

Participation and empowerment for health service users



Strengthening the circle

22<sup>ND</sup> ANNUAL HEALTH PROMOTION CONFERENCE

[www.hprcconference.ie](http://www.hprcconference.ie)

#hprc2018 





OÉ Gaillimh  
NUI Galway



**HPRC**  
Health Promotion Research Centre

*22<sup>nd</sup> Annual Health Promotion Conference*

**Participation and empowerment for  
health service users: Strengthening the circle**

**National University of Ireland Galway**

**June 7<sup>th</sup> 2018**



## Conference committee 2018

### Conference co-chairs:

Dr Martin Power and  
Dr Catherine Anne Field                      Health Promotion Research Centre,  
National University of Ireland (NUI) Galway

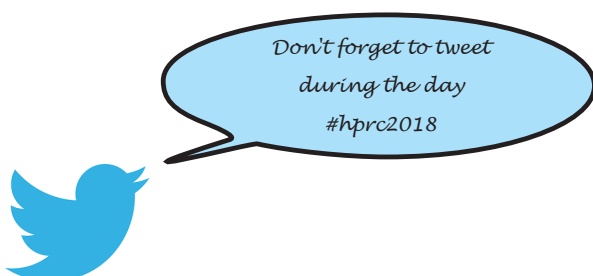
### Committee members:

Biddy O'Neill                                      Department of Health  
Adrienne Lynam                                  Health Service Executive  
Paula Campbell                                  Association of Health Promotion Ireland  
Dr Patricia Heavey                              Association of Health Promotion Ireland  
Dr Colette Kelly                                  Health Promotion Research Centre, NUI Galway  
Professor Saoirse Nic Gabhainn              Health Promotion Research Centre, NUI Galway

### Conference secretariat:

Dr Viv Batt    Health Promotion Research Centre, NUI Galway

Special thanks to our team of researchers, students and administrative staff who helped with the conference organisation leading up to, and on the day of the conference. We gratefully acknowledge the support of the Health Service Executive, Department of Health and the Association for Health Promotion Ireland for their continued support of this annual event.



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## Welcome

We are delighted to welcome practitioners, researchers and policymakers to the 22<sup>nd</sup> Health Promotion Conference – Participation and empowerment for health service users: Strengthening the circle. Against the backdrop of international calls for reorienting health services, as identified in the Ottawa Charter, and the national backdrop of the Healthy Ireland Framework, this conference contributes to the ever increasing focus on public, patient and service user involvement as key stakeholders in health and health promotion.

The conference focuses on the three interrelated strands of practice, services and research to examine the benefits, facilitators and challenges to enhancing collaboration between services, communities and individuals. In addition to a range of international and national keynote speakers and focused workshop, this year's conference includes a number of open forum workshops that will provide further opportunities for knowledge sharing and learning.

As always, the conference is designed and delivered in collaboration with the Department of Health, Health Service Executive and Association of Health Promotion Ireland, and we would like to take this opportunity to thank each for their continued involvement and support.

On behalf of our colleagues in the Discipline of Health Promotion and within National University of Ireland, Galway, it is our great pleasure to welcome you to this year's conference.



Yours sincerely,

Drs Catherine Anne Field and Martin Power  
Co-Chairs,  
2018 Health Promotion Conference Committee



## Conference programme

- 08.30 Registration and coffee *Venue: Foyer, Áras Moyola, NUI Galway*
- 09.00 **Welcome:** *Venue: Lecture Theatre MY243, Ground Floor*  
**President Ciarán Ó hÓgartaigh**, National University of Ireland Galway
- 09.30 **Plenary 1:**  
*Participation in primary healthcare: the relevance of participatory health research*  
**Professor Anne MacFarlane**, University of Limerick
- 10.00 *Participatory research: promoting positive changes for health through the power of collaborative learning*  
**Professor Tina Cook**, Liverpool Hope University, UK  
  
Chair: Dr Cate Hartigan  
Health Service Executive
- 10.45 Coffee break and poster competition  
(Posters are available for viewing in MY129 during all breaks)
- 11.15 **Research exchange (parallel presentations):**
- Practice Theme 1: Engaging service users to improve health* *Venue: MY123*  
Chair: Dr Leigh Ann Sweeney
- Service Theme 2: Community, family and wellbeing* *Venue: MY124*  
Chair: Dr Patricia Heavey
- Service Theme 3: Hospital settings* *Venue: MY127*  
Chair: Dr András Költő
- Research Theme 4: Service user involvement in research* *Venue: MY126*  
Chair: Kathy-Ann Fox
- Research Theme 5: Service user voice: Bridging the gap* *Venue: MY125*  
Chair: Dr Catherine Anne Field
- 12.45 Lunch, river walks and yoga sessions

- 14.00      **Plenary 2:** *Venue: Lecture Theatre MY243, Ground Floor*  
*Join the dots - Why connections are the key*  
**Joanne Morgan**, Community Development and Health Network, Northern Ireland
- 14.20      *Improving outcomes for young adults living with type 1 diabetes in Ireland: the D1  
Now study*  
**Professor Seán Dinneen**, Galway University Hospitals and NUI Galway  
Chair: Dr Martin Power,  
National University of Ireland Galway
- 15.00      Tea/Coffee TO GO
- 15.00      **Workshops:**
- Workshop A:  
*Patient and Public Partnership-Acute Hospital Services HSE* *Venue: MY123*  
**June Boulger**, Health Service Executive
- Workshop B:  
*Improving health outcomes through service user involvement:  
Development of young diabetes services* *Venue: MY124*  
**Cameron Keighron**, Galway Young Diabetes Clinic
- Workshop C:  
*Open forum workshop on service provision* *Venue: MY125*  
**Siobhan McGrory**, Jigsaw
- Workshop D:  
*Constructivist learning as a response to human distress  
(Putting adult education at the service of mental health recovery)* *Venue: MY126*  
**Donal Hoban**, The Recovery College
- Workshop E:  
*Service user engagement examples* *Venue: MY127*  
**Laura McKitterick**, Jigsaw

Workshop F:  
***Open forum workshop on practice experiences*** *Venue: MY129*  
**Libby Kinneen**, Independent Consultant

Workshop G:  
***How can you include and develop PPI in your research?*** *Venue: MY225*  
**Ruth McMenamin and Edel Tierney**, National University of Ireland Galway

Workshop H:  
***Identifying and engaging research partners*** *Venue: MY227*  
**Jon Salsberg**, University of Limerick

Workshop I:  
***Open forum workshop on participation research*** *Venue: MY228*  
**Jane Sixsmith**, National University of Ireland Galway

16.30 **Plenary 3:** *Venue: MY243, Ground Floor*  
***Expert panel discussion***

Chair: Biddy O'Neill  
Department of Health

17.00 ***Concluding remarks***  
**Biddy O'Neill**, Department of Health, Ireland

17.15 Conference Close.

Win a mystery prize today, sponsored by the AHPI, by sharing our conference details on all of your social media outlets & include #hprc2018 @HPRC\_NUIG. The winner will be judged on creativity, exposure, engagement and popularity of post!





## Useful information

### Wi-Fi code

The following wi-fi code is for access for all delegates (NUIGWIFI). Please note this logs out when inactive. It is also printed on your name badge.

User ID	9876001t
Password	uckfe7888

### Healthy conference

In keeping with Healthy Ireland Guidelines and Health Promotion philosophy, delegates have the opportunity to choose healthy food options and take regular exercise breaks throughout the conference day.

Lunch is served in Friar's Restaurant from 12.45-14.00. All participants are invited to enjoy a riverside walk (weather permitting) or take part in a short relaxing gentle yoga session before or after lunch. Ask our conference volunteers for more details.



### Afternoon workshops

When you registered online, you were asked to select a preferred workshop. Your workshop number is on your name badge. If you did not sign up to a workshop at online registration there may still be workshop places remaining. Please sign up at the registration desk.

### Ask us

Need any help?  
Just ASK ME!



If you have any questions throughout the day please ask our conference staff at the registration desk or student volunteers (wearing the bright pink T-shirts with "Ask Me" on the back).

## Healthy Conference

At this year's annual conference we are making some practical changes with delegates' health in mind.

We are aware that conferences can involve sitting for a long time with little opportunity for activity. We are therefore following the new Healthy Ireland Healthy Meeting Guidelines<sup>1</sup> and making some small adjustments to our programme and venue to ensure that people feel energised, creative and productive.

As in previous years fruit and water will be freely available in the conference foyer. This year there will be a water cooler with recyclable cups in the foyer for delegates and the lecture theatre and seminar rooms will also have recyclable water bottles and cups for our speakers.

Our usual stretch breaks will take place during the plenary sessions as well as physical activities during the lunchbreak. Why don't you combine some networking in conjunction with a river walk or find out about chair yoga for use in the office? There will also be plenty of signage to encourage use of the stairs rather than the lifts. The back two rows of the main lecture theatre will be reserved for delegates who wish to stand during the plenary sessions.

Healthy food options are being expanded upon previous years because they improve our participation, attention spans and productivity!



The bus will be available from the park and ride facility between 8.00-10.00 and from 16.15 to the conference venue but delegates are reminded that it is only a short walk through Corrib Village, or if travelling from Galway city why don't you consider using the Galway city bike share scheme?

We hope these changes will be embraced by our delegates and we look forward to your feedback on our evaluation forms!

When you are planning meetings in your own workplace why don't you check out the healthy meeting guidelines at [www.healthyireland.ie](http://www.healthyireland.ie).

<sup>1</sup>Acknowledgement to Ashling Jennings, whose research, as part of her MA in Health Promotion at NUI Galway, contributed to the development of the Healthy Ireland Healthy Meeting Guidelines.



#hprc2018 

### HEALTH PROMOTION ANNUAL CONFERENCE 2018

We follow #healthyconferences and #healthyireland guidelines at our annual conferences and events



## Plenary speakers' biographies

### **Professor Anne MacFarlane**

Professor of Primary Healthcare Research. University of Limerick, Ireland

Anne MacFarlane is Professor of Primary Healthcare Research at the Graduate Entry Medical School, University of Limerick. Anne has 20 years' experience of using qualitative research methods with a portfolio of completed health services research projects and educational research projects.



