrative were identified. Food aid users reported high levels of guilt in association with receiving the food aid, high levels of stigma from others within the community. There was a control continuum present throughout their experience of using food aid, their position changed as they progressed through their food aid journey. Food aid users reported their wellbeing was greatly affected in many ways as an outcome of these themes and neoliberal discourses.

"Powerful is the service-user voice": exploring service user-involvement during a public health crisis.

Jaime Garcia Iglesias, Amander Wellings, Julia Jones, Katherine Brown, Wendy Wills

(PHIRST, University of Hertfordshire)

In 2020, NIHR funded Central PHIRST (Public Health Intervention Rapid Studies Team, award NIHR131573) to provide rapid evaluations of public health interventions. Our first project evaluates the remote delivery of drug and alcohol services in Leeds during COVID-19. Working remotely, the researchers considered: how do we design a methodology that aims to include those who have the hardest time using online technology while being conducted entirely remotely? The answer: incorporating service users' voices.

This paper considers how best to achieve service-user co-production in research design during COVID-19. First, we present a co-produced video that explores, in poetic form, the challenges of remotely listening to the service users' voice. Then, we discuss the practicalities of such an approach (e.g. costs, timings, digital inclusion) guided by standards for public involvement. We conclude that public involvement initiatives can be upheld and provide a viable route towards inclusive methodologies, even during public health crises.

Understanding Students' Attainment Inequalities in Pre-Registration Healthcare Education: a Bourdieusian Perspective

Andrew Bassett, Dr Jia Liu, Dr Heidi Lempp, Dr Shuangyu Li

(King's College London)

Deficit models that attribute academic underachievement to individual inadequacies have dominated the discourse about the reasons for attainment gaps in pre-registration healthcare education. We aimed to explore how Bourdieusian theorisations of education as a field of cultural reproduction, can contribute to the understanding of attainment inequalities in pre-registration healthcare programmes. Within a novel participatory and mixed methods design, 95 students and 25 academic faculty from 7 pre-registration health programmes at a London university, took part respectively in online mediated focus groups and semi-structured interviews. Further data was gathered from an online cross-sectional survey that was disseminated to all students in these health programmes. Findings based on template and quantitative analysis showed inequalities in the learning experience in pre-registration healthcare education, which is systemically reproduced through economic, social and cultural forms of capital and institutional habitus. Bourdieusian theories show how inequalities in the field of healthcare education are structurally reproduced.

How has COVID-19 shaped families' relationships with food? A photo essay

Anna Isaacs, Charlotte Gallagher Squires, Corinna Hawkes

*(*Centre for Food Policy, City, University of London*)*

COVID-19 has radically changed UK life, reshaping work and social lives and altering relationships with food. The pandemic and its impacts have been experienced unequally, with ethnic minority groups, those on low and/or insecure incomes, and those in frontline roles experiencing the worst outcomes. Change on this scale has significant potential to disrupt practices, including dietary practices. However, disruption also allows for new practices to be established (Blue et al 2014). Using remote, ethnographically-inspired methods (interviews, photo-elicitation, mapping, oral diaries) we explored families changing dietary practices during COVID-19. This photo-essay demonstrates the varying changes to practices necessitated by the pandemic. Families' capacity to adapt and engage in practices beneficial for nutrition and wellbeing was dictated by the availability of resources including finances, time, social support, and the division of labour, often shifting with changing lockdown restrictions. Changes to diet also occurred as food became one of the few permitted pleasures.

"I didn't shove that heroin in your veins - tough": Healthcare Professionals differential construction of alcoholics and drug dependent detainees in police custody

Gethin Rees

*(*Newcastle University*)*

There is a growing literature highlighting the extent to which persons detained in police custody have substance dependence issues alongside mental illness. Interestingly, unlike hospital emergency departments, Healthcare Professionals (HCPs) working in police custody do not collectively see those with substance dependence as lower status patients, but rather draw a distinction between alcoholics (regarded as highstatus detainees) and drug addicts (low status).

Drawing on semi-structured interviews with 20 HCPs working in police custody suites across seven constabularies in England, in this paper I will highlight the ways that they classified alcoholics and drug users differently and used triage as a means to discriminate between the two groups of detainees. Alcoholics were considered high-risk and could potentially die from alcohol withdrawal, whereas drug withdrawal was considered trivial, although this distinction concealed a range of attitudinal and practical differences in the ways HCPs responded to both sets of detainees.