

Seminars & Events 2007

MAY	17th	<p>NHS/Academic Collaborative Group on Mental Health Seminar Research on Attachment across the Lifespan Speakers include: • Dr Ken Ma • Ms Karen Arnold • Dr Anita Schrader McMillan • Professor Dieter Wolke 1.45 pm – 5 pm, Room R1.15, First Floor, Ramphal Building, Main Campus, The University of Warwick, Coventry CV4 7AL. To register, please email k.van.rompaey@warwick.ac.uk</p>
	23rd	<p>Postgraduate forum for research presentations on social aspects of health, illness and medicine Guest speaker: Dr Karen Throsby (Sociology Department, The University of Warwick) <i>"It was literally do or die": evidence, risk and the decision to undergo weight loss surgery</i> Presentations should be no longer than twenty minutes in length and will be followed by a question and answer session. Please send abstracts of proposed presentations (maximum 150 words) by 25th April 2007 to: k.van.rompaey@warwick.ac.uk</p>
JUNE	6th	<p>Value Added Education & Substance Use Dr Wolfgang Markham, Institute of Health (The University of Warwick) 12.30 pm, room S0.98, School of Health and Social Studies, The University of Warwick. Lunch served, please book a place at k.van.rompaey@warwick.ac.uk</p>
	14th	<p>New Policy, Opportunities and Tensions: Moving Forward with User Involvement in Health and Social Care Services A half day seminar about recent government policy; the outcomes and evidence base of policy initiatives; and issues associated with user involvement for children, and in the area of mental health. Speakers include: Dr Jonathan Tritter, Chief Executive, NHS Centre for Involvement, Dr Jane Coad, Senior Research Fellow, The Centre for Child and Young People's Health, University of the West of England Dr Leroi Henry, Senior Research Fellow, NHS Centre for Involvement, The University of Warwick Dr Lydia Lewis, Department of Sociology, The University of Warwick Ramphal Building R 0.14, The University of Warwick. Further details available from: Lydia Lewis, Department of Sociology, The University of Warwick, Coventry, CV4 7AL. E-mail: lydia.lewis@warwick.ac.uk; Tel. 02476 231120. To register, please email k.van.rompaey@warwick.ac.uk</p>
EXTERNAL EVENTS		
NOV.	15th & 16th	<p>ESRC seminar series on 'Global Health and Human Rights' Edinburgh, Scotland. Topics to be covered:</p> <ul style="list-style-type: none"> • The intersections of international, regional, national and local processes for invoking rights to health • International Health Regulations • Regional processes in the European Union and African Union • The role of international non-government organisations • Local and global processes in health equity • Individual and collective agency for invoking rights to health • Equality and human rights in the UK • The role of patient's rights charters • Invoking rights to maternal health • Methods for researching health and human rights <p>There will be fully subsidised places for 3 voluntary organisations and 3 post graduate students. For Further Information: http://www2.warwick.ac.uk/fac/cross_fac/healththatwarwick/research/currentfundedres/healthandhumanrights/ Karen van Rompaey, Institute of Health, University of Warwick, Coventry CV4 7AL Email: k.van.rompaey@warwick.ac.uk, Tel: +44 (0)24 7652 3164</p>

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For further details about research in health, medicine and social care at the University of Warwick: www.healththatwarwick.warwick.ac.uk

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Health at Warwick update

Where social work meets health inequalities

Inequalities in health result in widespread and profound suffering for many people. They represent a form of social injustice and, for this reason, they should be a major focus for social workers.

This is the strongly held view of Paul Bywaters, Professor of Social Work at Coventry University, and Eileen McLeod, Reader in Social Work at the University of Warwick, who have been writing on the subject for more than a decade. The pair are co-authors of *Working for Equality in Health*¹ and *Social Work, Health and Equality*².

McLeod and Bywaters lead a programme of research on social work and health inequalities that include an ESRC funded seminar series 2005-2007, funded research projects and an international network.

Two years ago, at the International Federation of Social Workers conference held in Adelaide, Australia, they helped to establish the Social Work and Health Inequalities Network (SWHIN). Paul is the convenor of the network, and Eileen is a member of its international development group. Warwick University hosts the network's website, which can be found at www.warwick.ac.uk/go/swhin

Paul said: "Although it is true that access to health care is socially determined, it is the social, economic, political and environmental conditions in which people live, not primarily access to health treatment and care, that result in health inequalities," he said.

A network to foster interest

Paul and Eileen hope that SWHIN's activities (see panel) will help to persuade the wider social work community that tackling inequalities in health is a vital and urgent issue that needs to be addressed by social work practice, education and research.

Eileen said: "Social work service users, because of the disadvantaged social conditions in which they predominantly live, will be up against socially constructed unequal chances of health and experience of health."

Most social work service users have poor physical or mental health, or their health is threatened by their living conditions. Many people need the help of a social worker because they have physical disabilities, learning disabilities, mental health problems or addictions, or because they are the victims of violence. Older



Eileen McLeod

people with failing health, and looked-after children, also need social care resources.