She is the first social scientist to hold a Chair in academic primary care in Ireland. In this role, Anne has established an inter-disciplinary primary healthcare group at GEMS with members from general practice, speech and language therapy, physiotherapy, sociology, psychology and biostatistics. The group are leaders in Public and Patient Involvement in research, specifically participatory health research with socially excluded communities. Anne has specialist expertise in migrant health working with key academic, community and policy stakeholders in Ireland and abroad.

### **Professor Tina Cook,**

Professorial Fellow, Liverpool Hope University, UK

Tina Cook is a Professorial Fellow at Liverpool Hope University. At the core of her work is a focus on inclusive practice in research and evaluation. She teaches and facilitates research approaches within academia and with community partners and has published on methodological issues in participatory research.

She has a particular interest in the nature of impact and recent work on this topic includes a co-edited Special Issue of the Journal Educational Action Research: The Conceptualisation and Articulation of Impact: hopes, expectations and challenges for the participatory paradigm (2017: Vol 25 (4) pp467-472). She is an Executive Committee Member of the ICPHR, an Editor of the International Journal of Educational Action Research and a founder member of the UK Participatory Research Network. Her own research focus is with people who find themselves marginalised, particularly people with learning disability, people with cognitive impairment, and their family members.



## Plenary speakers' biographies

### **Joanne Morgan,**

Director, Community Development and Health Network, Northern Ireland

Joanne Morgan is the Director of Community Development and Health Network (CDHN), a membership organisation working across Northern Ireland to end health inequalities through community development. A qualified Town Planner, Joanne has worked within the community, voluntary and statutory sectors for the past 20 years. Joanne is a Board Member of the Centre of Excellence for Public Health at Queen's with a particular interest in knowledge translation and health literacy and their impact on communities.



### **Professor Seán Dinneen,**

National Lead for the Diabetes Clinical Programme; Consultant Endocrinologist, Galway University Hospitals, Galway; Professor of Diabetic Medicine, National University of Ireland Galway

Seán Dinneen is Consultant Endocrinologist at Galway University Hospitals and holds a personal professorship in Medicine. He served as Head of the School of Medicine in NUI Galway from 2013 to 2016. In June 2016 he was appointed National Lead for the Diabetes Clinical Programme of the HSE's Clinical Strategy and Programmes Division.



Having graduated from University College Cork Medical School he spent a period of postgraduate training in the USA, Canada and the UK before returning to Ireland in 2005. His professional interests include developing and evaluating programmes of self-management education and support for people living with diabetes, developing optimal models of community-based diabetes care and understanding the diabetic foot. He has secured research funding from the Health Research Board, Enterprise Ireland, Diabetes Ireland and the European Foundation for the Study of Diabetes and Galway University Foundation. He was part of successful bids which brought a School of Podiatry and a Clinical Research Facility to NUI Galway

Seán is actively involved in undergraduate and postgraduate education through the College of Medicine Nursing and Health Sciences at NUI Galway. He is Clinical Lead for Schwartz Rounds in Galway University Hospitals. He currently serves as associate editor of Diabetic Medicine, the journal of Diabetes UK.

## Conference chairs

### Plenary Chair: Dr Cate Hartigan

Assistant National Director, Health Promotion and Improvement, Health and Wellbeing Division, Health Service Executive

Assistant National Director, Health Promotion and Improvement, Strategic Planning & Transformation, Health Service Executive

A nurse by background, Cate was appointed Assistant National Director of Primary, Community and Continuing Care for the Health Service Executive (HSE) on its establishment, with responsibility for Planning, Monitoring and Evaluation. Cate worked as Acting National Director of Corporate Planning and Control Processes for the HSE and was appointed as Assistant National Director, Health Promotion and Improvement in September 2013.

Cate has an extensive background in governance and change management, strategy and policy development and implementation. She also provides corporate governance expertise on a voluntary basis to the NGO sector.



### Plenary Chair: Dr Martin Power

Lecturer, Discipline of Health Promotion and Director of Social Care programmes, National University of Ireland Galway

Martin's PhD utilised the HIV/Hepatitis C blood crises of the 1980s to examine the manner in which the regulation of risk altered with the transition from government to governance. Martin's research interests are broad and span a number of areas and Martin has published on topics such as risk and regulation, care planning, and social care workforce development and professionalisation. Martin is currently involved both with national and international projects, focusing on interprofessional education for health and social care professionals and, developing online health promotion materials for the public. In addition, Martin is supervising research post-graduate students who are examining the relationships between discourse and stigma amongst people living with HIV, and risk perceptions amongst disability social care service providers, staff and users.



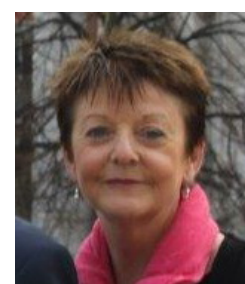
### Plenary Chair: Biddy O'Neill

Department of Health, Ireland

Biddy O'Neill is National Project Lead in the Health and Wellbeing Programme Department of Health. She is leading on the development of the National Healthy Workplace Framework in partnership with the Department of Jobs Enterprise and Innovation under the auspices of Healthy Ireland.

Biddy has worked in Health Promotion for over twenty years, at both strategic and operational levels within the Health Service and the Department of Health. She has extensive experience in partnership working, policy and programme development and implementation. She is a keen advocate for personal development, including reflective practice and believes that facilitative leadership is key to changing workplace culture to promote health and wellbeing.

She was appointed to Assistant National Director in the Health and Wellbeing Division Health Service Executive in 2013, and seconded to the Department of Health in 2015. She has a background in Nursing and Addiction Counselling and holds a Higher Diploma in Adult Education and an MA in Health Promotion.



## Plenary session abstracts

### Participation in primary healthcare: the relevance of participatory health research

Professor Anne MacFarlane

Graduate Entry School, University of Limerick

There is long standing attention to community and individual participation in primary healthcare for different reasons: for shaping policy and the nature and configuration of local services, for setting priorities in practice settings and for 'patient centeredness' in general practice consultations. More recently, imperatives from policy makers and funders for Public and Patient Involvement in health research have been gaining momentum across disciplines, including academic general practice and primary care. There are concerns, however, about participation across these different kinds of participatory spaces: is it meaningful? impactful? inclusive of all community members, service users and patients?

This keynote will examine these issues by summarising literature about migrants' involvement in primary healthcare. The rich tradition of participatory health research will be introduced showing the emphasis that it places on partnerships between actors from different sectors and agencies within and across community settings. Some methodologies, tools and techniques from participatory health research will be described with examples of how they have been used in research to enable the meaningful involvement of migrants in health research partnerships. The 'flow' of knowledge from health research to service settings and into policy dialogues will be examined with examples of (progress toward) improving migrants' access to, and experiences of, general practice services.

## Plenary session abstracts

### Participatory research: promoting positive changes for health through the power of collaborative learning

Professor Tina Cook,  
Liverpool Hope University, UK

In recent years, across many cultures and continents, there has been a move towards advancing more democratic approaches to research. Such forms of research are increasingly drawing the attention of funders, decision makers, researchers and communities of practice. The increased engagement of a wider range of the population in research activity, particularly those who currently experience marginalisation, is viewed as a means for achieving positive transformation in the interest of people's wellbeing. Participatory forms of research are also perceived as a more democratic approach that, through increased agency in decision making, offer spaces for more socially just forms of action. This shift towards such research approaches is, however, underpinned by a range of understandings and expectations about what more democratic approaches to knowledge creation might look like and what their purpose and impact might/could be.

This presentation will focus specifically on participatory health research (PHR), starting briefly with what it is, what it offers and the issues it raises. I will then concentrate on three key issues within PHR: learning, relationships and impact.

Starting with the positioning of learning as a central change mechanism in PHR the focus will be on the expectations we hold about who learns through engagement in PHR and what we need to learn about. This will include how current frameworks for understanding research itself are perceived and used to shape what can be known and what changes can ensue.

The second element of the presentation will consider the nature and construction of relationships as central to the re-orientational possibilities of the participatory process. Can a tendency towards unchallenged conceptualisations of relationships drive a predilection for consensus that perpetuates the known as opposed to the yet to be known?

Thirdly I turn to the expectations of impact through PHR and how understandings for impact from research, predominantly based on a starting point of expected change reached through a linear journey, is problematic for a process that positions ongoing shared learning as a key mechanism for change.


## Plenary session abstracts

### Join the dots - Why connections are the key

Joanne Morgan,  
Community Development and Health Network, Northern Ireland

Community Development and Health Network have been addressing health inequalities in Northern Ireland through community development for over 20 years. The problems don't get any easier to tackle and an ever changing political and social environment adds to the complexity.

During this keynote I will share our experiences as a community development organisation of trying to understand why inequalities occur and how best to address them. In particular I will reflect on the importance of strong and enduring connections as a fundamental pillar for transformation for local communities and the health service. I will share insights into our experience of supporting primary health care professionals, including community pharmacy over the past 17 years to adopt co-production as a way of engaging and supporting their local community. I will highlight our more recent focus on health professionals understanding of health literacy as both a barrier and enabler for improved health and wellbeing.



Poster Competition -  
don't forget to vote  
for your favourite



## Plenary session abstracts

### Improving outcomes for young adults living with type 1 diabetes in Ireland: the D1 Now study

Professor Seán Dinneen,  
Galway University Hospital and NUI Galway

Living with type 1 diabetes can be a challenge at any age but this is particularly true during the phase of young (or “emerging”) adulthood. During this time individuals are presented with many new experiences including moving away from home, establishing new relationships and exploring risky behaviours. The added requirements of living with a chronic disease and maintaining good self-management skills can prove too much.

Our research team in Galway has demonstrated that young adults often live with sub-optimal blood sugar control. Similar findings have been reported from Scotland and other countries capable of reporting outcomes at a population level. In a systematic review of the literature we have highlighted the need for novel interventions focused on the needs of young adults living with type 1 diabetes. We have published a Core Outcome Set proposing outcomes that should be considered when undertaking trials of new interventions in this age group.

The D1 Now study, funded through a Definitive Intervention and Feasibility Award from the Health Research Board, aims to develop and evaluate a complex intervention to improve outcomes for young adults with type 1 diabetes in Ireland. Informed by health psychology research focusing on barriers and facilitators to clinic attendance among young adults the evolving D1 Now intervention consists of 3 main components. These include (1) a key worker to help young adults navigate the clinical environment, (2) an online tool to improve communication between clinic visits and help build relationships and (3) an agenda-setting tool to help young adults get the most out of their interactions with healthcare professionals.

The D1 Now team has worked with Jigsaw Galway to enable the voice of the young adult to influence the research being undertaken. This has been done (mainly) through the formation of Young Adult Panels, one in Galway and one in Dublin. Members of the YAP act as co-researchers; they participate in Study Steering Group meetings and help with decision-making around all aspects of the research. This has been a hugely rewarding aspect of the work and continues to generate new knowledge and insights.

# POSTER COMPETITION

The Association of Health Promotion Ireland (AHPI) have sponsored a prize for the best poster presentation of research

Delegates are asked to vote for their favourite poster based on the following criteria:

- ✓ Quality of the research content
- ✓ Relevance to the conference theme
- ✓ Appeal of the visual display of the research.

**Please Vote!**

**Voting is open during morning coffee in room MY129.**



**2017 Winner:**

Mr Enda Campbell,  
HPRC, NUI Galway  
'Sitting time among the Irish population - A concern for workplaces?'



## Poster communications

### Venue: MY129

Poster number	Poster presenter	Poster title
1	<b>Greg Clark,</b> Roscommon Mental Health Services	Assessment of a co-produced recovery model five ways to wellbeing challenge in the mental health community setting
2	<b>Pearse Adams,</b> University College Cork	Access to psychological services among individuals experiencing homelessness: A phenomenological study
3	<b>Victoria O'Dwyer,</b> Health Information and Quality Authority	Service theme: National standards for the conduct of reviews of patient safety incidents
4	<b>Marese Damery,</b> Irish Heart Foundation	Irish Heart Foundation's mobile health unit 'blood pressure check service': Impact of opportunistic checks in the community focusing on the 'hard to reach groups'
5	<b>Yomna Hussein,</b> NUI Galway	Physicians' perspectives on patient participation in clinical decision making
6	<b>Emer O'Leary,</b> Get Ireland Walking	Men's sheds as a health promoting setting for walking participation: Importance of targeted health interventions for physical activity
7	<b>Alison Fagan,</b> Athlone Institute of Technology	To examine the factors affecting health and wellbeing of centenarians living in Ireland
8	<b>Michelle Hanlon,</b> NUI Galway	Let's talk-and act-about supporting medication adherence in multimorbidity
9	<b>Margaret Mcloone,</b> Sligo Institute of Technology	Postnatal women's experience of breastfeeding support in the north west of Ireland
10	<b>Ann O'Brien,</b> NUI Galway	Evaluating the quality of patient engagement on the online patient feedback platform care opinion

11	<b>Maria Barrett,</b> Health Promotion and Improvement, Health Service Executive	The power of self- management: Diabetes education and self management for ongoing and newly diagnosed individuals with Type 2 Diabetes (desmond)
12	<b>Dr Hiyam Alriyami,</b> NUI Galway	Mapping the capacity of Health Promotion interventions for non-communicable diseases in Oman
13	<b>Madeline Kennedy,</b> Health Service Executive	Smokefree homes
14	<b>Niamh Gallagher,</b> NUI Galway	Exploring older adults' communication with their GP and how a photo-story health literacy intervention may help
15	<b>Dr Eva Barrett,</b> NUI Galway	Empowering nursing home residents with a physical activity programme embedded into their daily life: A study protocol
16	<b>Dr Karen Casson,</b> Ulster University	Personal and public involvement and its impact: Monitoring, measuring and evaluating the impact of personal and public involvement in health and social care in Northern Ireland
17	<b>Niki Byrne,</b> Galway University Hospitals	Improving GUH health literacy- Developing the policy on written patient information
18	<b>Dr Catherine Anne Field,</b> NUI Galway	Palliative day care : Bridging the care gap
19	<b>Bridget Molloy,</b> Institute of Technology, Sligo	Sort your stigma – Increasing the validity of STI screening in third level college students
20	<b>Dervilia Kernaghan,</b> Cancer Focus Northern Ireland	'Well aware' - Empowering older people in cancer prevention
21	<b>Dr Colette Kelly,</b> NUI Galway	Participatory research with youth: Showcasing the international Health Behaviour in School-aged Children survey
22	<b>Lorraine Burke,</b> NUI Galway	Stakeholder participation in planning of adolescent sexual health research translation.

## Oral communication abstracts

Room	Practice Theme 1: Engaging service users to improve health
MY123	Chair: <b>Dr Leigh Ann Sweeney, HPRC, NUI Galway</b>
11.15	<p>Involving people who use services in developing national standards for health and social care services</p> <p><b>Weir, L.,</b> Behan, L. O'Dwyer, V. and Flynn, R.</p>
11.30	<p>World Café: Using consultation to build capacity and support change</p> <p><b>Brophy, J.,</b> Harney, B. and Kehoe, S.</p>
11.45	<p>Optimising initiation, attendance and retention to a community based chronic illness rehabilitation programme: Medex Wellness</p> <p><b>O'Leary, E.,</b> McCaffrey, N., Furlong, B., Doyle, F. and Woods, C.</p>
12.00	<p><b>Traveller women's perspectives on the underlying causes of their food choices – An inter-agency partnership working towards an alternative discourse and practice</b></p> <p><b>Cronin, M.,</b> Burke, A., Rogan, A.M., Russell, J., O'Leary, A., Cahill, D., O'Reilly, D. and Prendiville, J.</p>
12.15	<p>Better services - better health - "Travellers empowering and engaging their community through peer led primary health care"</p> <p><b>Ward, B., Warde, K., Sweeney, K., McDonagh, A., Collins, M.,</b> Staunton, C., Fitzmaurice, V. and Syron, M.</p>

Room	Service Theme 2: Community, family and wellbeing
MY124	Chair: <b>Dr. Patricia Heavey</b> , Association of Health Promotion Ireland
11.15	Exploration of teenage parents experiences as service users of universal child and family healthcare services <b>Kelly, M.</b> and Millar, M.
11.30	'Speak Up': Participation of children and young people in decisions about their lives in Tusla services <b>Tierney, E.</b> , Brady, B., Forkan, C., Jackson, R. and Kennan, D.
11.45	Parenting in Ireland: Polish perspectives on child rearing and help seeking in a culturally diverse neighbourhood <b>Kealy, C.</b>
12.00	EOLAS <b>Hampson, N.</b>
12.15	How to involve stroke survivors with aphasia and healthcare professionals as co-researchers in service evaluation: A participatory health research study focused on public and patient involvement <b>McMenamin, R.</b>

If you have not signed up for an afternoon workshop check availability at the registration desk



Room	Service Theme 3: Hospital settings
MY127	Chair: <b>Dr András Költő</b> , Health Promotion Research Centre, NUI Galway
11.15	Preparing to partner at Mayo University Hospital: A study of institutional preparedness for whole system patient-experience advisor integration McGrath F., Moran S., Bracken R., Casey J., Staunton F., Curtis J., Fallon E., Donohoe C., Rivoire E. and <b>Ni Bhuinneain M.</b>
11.30	Short study into women's views on breast screening in Limerick city <b>Swinburne, L.</b>
11.45	Alcohol related presentations to Emergency Departments in Ireland McNicholl, B., Goggin, D. and <b>O'Donovan, D.</b>
12.00	Development of a participatory workshop to build staff capacity towards a sustainable health literate hospital environment <b>McKenna, V.B.</b> , Sixsmith, J. and Byrne, N.
12.15	From tokenism to meaningful participation-the role of service users in the design and development of Health Services <b>Kinneen, L.</b>

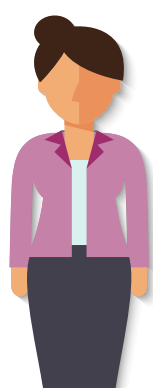


*Don't forget to tweet  
if you want to win the  
mystery prize #hprc2018*

Room	<b>Research Theme 4: Service user involvement in research</b>
MY126	Chair: <b>Kathy Ann Fox, Discipline of Health Promotion, NUI Galway</b>
11.15	Staying fit for the future - better balance better bones: An evaluation of a balance orientated exercise programme for older adults <b>Aherne, A.</b> and Dinneen, J.
11.30	Modelling, refining and testing the components of a complex behavioural intervention to improve outcomes among young adults with Type 1 Diabetes Mellitus: The D1 Now Intervention. <b>Casey, B.</b>
11.45	Health literacy audit in the Centre for Diabetes, Endocrinology and Metabolism, University Hospital Galway Murray, A. and <b>Finn, Y.</b>
12.00	An evaluation of the We Can Quit programme in disadvantaged communities in Ireland Ivers, J.H. Vance, J., <b>Burke, R. Reynolds, C</b> and Hayes, C.
12.15	Empowering expectant women: The role of breastfeeding preparation class participation in breastfeeding initiation and practice <b>Mcloone, M.,</b> Loftus, E. and Martin, L.



Room	Research Theme 5: Service user voice: Bridging the gap
MY125	Chair: <b>Dr Catherine Anne Field, Health Promotion Research Centre, NUI Galway</b>
11.15	Hearing the patient's voice: Insights from the National Patient Experience Survey <b>Foley, C.</b>
11.30	Making it matter, involving seldom-heard groups in research design <b>Hopewell-Kelly, N. and Packer, S.</b>
11.45	PPI Ignite NUI Galway: Bringing about a culture change <b>Murphy, E.</b>
12.00	Exploring public and patient participation to guide research in wound care in an Irish context <b>O'Regan, M.</b>
12.15	Research, into practice, into research. What impact can we have by intervening, upstream, at the level of the engager, first? <b>Brennan, G.</b>



**Don't forget to sign up for the lunchtime mindfulness sessions at the registration desk**

## Practice Theme 1: Engaging service users to improve health Room MY123

### Involving people who use services in developing national standards for health and social care services

**Author:** Weir, L., Behan, L. O'Dwyer, V. and Flynn, R.

**Affiliation:** Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high quality and safe care for people using health and social care services in Ireland. One of the HIQA's functions is to set standards for health and social care services. National standards promote evidence-based and effective practice and are tools for service providers to identify strengths and highlight areas for improvement. They are also a resource for people using services to understand what they should expect from a service.