Yet there is increasing evidence that people in these categories are more likely to become ill or die prematurely, and less likely to access the health services they need. By the time looked-after children are in their teens, they are more likely to smoke, have an unwanted pregnancy, use drugs or harm themselves than those who live with their families.

Focusing on other issues

Social work service users with learning disabilities are less likely to access services such as screening for cervical cancer, hearing tests and eye tests. A report by the Disability Rights Commission, published in September 2006,³ found that people with mental health problems or learning disabilities were more likely to suffer from a range of illnesses, and to die younger, and yet they received worse care.

Home care services for older or disabled people, such as help with housework, shopping and personal care, has suffered funding cutbacks in recent years, with adverse consequences for those who need this type of help, who may find it more difficult to bring in food and eat a healthy diet.

Paul said: "There are many examples where people in the care system and people with learning disabilities are in contact with social workers but no one is paying attention to their health. The social workers are focusing on other issues."

Evidence is starting to accumulate, he added, that where social workers have begun to address social disadvantage, often by developing different ways of working, they can contribute to giving people more equal opportunities when it comes to health.

One example is the Better Advice, Better Health project which became available throughout Wales in April 2002, and which targeted older disabled users of health services, encouraging them to claim benefits they were entitled to. "As a result, there has been a substantial increase in uptake of new benefits among this vulnerable population, with recipients benefiting from better heating and a better diet," said Paul.

Towards a paradigm shift

An awareness of health inequalities has the power to affect how people deal with many different facets of social work, Paul said.

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For example, social workers need to recognise that accidents kill many more children than are affected by child abuse, and to understand that the effects on health of the conditions in which a child grows up can persist for a lifetime.

Incorporating this novel paradigm into social work training will doubtless prove to be a tough challenge. Paul believes that few qualifying programmes currently teach students about how social work can combat inequalities in health.

But for those already aware of the issues, the launch of SWHIN has been a welcome development. *"Members have told us that they have*



Paul Bywaters

felt very isolated in their local situation and it has been a great relief to find that other social workers share their concern and understanding," Paul said.

References

- Bywaters, P. and McLeod, E. (eds). (1996) *Working for Equality in Health*. London: Routledge.
- Bywaters, P. and McLeod, E. (2000) *Social Work, Health and Equality*. London: Routledge.
- Disability Rights Commission. (2006) *Equal Treatment: Closing the Gap*. London: Disability Rights Commission.
- McLeod, E. and Olsson, M. (2006) *Emergency Department Social Work in the UK and Sweden: Evaluation by Older Frequent Emergency Department Attenders*, *European Journal of Social Work*, 9, 2, 139-158.
- McLeod, E. Bywaters, P. and Cook, M. (2003) *Social Work in Accident and Emergency Departments: A Better Deal for Older Patients Health?*, *British Journal of Social Work*, 33, 6, 787-802.

The Social Work and Health Inequalities Network - setting out the agenda

The stated aim of the Social Work and Health Inequalities Network (SWHIN) is to promote discussion and action by social work practitioners, managers, educators and researchers to combat the causes and consequences of unjust and damaging socially created inequalities in health.

The objectives of the network are to:

- Exchange information and resources (research evidence, policy statements, etc);
- Establish research collaborations;
- Develop and exchange examples of good practice;
- Develop and exchange ideas about teaching about health inequalities in qualifying and post-qualifying social work education;
- Influence policy making.

With funding from the Economic and Social Research Council (ESRC), the network has held a series of four seminars with the aim of establishing national and international collaborative programmes of social work research on health inequalities.

Several research themes have emerged from these gatherings. One is food security, including the roles that social workers can play in enhancing food security in a range of contexts. A second is how disadvantage across the life course may affect people's capacity to manage long-term health conditions. The third is to look at the health inequalities content in social work training at pre- and post-registration levels.

Papers presented at the first two seminars are also featuring in the journal *Health and Social Care in the Community*.

Paul Bywaters and Eileen McLeod have also taken part in a series of video-linked seminars developed by the Health and Social Work

Research Group, which is part of the Institute of Health at the University of Warwick and linked to SWHIN. The first of these linked the University of Warwick with St Vincent's Hospital in Melbourne, Australia, and focused on social workers in hospital accident and emergency departments.

The second linked Warwick with the Karolinska Hospital in Stockholm and featured patients' perspectives on living with long-term ill health, coupled with service users' perspectives on self-harm. The third drew together participants at Warwick with those at the University of Melbourne, including Australian social health care practitioners. The discussion focussed on the possibility of developing Australian/UK research collaborations into issues relating to hospital social workers.

SWHIN is continuing to push health inequalities further up the agenda of health and social work by organising key presentations at international conferences. In July 2006, SWHIN convened a major panel presentation, followed by themed workshops, at the International Federation of Social Workers' 50th anniversary conference, held in Munich, Germany. Members also gave a number of major presentations and held a network meeting at the Fifth Social Work in Health and Mental Health conference, held in Hong Kong in December 2006.