Positive interaction with stakeholders is a key component of the standards development process. While research ensures that standards are evidence-based, stakeholder engagement ensures that the standards are appropriate to the Irish context, will improve the experience of people using services and can be implemented in practice.

There are three stages of stakeholder engagement in the standards development process:

1. An Advisory Group is convened comprised of a diverse range of interested and informed parties including advocacy and service user representative groups. The Group meets to advise the HIQA on on-going work and to support consultation and information exchange.
2. Focus groups are undertaken with staff and people using the services to discuss their experiences and to obtain their opinion as to what the national standards should address.
3. A six-week public consultation is held during which time all interested parties, for example staff, people who use the services and their relatives, are invited to become involved in the standards development process and provide feedback on draft standards.

At each stage of engagement the project team ensures that the views, experiences and priorities of staff and people who use services are represented in the standards. This is vital in ensuring that any standards developed truly reflect the views and experiences of people using services.

## **World Café: Using consultation to build capacity and support change**

**Authors:** Brophy, J., Harney, B. and Kehoe, S.

**Affiliation** Service Reform Fund Leads, CHO 7 Adult Mental Health Service

### **Context and Background**

In 2017, CHO7 Adult Mental Health Services embarked on a consultation process to inform and guide changes necessary to become a more service user lead and recovery focused service. The purpose of consultation was to engage people with mixed perspectives, who had varied levels of interest, expertise and positions of power or influence. This is the first time a consultation of this type has been undertaken in CHO 7.

### **Aim**

- Bring people with mixed perspectives together, in many cases for the first time
- Use the existing expertise within the services to guide service delivery
- Engage those potentially impacted by or interested in service decision making
- Start process of identifying capability and readiness for change
- Support a culture of transparency and honesty
- Respect and value the ideas and perspective of all stakeholders
- Understanding barriers to change or readiness that impact on CHO7's efforts to improve services.

### **Methodology**

The World Café method was used to consult with groups of service users, family members, community agencies and HSE staff. This method is a simple and flexible way to host large group discussions. There were six workshops which focused on:

1. Figuring out our priorities
2. Working out how to do it.

### **Key Outcomes**

- Over 200 people from community, HSE and service user/family member networks attended.
- People who had not previously been involved in service development were identified and engaged in this process
- The World Café method was a useful vehicle for engagement, sharing ideas and changed perspectives
- A significant capacity and willingness of all stakeholders to work together was harnessed.

### **Conclusions**

- The process of consultation can serve as a vehicle for stakeholder engagement in the process of change
- The World Café Method is a creative and useful vehicle for engagement.

## **Optimising initiation, attendance and retention to a community based chronic illness rehabilitation programme: Medex Wellness**

**Authors:** O'Leary, E., McCaffrey, N., Furlong, B., Doyle, F. and Woods, C.

**Affiliations:** MedEx Wellness, School of Health and Human Performance, Dublin City University, Ireland; DCU Sport, Dublin City University, Ireland; Division of Population Health Sciences (Psychology), Royal College of Surgeons in Ireland, Ireland; Health Research Institute, Department of Physical Education and Sport Sciences, University of Limerick, Ireland

### **Introduction**

Despite the known benefits of rehabilitation using structured exercise in people with chronic health conditions, attendance at such programmes remains sub-optimal. The purpose of this study was to compare the effect of regularly scheduled exercise consultations combined with a beginner exercise session to a standard MedEx induction (SMI) in relation to initiation, attendance and retention at a community based chronic illness rehabilitation programme (CBCIR).

### **Method**

Participants, referred by health care professionals to a CBCIR, provided informed-consent. Participants referred in 2015 underwent SMI and participants who were referred in 2016 were invited to attend a baseline, four-week and twelve-week exercise consultation and a beginner exercise session as part of the new MedEx induction (NMI). Initiation, attendance and retention of both groups were monitored for 24 weeks. While using Independent Sample T-tests and Chi Square, the primary outcomes of initiation, attendance and retention were analysed using both intention to treat and per protocol analysis.

### **Results**

A total of 381 participants (median age = 65 yrs, 57% male) were enrolled in SMI and 195 (median age = 67 yrs, 58% male) in NMI. Intention to treat analysis identified no significant difference in rates of initiation ( $X(1)=1.198$ ,  $p=.315$ ) or attendance ( $t(427)=-.480$ ,  $p=.62$ ) between the SMI the NMI. However a significantly higher rate of retention was observed in the NMI group ( $X(1)=4.464$ ,  $p=.40$ ). Per protocol analysis identified a significantly higher rate of initiation ( $X(1)=12.935$ ,  $p<.001$ ), attendance ( $t(325)=4.18$ ,  $p<.001$ ) and retention ( $X(1)=14.147$ ,  $p<.001$ ) in the Per-Protocol NMI group.

### **Conclusion**

This study indicates the benefits of the NMI in terms of optimised initiation, attendance and retention and has implications for current practice. Importance should be placed on attendance at all elements of the intervention to ensure greatest outcomes.

## **Traveller women's perspectives on the underlying causes of their food choices – An inter-agency partnership working towards an alternative discourse and practice**

**Authors:** Cronin, M., Burke, A., Rogan, A.M., Russell, J., O'Leary, A., Cahill, D., O'Reilly, D. and Prendiville, J.

**Affiliation:** School of Public Health, University College Cork

Irish Travellers are an ethnic minority experiencing serious health inequities. The Southern Traveller Health Network (STHN) formed an inter-agency partnership with the Department of Epidemiology and Public Health, UCC and the Health Promotion and Improvement Department and Traveller Health Unit of the HSE South, to research a reflective question of the STHN's choice. STHN members wished to explore why, despite receiving so much health education, Traveller women find it very difficult to change their food choices and lose weight? The partnership chose a Community-Based Participatory Research methodology, employing two rounds of focus groups with 20 Traveller women. Preliminary findings were presented to participants for discussion and verification.

This study found that Traveller women's experiences of chronic and acute stress, racial discrimination, history of food scarcity and poverty, pressurised roles as females in an ethnic minority community, cultural norms and family influences on food choice, were underlying causes of their self-acknowledged, quite poor food choices and excess consumption. Findings were strikingly similar to those of other ethnic minority and poor women within the international literature reviewed, indicating that particular cultural features are not the most important issue, but rather, their marginalised socio-economic position and negative experiences of the wider determinants of health.

Through this empowering partnership research process the need to urgently address Travellers structural and intermediate health determinants has been highlighted. Led by the STHN, the partnership is now acting upon the findings through workshops, reports, presentations and an animated video. It is challenging the behaviour-change model, which dominates much health promotion with Travellers and engaging the wider Traveller community in the development of an alternative discourse and practice, based on a critical analysis of structural and intermediate health determinants, with the aim of achieving significant improvements in Travellers health status.

## **Better services - better health - "Travellers empowering and engaging their community through peer led primary health care"**

**Authors:** Ward, B.<sup>1</sup>, Warde, K.<sup>1</sup>, Sweeney, K.<sup>2</sup>, McDonagh, A.<sup>2</sup>, Collins, M.<sup>3</sup>, Staunton, C.<sup>3</sup> Fitzmaurice, V.<sup>3</sup> and Syron, M.<sup>4</sup>

**Affiliations:** <sup>1</sup>WTIDA, Tuam; <sup>2</sup>Galway Traveller Support Movement; <sup>3</sup>Mayo Travellers Support Group; <sup>4</sup>Health Service Executive

The Traveller population has experienced a history of discrimination and marginalisation within Irish society. Travellers are disadvantaged in terms of their poor health status, poor education, inadequate accommodation, high unemployment and difficulty accessing services. It has long been recognised that health services have not adequately met the needs of Travellers. As a result the Primary Health Care Project (PHC) has been set up to engage and empower the Traveller Community and help address the key determinants of their poor health status. It aims to bring healthcare as close as possible to the community.

A core component of the PHC project is the employment of qualified community health workers from the Traveller Community. The CHWs have an in depth understanding of the needs and priorities of their community and how services can be developed to best meet these needs. A key role of the Community Health Worker is to visit families within their community, providing information and support, and signposting people to appropriate services. This approach is supported by national and regional strategies. Currently 39 Travellers are employed as CHWs in Galway, Mayo, and Roscommon.

The CHWs have become advocates for change, acting as role models in their community to tackle health determinants. They have also become the voice of the Traveller Community in terms of planning health and other services. They work in partnership with health and other statutory agencies to develop sustainable local and national initiatives to improve Traveller health, education, accommodation, employment, and access to services. The presentation will provide an overview of the project in the region and give examples of the positive impact it is having on the Traveller Community and the statutory service providers using the principles of empowerment, engagement, and participation to 'strengthening the circle'.

## Service Theme 2: Community, family and wellbeing Room MY124

### Exploration of teenage parents experiences as service users of universal child and family healthcare services

**Authors:** Kelly, M. and Millar, M.

**Affiliation:** National University of Ireland Galway

This study explores the views and experiences of teenage parents as service users of universal child and family health care services using an interpretive phenomenological and critical realist methodological approach. Subjective understandings illuminate these parents existence was impacted by other people, processes and structures within their world. Objective existence explored using Derek Layder's (1997) Theory of Social Domains explicate the causative mechanisms within social life that shaped these parents lived experience of being a teenage parent service user.

The utilizing of both a phenomenological and critical realist approach facilitated the explication of lived experience from both the subjective emic perspective and objective realm, addressing the young parents' social context. The conceptualisation of 'being a teenage parent service user' revealed an existence shaped by ideological social norms of the teenage parent. These understandings served to shape the personal and social sense of self, which contributed to the sense of difference, stigma and othering experienced. The negotiation of the social milieu at the personal, interactional and contextual level revealed a struggle for participants in challenging the effects of social norms. This negotiation revealed the experience of 'being a teenage parent service user' as dependent on how others in their world viewed them. It reveals the inherent power of others to shape the teenage parents' existence. It reveals the struggle teenage parents confront in striving toward future goals and ambitions and how they draw on both material and cultural resources to facilitate reaching these goals.

## **‘Speak Up’: Participation of children and young people in decisions about their lives in Tusla services**

**Authors:** Tierney, E., Brady, B., Forkan, C., Jackson, R. and Kennan, D.

**Affiliation:** UNESCO Child and Family Research Centre, National University of Ireland Galway

### **Introduction**

Article 12 of the UN Convention on the Rights of the Child states that children have the right to participate in decisions that affect them. The term ‘participation’ is widely used to refer to involvement of children and young people (CYP) in decision-making about their lives. Participation has benefits for CYP such as the development of personal capacity and a sense of agency. Despite this, a number of challenges have been noted in practice. To support national policy and CYP rights, Tusla has developed a programme of action to embed CYPs participation within the agency.

### **Aim**

The aim of this study was to explore young Tusla services users’ experiences of participation in decision-making about their lives within Tusla services.

### **Method**

We employed one to one interviews with CYP who are accessing Tusla services. Purposive sampling was used to recruit participants with the support of four regional participation officers who also ensured best practice in obtaining consent from CYP and their parents/guardians. Interviews took place in a variety of locations chosen by the CYP.

### **Data Analysis**

Data was inductively coded in Nvivo and mapped onto Lundy’s model of participation informed by the core concepts of Space, Voice, Audience and Influence.

### **Findings**

Nineteen CYP ranging in age from 9-21 years participated in interviews representing a variety of locations and Tusla service settings. There were a diversity of ways in which CYP were involved in decision making including foster care orders in court, school attendance, and decisions about where to live. The importance of a champion to support them to have their voice heard, the need for space to allow natural conversations to evolve and the significance of CYP speaking up were common themes. Key recommendations for enhancing participation practice in services will be explored.



## **Parenting in Ireland: Polish perspectives on child rearing and help seeking in a culturally diverse neighbourhood**

**Author:** Kealy, C.

**Affiliation:** UNESCO Child and Family Research Centre, National University of Ireland Galway

Members of the Polish minority in the Republic of Ireland may find themselves surrounded by people whose values, beliefs and interpretations differ from their own regarding parenting. To support Polish parents in their responsibilities towards their children (measured by the 5 national outcomes as outlined in 'Better Outcomes, Brighter Futures', 2015), it is important for professionals, working in support services, to understand the phenomenon of parenting in an unfamiliar culture.

This study sought to examine how members of the Polish community in the multicultural neighbourhood of Ardaun/Roscam/Doughiska in Galway, subjectively experience parenting and also to investigate their help seeking behaviour. Data was collected through focus groups and individual interviews with Polish parents and service providers. Using the framework analysis approach of Ritchie and Spencer (1994), how Polish parents perceive their role as a parent, the cultural norms of parenting in the Polish community, attitudes toward help seeking and access to support services when parenting problems arise, were examined. This study highlights suggestions made by Polish parents on how to improve services.

## **EOLAS**

**Author:** Hampson, N.

**Affiliation** Mental Health Engagement, Health Service Executive

### **Introduction**

The EOLAS project was initiated in 2011 with the objectives of designing, delivering and evaluating two mental health information and support programmes for those diagnosed on the schizophrenia spectrum and those with bipolar disorders. The knowledge gained empowers the participants, assisting their recovery journey and provides support to their family and friends. Initially funded by Genio, today EOLAS is part of the HSE programme for mental health, strengthening the competencies of the health and social care workforce.

### **Programme Delivery**

Two separate programmes are run over eight weeks, one for service users and one for service user's family and friends. Each module is ninety minutes long with content based on active involvement, via extensive research and consultation, with clinicians, service users and family and friends. Guest speakers present for several sessions. Each programme is co-delivered with full transparency, utilising knowledge gained by lived experience and clinical expertise.

### **My Experience**

I am currently a service user co-facilitating the Spring 2018 Friends and Family EOLAS programme in Galway City. Throughout training and now programme delivery, I have truly felt a member of the team with my questions, comments and suggestions given equal weight. This inspired greater empowerment in my role as a peer with lived experience and I have openly discussed elements of my story during the modules. The value this has brought to the participants has been demonstrated via the thanks I have been offered and through conversations after the sessions.

The centrality of service users lived experience is a key organisational commitment by the HSE to underpin the recovery ethos in all their interactions with mental health service users. This is happening via the EOLAS programme and I am proud to be a part of it.

## **How to involve stroke survivors with aphasia and healthcare professionals as co-researchers in service evaluation: A participatory health research study focused on public and patient involvement**

**Author:** McMEnamin, R.

**Affiliation:** Speech and Language Therapy, NUI Galway

### **Context and Background**

Approximately 176,000 people in the UK and Ireland are diagnosed with stroke annually with up to one third experiencing aphasia. The Conversation Partner Programme (CPP) is an established aphasia intervention. Currently, there is no system for evaluating the CPP. Following policy imperatives for public and patient involvement (PPI), service users should be involved in service evaluation. However, stroke survivors with aphasia (SSWA) are often excluded because of their communication disability. Participatory learning and action (PLA) research aims to meaningfully involve typically marginalised groups in PPI research.

### **Aim**

To involve SSWA and other key stakeholders as co-researchers in CPP evaluation using PLA as the methodological approach.

### **Methodology**

Following a pilot study, the generation and analysis of qualitative data involved PLA research based on the interpretive paradigm. Using purposeful sampling participants (n=20) included: SSWA (n=5); speech and language therapists (n=5); university co-ordination (n=1) and students (n=9). Through (n=20) individual and inter-stakeholder data generation episodes across 12 months using PLA techniques CPP evaluation criteria were determined. Thematic analysis guided data co-analysis and transferability of findings was explored. Participants' experiences of acting as co-researchers were recorded through participatory evaluations.

### **Key Findings**

CPP evaluation criteria included: 1) Clarity about the Programme, 2) Shared understanding of structure, 3) Feedback, 4) Shared evaluation criteria, and 5) Linking with other organisations. Co-researchers reported positive transformative changes related to issues of identity, independence and confidence.

### **Conclusions**

This study critically interrogated communication disability as a barrier to inclusion in PPI research. Using PLA, SSWA and other key stakeholders meaningfully participated as co-researchers in service evaluation. This collaborative work generated new empirical evidence about the lived experience of aphasia and resulted in agreed CPP evaluation criteria. Findings will be of interest to all those exploring innovative methodologies to include marginalised service users in research and PPI activities.

## Service Theme 3: Hospital settings Room MY127

**Preparing to partner at Mayo University Hospital: A study of Institutional preparedness for whole system patient-experience advisor integration.**

**Authors:** McGrath F., Moran S., Bracken R., Casey J., Staunton F., Curtis J., Fallon E., Donohoe C., Rivoire E. and **Ni Bhuinneain M.**

**Affiliation:** Mayo University Hospital (MUH), Castlebar, Ireland; Mayo University Hospital Patient-Experience Advisors, Castlebar, Ireland; Quality & Improvement Division, HSE; Accreditation Canada International Health Standards Organisation, Mayo Medical Academy, NUI Galway.

### Service Theme

Patients as Partners: Team learning from patients: Patient involvement in governance.

### Driver

We report the nested patient engagement process of a whole system approach at MUH to the implementation of the “Framework for Improving Quality in our Health Service”. The challenge was to develop institutional preparedness in tandem with the systematic introduction of patient-experience advisors.

### Participation and Empowerment Initiative - the process.

- To establish and empower a local leadership tactic team as a patient and family engagement driver for improving quality
- To use the development partnership principles of equality, mutuality and reciprocity in the formation of the patient engagement team
- To plan the recruitment, induction, orientation and education of the first cohort of patient advisors and frontline staff champions for whole system integration
- To identify and implement best practice through meaningful national and international design consultation and partnership
- To initiate cultural change at MUH using established sensitisation and reflection methods.

### Benefits and Outcomes

The results frame will span three years with interim step-wise alignment towards the primary goal of empowered person-centred quality care. We report on year 1.

Year 1 Output focus – Team formation, team education, new advisor orientation, induction programme development, sensitisation activity development, process prototype development.

Year 2 Outcome focus – Patient voice at senior hospital management activity level. Visibility at frontline encounters. Dialogue at hospital-community interface.

Year 3 Impact– Full integration in MUH operations. Patient-experience advisor contribution in all continuous quality improvement activity.

## **Short study into women's views on breast screening in Limerick city.**

**Author:** Swinburne, L.

**Affiliation:** National Cancer Control Programme

### **Context**

Screening programmes aim to reduce mortality and morbidity from their respective diseases. For cancer screening programmes to bring about reductions in mortality, a substantial proportion of the population must participate. Programmes with low uptake can be ineffective and can promote inequalities in health-service provision. Strategies to promote uptake are multifaceted, reflecting differences in the cancers targeted, client groups, health-service contexts, and the tests themselves. Accordingly, there is no universal approach.

### **Methodology**

The aim of the study was to understand why some women attend some screening services and not others, specifically targeted were those who attended cervical screening but not BreastCheck screening. In Limerick, a cohort of women (1921) between the age of 50 and 64 were identified from the respective databases as attenders for CervicalCheck but that did not attend BreastCheck. It was agreed to host two focus groups sessions in Limerick city (East and West) and invite 189 women.

### **Results**

While there was a good broad-based understanding of cancer, there was confusion about attending for screening and attending for a mammogram at the symptomatic clinic. In this study the main barriers to attending screening were identified as within the emotional category, i.e. fear of results and fear of the mammogram procedure itself. This was followed by cognitive barriers such as a lack of understanding about the benefits of early detection and some fatalistic beliefs expressed by some from lower socio-economic groupings. A couple of women mentioned the requirement to take time off work or away from caring duties as a specific barrier for them.

### **Recommendations**

Recommendations were made to reduce the barriers and increase the uptake of breast screening services. There are five main recommendation areas for action – working with radiographers, screening logistics and environment, greater involvement of service users, awareness raising and further research. Engaging service users in our services would give us vital information for the other areas where recommendations were made by this study, such as interaction with radiographers, screening unit look and feel, inform our communications campaigns and areas for future possible research.