Finally, the International Federation of Social Workers (IFSW) has asked SWHIN to review its health policy statement in time for its next major conference in Sao Paulo, Brazil, in 2008. This exercise, which Paul will be convening, will involve wide international consultation with the constituent national associations of social workers that make up the IFSW, as well as with sister organisations, such as the International Association of Schools of Social Work and the International Council on Social Welfare.

Housing standards that help people to better health

As a windscreen wiper is to a car, so a smoke alarm is to a house. A windscreen wiper has the vital function of clearing the windscreen in a downpour. If it does not work when you need it to, the result can be a lethal crash.

A smoke alarm, likewise, is a small, cheap device that can cause loss of life if it is absent or fails to work when there is a fire. It is, said David Ormandy, Principal Research Fellow at the School of Law at the University of Warwick, a perfect example of how a very minor item of equipment can have a major effect on the health impact of a building.

During his career, David has pioneered the development of the Housing, Health and Safety Rating System (HHSRS). When his work was last featured in Update in early 2003 ("A Health-based Approach to Improving Housing Standards"), he and his colleagues were busy revising the draft HHSRS to take account of comments arising from public consultation about its contents.

Three years later, in April 2006, the HHSRS has been adopted into law as the national statutory method of assessing housing conditions in England. David is clearly astonished at the success of the system. He said: *"Most people involved in research expect their research to sit on someone's shelf, perhaps inform something in the future—but to actually achieve a change in policy and a change in legislation between 1998 when we first suggested the idea, and now, is not just surprising, it is staggering."*

The HHSRS is enshrined in law in Part One of the Housing Act 2004, and in the statutory guidance that the Act refers to.

Previous housing standards had laid down minimum standards for existing housing. The 1990 housing standard, for example, said that existing houses should have a supply of hot water, a lavatory, and a bath or shower.

"The problem with these earlier standards," said Ormandy, *"is that they were building-focused. They asked people to assess the state of repair. Whether the problem was serious or not was judged by the extent of the repairs required, and how much they cost."*

David and his colleagues shifted the emphasis to what the potential effect of the buildings' defects might be on the health of the people who lived there. *"Very minor items, such as a smoke alarm, can have a major health effect. We were able to rank the hazards that are found in the national housing stock, in terms of their potential effect on health,"* he said.

One common hazard is steep staircases that have no hand rail. Statistical information shows that, in certain types of housing, there is a 1 in 250 likelihood that someone will fall down stairs and hurt themselves. In other words, over a period of a year, in 250 such houses, there is likely to be one accident.

Statistics such as these are of great interest to housing providers in cities such as Sheffield, which is very hilly and has many homes with steps leading up or down to the doors. Sheffield Homes, a major social landlord in Sheffield, had commissioned researchers at Sheffield Hallam



University to examine the health gains that were likely to be made from their programme of housing improvement work, the Sheffield Decent Homes Programme. In particular, Sheffield Homes wanted to know if the work would lead to a reduction in demand for health services.

The Sheffield Hallam researchers in turn enlisted the help of David and his colleagues, because of their experience in developing the HHSRS.

"We found that much of the work they were doing was going to make reductions in demands on the health services—but we also found that they could have even more reductions if they carried out some very minor additional works," David said.

The Health Impact Assessment of the renovation programme suggested that improved kitchens and bathrooms would reduce trips, falls, scalds and burns, and that raised temperatures inside dwellings—coupled with improved ventilation—would help to reduce levels of condensation, damp and mould, and thus the likelihood of respiratory disease.

But work by David's team pinpointed areas where, for very little investment, there could be large health gains. *"In many cases, there are external steps leading to the dwellings,"* David said. *"Minor things like an additional handrail—or even a single handrail—and some outside lighting, could have had a greater effect."*

It was not possible to produce a financial cost-benefit equation—for example, that if Sheffield Homes spent this much on installing handrails on steps then local health services would save this much by treating so many fewer cuts and fractures—because information on the financial costs of health treatments is hard to come by. *"Nevertheless, we were able to do some rough estimates, and we could estimate the reduction in the number of people needing health care treatment as a result of accidents in and around their homes,"* David said.

This was the first time researchers had used the HHSRS to estimate the health benefits from housing improvement works. It also has several other potential applications. For example, the HHSRS could be used to inform, target and monitor the health benefits of enforcement action taken by local authorities, and it could be used to assess the safety and health impact of proposed new buildings or of renovation works.

Anyone who has travelled to France will have noticed that older houses often have dark and steep staircases—a fact that has not escaped the French authorities! David has also been meeting with representatives from the French Ministry of Health and the French national home improvement agency to discuss how they could adapt and adopt the system for use in France.

Further Reading

Various official publications are available to download from <http://www.communities.gov.uk/index.asp?id=1161801> including:

ODPM, (2006) *Housing Health and Safety Rating System; Operating Guidance*. ODPM Publications.

DCLG. (2006) *Housing Health and Safety Rating System—Guidance for Landlords and Property-Related Professionals*.