## Alcohol related presentations to Emergency Departments in Ireland

**Authors:** McNicholl, B., Consultant in Emergency Medicine; Goggin, D., Research Officer and **O'Donovan, D.** Director of Public Health

**Affiliation:** Health Service Executive

### Context and Background

Alcohol consumption in excess of the national recommended guidelines is the norm in the Republic of Ireland with over 40% of adults binge drinking at least once a month. Emergency departments (EDs) respond to many of the consequences of alcohol related harm but knowledge of the prevalence of alcohol related presentations is limited to localised or single site studies. While reducing alcohol consumption and the related harms are priorities in national policies there is no nationally agreed systematic way for counting alcohol related presentations, screening for alcohol related harm, or early intervention.

### Aim

We aimed to determine the prevalence of alcohol related presentations in all 29 Emergency Departments (ED) in the Republic of Ireland and compare them to non-alcohol related presentations in order to identify opportunities for improvements in the quality of patient care and related data collection.

### Method

We reviewed all records in the same four 6-hour periods in every 24-hour ED in the country to identify alcohol related presentations, and non-alcohol related presentations, and categorise these presentations according to World Health Organisation ICD-10 codes.

### Key Findings

The total number of presentations was 3194, of whom 189 (5.9%) were alcohol related, varying from 29.0% in the early hours of Sunday morning to 1.2% on Monday morning. The alcohol related presentations were significantly more likely to be male, arrive by ambulance, leave before being seen by a doctor or leave against medical advice, and were less likely to be admitted to hospital.

### Conclusions

Alcohol related presentations are a significant burden on EDs and Ambulance Services, especially in the early hours of Sunday mornings. Addressing the alcohol related burden of alcohol on EDs requires improvements in data collection and information systems, development of appropriate interventions and related referral services with service user involvement, and better preventive actions.

## **Development of a participatory workshop to build staff capacity towards a sustainable health literate hospital environment.**

**Authors:** McKenna, V.B., Sixsmith, J. and Byrne, N.

**Affiliation:** Health Promotion Research Centre, Discipline of Health Promotion, National University of Ireland, Galway, Ireland. Galway University Hospitals and Galway Primary, Community and Continuing Care, Galway, Ireland

### **Background**

A hospital health literacy committee was established at Galway University Hospitals (GUH) in 2015, which identified activities to ameliorate the limitations identified in a health literacy audit including some in relation to written materials. In 2017 the committee wrote and ratified a health literacy policy to assist staff to produce appropriate, accessible and usable written information with processes streamlined and presented in an algorithm. The policy also includes the following resources:

- a checklist based on the CDC Communication Index, which has been developed through three iterations
- an evidence informed 'Do and Don't' information sheet for those writing information for patients.

Although plain English training for staff has been provided by the National Adult Literacy Agency (NALA), time constraints did not allow staff to address specific issues in the development of their own written materials at these sessions. As a result the Health Literacy committee decided to develop and provide participatory workshops in a supportive environment to facilitate staff in the development of written information using the resources developed. The purpose of the workshops is to raise awareness of health literacy and promote the use of the developed resources. On completion of the training participants will:

- Be aware of GUH written patient information policy
- Have progressed the development of their written information
- Have used the checklist on their material
- Have used the Do and Don'ts information sheet in material development.

The workshops will be facilitated by health literacy committee members, which include hospital and academic staff as well as a patient council representative.

### **Why it Matters?**

The implementation of the NALA Health Literacy Audit for Healthcare Settings tool in 4 Departments of Galway University Hospitals (GUH) as part of the Intervention Research On Health Literacy among Ageing populations (IROHLA) (2012-2015) project identified barriers to patient's access and use of hospital services. As part of this project a sample of sixty one pieces of written material were selected by hospital staff to be assessed using the Centers for Disease Control and Prevention (CDC) Clear Communication Index. This tool underpinned by research in health communication, numeracy and risk communication and behavioural science aims to facilitate the development of health information that is accurate, accessible and actionable. The majority (60) of the selected materials assessed failed to achieve the required score. It is anticipated that implementation of these workshops will contribute to the development of staff capacity towards a sustainable health literate hospital environment which will improve patient experience.

### **Next steps**

Ethical approval granted from GUH. The first set of workshops were delivered in January and March 2018. A second set will be delivered in April and May 2018. An evaluation of the implementation will also be undertaken to inform further developments for the workshop format and delivery.

# **From tokenism to meaningful participation-the role of service users in the design and development of health services**

**Author:** Kinneen, L.

**Affiliation:** Independent Practitioner

## **Context and Background**

There has been a major shift in healthcare policy that promotes service user involvement in the design, delivery and evaluation of services. While there is strong agreement that this is a good idea, the implementation of meaningful service user involvement remains challenging.

## **Aim**

The aim of the paper is to share learning with regard to developing a culture of meaningful service user involvement in the design and development of health services.

## **Methodology**

A critical reflection on 20 years of delivering organisational interventions, across a range of healthcare settings, was conducted to explore facilitators and barriers to meaningful service user involvement.

## **Key Findings and Conclusions**

There were good examples of meaningful user involvement but these tended to be short-term and confined users to specific designated roles. There are many opportunities for services to engage service-users in a wide range of roles, which are not fully exploited. Many services still do not create space for users to play a meaningful role, even though they acknowledge it is a good idea. This may arise from lack of knowledge about how to engage users meaningfully. Furthermore, there are also unconscious processes at work which are barriers to meaningful involvement at individual and/or organisational levels, which need to be addressed if user engagement is to be more than tokenistic.

User involvement continues to be challenging for both individuals and organisations and falls short in terms of its potential. There needs to be recognition that meaningful user involvement is based on good relationships that require a long-term commitment. Therefore, in order to achieve a culture that is user-led, a major shift in thinking and practice is required at individual and organisational level.



## Research Theme 4: Service user involvement in research Room MY126

### **Staying fit for the future - better balance better bones: An evaluation of a balance orientated exercise programme for older adults**

**Authors:** Aherne, A. and Dinneen, J.

**Affiliation:** Cork Institute of Technology

#### **Background**

With strong evidence of an upward shift in societal age, falls and the associated risks have become a concern. Estimates suggest that in Ireland the number of deaths from falling in elderly people will escalate from approximately 250 in 2006 to 600+ by 2031 (HSE, 2008).

The programme 'Staying Fit for the Future – Better Balance Better Bones' was designed by the Cork Community Physiotherapy team with the support of Cork Sports Partnership and the Health Promotion Department of the HSE South. The programme was based on the Otago Exercise Programme (Campbell, 2003). It was delivered across 6 different centres in Cork city and county over 8 weeks commencing October 2017. Qualified exercise professionals who had received specific training in the delivery of the programme conducted the classes and also provided participants with advice for partaking in exercise at home.

#### **Aim**

With ample evidence of the efficacy of the Otago Exercise Programme, this study was designed to identify barriers and facilitators affecting exercise adherence among older adults participating in a community based group exercise programme.

#### **Methodology**

Questionnaires were used to collect data from participants (n=87) at the start and end of the programme. A scripted phone call was used at a 6 week follow up to assess programme outcomes.

#### **Results**

Participants were overwhelmingly positive about the programme. Few barriers to participation were identified and the quality of the tutors delivering the programme was a key facilitator. Participants also reported enjoying the group exercise element. Self-reported confidence levels for exercise showed significant improvement ( $p < .05$ ).

This programme is an exemplar of a cost effective method of improving health outcomes for older adults in a community setting, combining as it does the expertise of physiotherapists to upskill exercise professionals with the support of the Local Sports Partnership and Health Promotion Department.

# **Modelling, refining and testing the components of a complex behavioural intervention to improve outcomes among young adults with Type 1 Diabetes Mellitus: The D1 Now Intervention.**

**Author:** Casey, B.

**Affiliation:** School of Psychology, NUI Galway

## **Context and Background**

Young adults (18-25 years) living with Type 1 Diabetes Mellitus (T1D) have been highlighted as being at risk of poor self-management and sub-optimal glycaemic control. Previous interventions aimed at improving self-management and clinical outcomes in young adults with T1D have not been successful. There is a need for theory based interventions that include key stakeholder opinions. The 'D1 Now' intervention has been developed under guidance of the Medical Research Council (MRC) framework for the development of complex interventions and the Behaviour Change Wheel (BCW). 'D1 Now' has a user centred approach and integral to the research is a young adult panel (YAP). The intervention includes three components derived from previous qualitative research conducted by the D1 Now team, namely: 1) key-worker, 2) an online interactive system, and 3) an agenda setting tool for use in consultations.

## **Aim**

To model, refine and test the components of the D1 Now intervention to inform the content of a pilot randomised trial.

## **Methodology**

This study includes four iterative rounds of testing using qualitative research methods, namely focus groups and individual interviews. The YAP will be trained to assist in data collection and data analysis. Young adults aged 18-25 years with a diagnosis of T1D and healthcare professionals (HCPs) working in T1D will be recruited through purposive sampling techniques. The first 3 rounds of testing will focus on refining the intervention components individually (rounds 1-2) and subsequently combined (round 3) at one hospital site. The final round (round 4) will include a feasibility study, testing the intervention components together over a longer duration in an independent hospital site to inform the pilot randomised trial.

## **Results**

In progress with findings expected in summer 2018.

## **Conclusions**

Findings of this study will inform the development of a pilot randomised trial protocol of the 'D1 Now' intervention.

## **Health literacy audit in the Centre for Diabetes, Endocrinology and Metabolism, University Hospital Galway**

**Authors:** Murray, A. and Finn, Y.

**Affiliation:** School of Medicine, National University of Ireland Galway

### **Context and Background**

The EU Health Literacy Survey (2011) reported that 40% of Irish adults have limited health literacy. Furthermore there is evidence internationally that there is frequently a mismatch between the literacy demands of health services and the literacy capacity of those with limited health literacy. To facilitate patient engagement, health services need to become more literacy friendly. Staff awareness and training in health literacy are essential steps in this process.

### **Aim**

This audit aimed to assess how health literacy friendly the outpatient services are in the Centre for Diabetes, Endocrinology and Metabolism at University Hospital Galway.

### **Methodology**

This study design was descriptive and involved administration of the health literacy audit tool designed by the National Adult literacy Agency (NALA). All staff were invited to complete the audit tool, which was administered using survey monkey software. Results were downloaded and analysed using the online survey tool.

### **Results**

Fourteen staff completed the survey, a response rate of 50%. Five participants (36%) agreed that they did not understand what health literacy means or know how many people in Ireland have poor health literacy. Three participants (21%) agreed that the name of the building was clearly displayed. One participant (7%) agreed that he/she was familiar with the Plain English language style guide. Two participants (14%) agreed that concept words, such as normal range, were avoided. Three participants (21.4%) agreed that jargon specific to the health service has been identified and an easy way to explain these words has been circulated. Nine participants (64%) agreed that staff ask patients if they have any questions.

### **Conclusions**

There is poor awareness of health literacy and guidelines on good communication practices. This audit is the first step to creating a health literacy friendly health service, which will improve patient empowerment and promote self-management skills.

## An evaluation of the We Can Quit Programme in disadvantaged communities in Ireland

**Authors:** Ivers, J.H.<sup>1</sup>, Vance, J.<sup>2</sup>, **Burke, R.**<sup>3</sup>, **Reynolds, C.**<sup>2</sup> and Hayes, C.<sup>1</sup>

**Affiliations:** <sup>1</sup>Institute of Population Health, Department of Public Health and Primary Care, Trinity College Dublin, Ireland; <sup>2</sup>Irish Cancer Society; <sup>3</sup>Department of Health and Improvement, Health Service Executive

### Background

The *We Can Quit* Programme is a community-based smoking cessation programme that encourages women living in socially and economically disadvantaged areas to quit smoking. The programme is organised and delivered by the Irish Cancer Society in partnership with local community representatives and the Health Service Executive. Two hundred and sixteen women participated in the *We Can Quit* programme and consented to be followed up.

### Results

Data are included from 12 sites where the *We Can Quit* programme was delivered across several neighbourhoods in Dublin and Cork, which included both urban and rural communities. Two hundred and sixteen women participated in the *We Can Quit* programme and consented to be followed up. Data were available for 137 (63%) participants at first follow-up and data were available for 130 (94.8%) at second follow-up. A total of 105/216 women (48.6%) had quit at 6 weeks. A total of 109/216 (50.4%) had quit at 12 weeks. There was a statistically significant association between participants with free state medical aid (medical card) and participants who could not be followed-up at 6 weeks. The majority of participants reported using a combination of NRT at 6 and 12 weeks follow up. Moreover, the majority of women reported using a combination of behavioural supports at both 6 and 12 weeks follow up.

### Conclusion

The evaluation of the *We Can Quit* programme shows encouraging results for women living in disadvantaged communities in Ireland. A feasibility RCT to test the effectiveness of the programme is currently underway.

## **Empowering expectant women: The role of breastfeeding preparation class participation in breastfeeding initiation and practice**

**Authors:** Mcloone, M., Loftus, E. and Martin, L.

**Affiliations:** Department of Health Science & Nutrition, I.T. Sligo, Health Promotion & Improvement, Health and Wellbeing Division, Health Service Executive West

### **Introduction**

The rates of breastfeeding are extremely low in Ireland when compared to European rates. Expectant women's experiences, challenges and perceived benefits of participating in a breastfeeding preparation class (BFPC) were explored.

### **Aim**

To investigate post-natal women's experiences of breastfeeding after participating in a prenatal breastfeeding preparation class (BFPC).

### **Methodology**

A two and a half hour BFPC was held in Sligo. The consenting women then completed a self-administered questionnaire approximately 10 weeks post Expected Date of Delivery (EDD). This questionnaire contained both open and closed questions exploring a variety of infant feeding related variables including the length of time after birth the first feed took place, experiences of the BFPC and perceptions about the level and type of support received from medical staff, family, friends and partners (if any) regarding their choice to breastfeed their baby. A 2-fold data analysis was conducted on the results of the questionnaire. The closed questions were analysed through SPSS and the open questions were analysed through thematic analysis.

### **Results**

The self-administered questionnaire was completed by 165 consenting women. The BFPC was found to be of benefit to the women while they were in the postnatal period. The class had a positive effect on both breastfeeding initiation rates with 58% offering a feed within the first hour after birth, and also the duration of feeding at 9-13 weeks after giving birth with 64% of participants continuing to breastfeed. The women experienced support both in the hospital and on discharge from hospital and recommendations on how both the class and the support can be improved were outlined by the participants.

### **Conclusion**

The BFPC provided support to new mothers in terms of breastfeeding experience and expectations in hospital, on discharge and also during the BFPC and there was an opportunity for the new mothers to give recommendations.

## Research Theme 5: Service user voice: Bridging the gap Room MY125

### Hearing the patient's voice: Insights from the National Patient Experience Survey

**Author:** Foley, C.

**Affiliation:** Health Information and Quality Authority

#### Context and Background

Patient experience is a strong indicator of healthcare quality and safety, and a useful tool for identifying areas that require improvement. In many countries patient experience data is routinely gathered through national surveys. Ireland's first National Patient Experience Survey was conducted in 2017 to explore the perspectives of inpatients in Irish acute public hospitals.

#### Aim

The survey aimed to explore patients' views of their care in order to inform the development of quality improvement plans and enhance approaches to healthcare regulation and policy. Patient involvement in survey design, implementation and reporting was a key element of the programme.

#### Methodology

A cross-sectional survey design was used. Participants were asked to complete a 61-item questionnaire which included closed and open-ended questions covering experiences from admission through to discharge. The questionnaire was developed in an iterative process involving patients, healthcare professionals and other relevant stakeholders. Z-tests at the 99% confidence level, and qualitative framework analysis were used to analyse the survey responses.

#### Results

13,706 people responded to the survey - a response rate of 51%. It was found that 36% of patients felt that they were not always involved as much as they wanted to be in decisions about their care. There were statistically significant differences in patient experience by sex, age and between hospitals.

#### Conclusion

Survey data provided specific and detailed patient feedback that facilitated the development of targeted initiatives to address issues. The high response rate indicates a desire among Irish patients to have their voices heard in relation to their care. Despite the variation in patient experience across hospitals, problems around communication were consistently observed. Patients provided valuable guidance at every step of the survey, from initial design to the production of quality improvement plans.

## **Making it matter, involving seldom-heard groups in research design**

**Authors:** Hopewell-Kelly, N. and Packer, S.

**Affiliations:** Patient and Public Involvement lead, University of the West of England/Health Protection Research Unit evaluation of interventions Field Epidemiology Service, Public Health England, Bristol.

### **Aim**

The benefits of Patient and Public Involvement (PPI) in public health research are increasingly recognised, yet meaningful engagement and empowerment with hard to reach groups continues to be lacking. PPI with seldom-heard groups can be challenging and resource intensive. It requires commitment from the research team that exceeds standard expectations, and necessitates collaborative approaches to recruitment and facilitation of involvement. Researchers from the Health Protection Research Unit, Public Health England and service providers from Bristol Drugs Project developed a PPI project to work with service users on a study investigating MRSA colonisation in people who inject drugs.

### **Methodology**

Working with service providers, we recruited service users to participate in our public involvement work. We organised a meeting to discuss acceptability of the study and the design of the questionnaire. We recorded themes arising from the discussion and these contributed to the development of study materials.

### **Results**

Recruitment to the group was problematic due to reliability issues. This created an over-reliance on recruitment by service providers and dictated what would be achievable in the group work.

The service users provided us with a great deal of detail with which to redraft the questionnaire and their contributions made a significant impact.

### **Conclusion**

Working with this group had a significant impact on the study design and the interpretation of the results. It did however involve many challenges, with the balance between effort and outcome not always equally balanced. Nonetheless, our work demonstrates the importance of working with seldom-heard groups in public health research.

## **PPI Ignite NUI Galway: Bringing about a culture change**

**Author:** Murphy, E.

**Affiliation:** PPI Ignite Programme, Discipline of Medicine, National University of Ireland Galway

### **Context and Background**

Public and patient involvement (PPI) in health and social care research is increasingly being recognised as an important component of quality research internationally, and more recently, in Ireland. In 2016, the Health Research Board (HRB) launched the PPI Ignite awards with the aim to support and promote capacity building for high quality PPI in health research. NUI Galway is one of five universities funded under the HRB PPI Ignite programme.

### **Aim**

To fundamentally alter the way that health research is undertaken in NUI Galway.

### **Methodology**

The PPI Ignite NUI Galway programme includes (1) a Support function, delivered both face-to-face and online, (2) an Education and Training function, and (3) an Evaluation and Impact function, evaluating the impact of the PPI Ignite activities locally and nationally. Central to these activities is building close and sustainable relationships with community and patient organisations. In addition to its own local activities, each PPI Ignite University is also committed to developing a national network of PPI practice.

### **Results**

We will report on the preliminary results of a survey on the current status of PPI at NUI Galway, on progress to date in delivering the PPI Ignite programme and on the involvement of the PPI Ignite NUI Galway partners, who include community and patient organisations, national and international academic organisations and international PPI specialists.

### **Conclusions**

The HRB PPI Ignite programme nationally has the potential to bring about a sea-change in how health and social care research is conducted in Ireland. Success is dependent on creating an awareness of, and an involvement in, PPI Ignite programmes among researchers across a wide range of disciplines, among health and social care practitioners, and among the general public and patient organisations.



## Exploring public and patient participation to guide research in wound care in an Irish context

**Author:** Mc loone, M.

**Affiliation:** Health Science and Nutrition, Sligo Institute of Technology

### Aim

To identify from patients' with wounds and their carers the wound related challenges they encounter that need to be addressed through research or innovation.

### Method

Following a widespread public awareness campaign, an Open Public Patient event utilising a roundtable discussion process was completed in conjunction with experts from the community, hospital and academic settings. Each roundtable was facilitated by two people, field notes were taken and discussions were audio recorded following participant consent. Discussions lasted one hour and were hosted in a non-clinical, non-academic public venue. All data was analysed using inductive thematic analysis and key themes were identified and agreed by all including the patients and carers.

### Results


36 people including patients, carers, clinicians and non-clinical academics attended. Five main themes emerged: Wound Impact, Wound Management, Educational Needs, Pain Management, Practical and Financial Burdens. Each theme had 1- 5 subthemes including pain, recurrence, itch, odour and exudate management.

A key finding was a strong interest from the public in further wound care related patient participatory involvement (PPI) events and a desire to have their expertise in wound care recognised.

### Conclusion

This round table session specifically sought patient and carers involvement as experts through a partnership approach to address a lack of PPI in wound care research. Key areas for future research were identified including the need to establish support groups and the development of educational resources.

Acknowledgements: Funding for this project was granted by the School of Nursing and Midwifery, NUI Galway, Galway, Ireland

A stylized illustration of a person with dark skin, wearing glasses, a pink t-shirt, and a blue skirt. A speech bubble is positioned above their head, containing text. The person is standing with their hands behind their back.

Stretch your legs  
- join a lunchtime  
river walk

**Research, into practice, into research. What impact can we have by intervening, upstream, at the level of the engager, first?**

**Author:** Brennan, G.

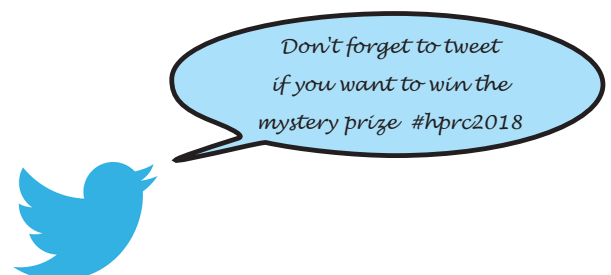
**Affiliation:** Participant engagement consultant in public health

Engagement and participation are often considered the most important, and most challenging, aspects of health service delivery. Poor attendance can undermine, frustrate and ultimately result in health service delivery being cut. However, focusing on the practitioner charged with doing the engagement, first, can offer a comprehensive solution and better insight into what works when engaging the public.

This paper presents insights and the impact of applying ANI©™, a framework developed to support the engager and systematically evaluate the process of engagement. ANI©™ is informed by evidenced based research, expert insight, stakeholder voices and evaluation in academic and real-world settings.

Results will include process data and feedback from the user and contributions from participants engaged in their programmes. Finally, outcome data demonstrating the impact of ANI©™ and what lessons can be learned, even from failure, will be summarised and open for discussion.

[www.linkedin.com/in/dr-graham-brennan/](http://www.linkedin.com/in/dr-graham-brennan/)



## Lunchtime activities

In keeping with Healthy Ireland Guidelines and Health Promotion philosophy, delegates have the opportunity to choose healthy food options and take regular exercise breaks throughout the conference day.

Lunch is served in Friar's Restaurant from 12.45-14.00. Before or after eating delegates are welcome to participate in a river walk or mindfulness session.



Organised **river walks** (weather permitting) of approx. 15 minutes will depart from the front entrance of Áras Moyola. Walks will start at 12.50 and 13.30.

A great way to meet new colleagues and refresh before the afternoon events.

Alternatively attend one of the **gentle chair yoga sessions** facilitated by Tosca. Tosca will take delegates through a relaxing, rejuvenating short chair yoga sequence that you can do if you're traveling or if you're stuck at the office. Practicing these poses and sequences at your desk will minimize your discomfort throughout the day, making it easier for you to focus on work.



Sessions will start at 12.50 and 13.30 (ask at registration desk).



Stay alert - remember to take regular stretch breaks

# Workshops

Workshops will be held in the afternoon at 15.00. All delegates registered for a workshop during online registration.

Your workshop number is on the bottom of your name badge.

If you did not indicate a workshop preference when registering online, please check at the registration desk in the foyer for available places in the workshops.

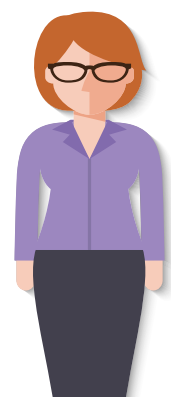
There are nine workshops offered, three in each of the conference themes:



**Focused workshops:** Each theme has two 'focused' workshops each will be led by an experienced facilitator with an invited speaker who will speak briefly at the start on their experiences. This will then be opened up for a wider group discussion.

**Open forum workshops:** There will be one 'open forum' workshop in each of the themed areas. These workshops have a broader remit and will be run by experienced facilitators who will further encourage and facilitate the groups' discussions around the issues emerging from the plenary and parallel presentations.

Your workshop is printed on your badge



## Focused Workshop A: Patient and public partnership-acute hospital services HSE

Room MY123

Presenter: **June Boulger**, Health Service Executive

A workshop on examples of best practice, used across HSE acute hospital services to engage patients', their families and carers in improving patient experience across Irish Hospitals.

Facilitator: Helen Grealish, Health Promotion Research Centre, NUI Galway

## Focused Workshop B: Improving Health Outcomes through service user involvement: Development of young diabetes services

Room MY124



Presenter: **Cameron Keighron**, Galway Young Diabetes Clinic

Improving Health Outcomes through service user involvement: development of young diabetes services  
Since 2014 a diabetes research team based in Galway has been looking at ways to improve how services for type 1 diabetes (T1D) are delivered to young adults; part of this research has been the development of the 'Young Adults Panel (YAP)'. Cameron Keighron is a member of the Galway Young Adults Panel (YAP) which is a panel of young people aged 18-25 years who as a team have helped to design the "D1 Now" intervention which aims to improve diabetes services. Cameron's workshop will explore and discuss the perceived and actual barriers to being involved in developing interventions from the service users point of view and evaluating them.

Facilitator: Dr Colette Kelly, Health Promotion Research Centre, NUI Galway

## Workshop C: 'Open forum' workshop Delegate discussion on service provision

Room MY125



Facilitator: **Siobhan McGrory**, Jigsaw

This 'open forum' workshop on service provision will explore the delegates' views on the issues that have emerged from the day's plenary and parallel presentations. What are the key learnings?, What steps need to be taken next?, What is our role in encouraging positive change in this area?, What needs to be put in place to implement positive change?

## Focused Workshop D: Constructivist learning as a response to human distress (putting adult education at the service of mental health recovery)



Room MY126

Presenter: **Donal Hoban**, The Recovery College

Recovery is a transformational ideology and this finds real expression in the context of adult learning. Contemporary recovery oriented services combine progressive clinical practice with education and the powerful narrative of lived experience. These three mutually inclusive elements have the capacity to generate real capital in terms of mental health gain, protection and maintenance within the context of a Recovery College and through Recovery Education. The key idea in recovery education is to exploit the transformative power of adult learning in the pursuit of personal recovery. Educational experiences that are collaborative and dialogic have the capacity to yield real gains in terms of key personal recovery tasks such as building a life beyond illness, reappraising and framing the personal illness experience, maximizing self agency and nurturing new and emergent social roles, such as learner, student, peer and so on

Facilitator: Dr Martin Power, Health Promotion Research Centre, NUI Galway

## Focused Workshop E: Service user examples



Room MY127

Presenter: **Laura McKitterick**, Jigsaw

The purpose of this workshop is to engage the participants in practical examples of how best to involve young people in service delivery based on the model of participation used in Jigsaw (National Centre for Youth Mental Health). Participants will be introduced to the practical ways in which Jigsaw integrate youth participation into service delivery. This will be followed by an open discussion and reflection on how participants could introduce youth participation in their own service delivery.

Facilitator: Lhara Mullins, Health Promotion Research Centre, NUI Galway

## Workshop F: 'Open forum' workshop Delegate discussion on practice experiences

Room MY129

Facilitator: **Libby Kinneen**, Independent Consultant

This 'open forum' workshop on practice experiences will explore the delegates' views on the issues that have emerged from the day's plenary and parallel presentations. What are the key learnings?, What steps need to be taken next?, What is our role in encouraging positive change in this area?, What needs to be put in place to implement positive change?

## Focused Workshop G: How can you include and develop PPI in your research?

Room MY225



Presenters: **Dr Ruth McMenamin & Edel Tierney**, NUI Galway

This workshop will explore how to initiate, build and sustain PPI in your research. Following consideration of the evidence base we will show you how we successfully involved service users (stroke survivors, people with intellectual disability, drug users, homeless people etc.) and other stakeholder's (e.g. health-care professionals) in PPI research. Through practical exercises you will have the opportunity to apply your learning about PPI partnerships to your work context.

## Focused Workshop H: Identifying and engaging research partners

Room MY227



Presenter: **Dr Jon Salsberg**, University of Limerick

This workshop will provide advice and strategies for identifying and engaging community, patient, practice or policy stakeholders as research partners. Participants should come prepared with their actual research topic (or an imagined one they would hope to do). Using decision worksheets, we will work through the process of identifying the right stakeholders, and some of the barriers and facilitators to building and maintaining the partnership.

Facilitator: Claire Kerins, Discipline of Health Promotion, NUI Galway

## Workshop I: 'Open forum' workshop Delegates discussion on participation research

Room MY228



Facilitator: **Dr Jane Sixsmith**, Health Promotion Research Centre, NUI Galway

This 'open forum' workshop on participation research will explore the delegates' views on the issues that have emerged from the day's plenary and parallel presentations. What are the key learnings?, What steps need to be taken next?, What is our role in encouraging positive change in this area?, What needs to be put in place to implement positive change?

## Plenary session 3

### Venue: Lecture theatre MY243

The Conference will conclude with a plenary session bringing key note speakers together to address the issues raised by conference participants during the workshops. Each workshop will pose one question to the panel and it will be followed by discussion chaired by Bidy O'Neill.



Professor Anne MacFarlane



Joanne Morgan



Bidy O'Neill



Professor Seán Dinneen



UK PARTICIPATORY  
RESEARCH NETWORK

Professor Tina Cook



## Conference evaluation

We ask all delegates to please complete our evaluation on Survey Monkey. This survey measures whether the conference was satisfactory and that the needs and expectations of the delegates were met. An email will be sent to you after the conference containing the survey link.

## Future contact

If you would like to continue to receive communications about future Health Promotion conferences and our other events please send an email to [hprc@nuigalway.ie](mailto:hprc@nuigalway.ie) with the subject heading 'add me to conference list'.



Thank you for attending  
our conference - see you  
next year

## Contact us

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## Notes

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