analyses included Clarke’s situational mapping to identify important contextual factors that influenced the KTA process. Findings This proactive response to maternal opioid use included targeted and tailored toolkits and guidelines of best practices as well as provision of multiple knowledge exchange opportunities between researchers, advocates, and practitioners. Findings demonstrate stakeholders’ biases against maternal drug use and ambivalence towards evidence-based recommendations of harm reduction principles. Tensions around the interpretation of knowledge and the appropriate implementation of best practices occurred between ‘experts’ as well as among practitioners. Conclusion This presentation describes a grassroots response to maternal opioid use within the KTA framework. Findings highlight the complex and iterative nature of a KTA intervention and demonstrate limitations in rational and cognitive approaches to knowledge exchange. The need to systematically address stigma is discussed.

In the UK, over 85,000 people are living with a diagnosis of dementia. Many of these people wish to remain living in their own homes which is often made possible by the support of family carers and paid home care workers. However, home care is a sector that has come under much scrutiny and the workforce is often criticised for providing unsatisfactory care. At an organisational level there is a high turnover of home care workers who are typically low-paid and receive little training and support. We have drawn from an ethnographic approach in order to explore the nature of home care firsthand and to develop an understanding of the knowledge and training needs of home care workers. This has involved participant-observations with eight home carers across six varied locations in England, as they provide home care for clients living with dementia. As a participant-observer, we have attempted to become immersed in the reality of home care as it is experienced in the real world for those involved. Qualitative observations have enabled us to go beyond the understanding gained through interviews in order to capture the everyday experience of dementia home care. In this presentation, we will discuss the experience of conducting ethnography in a complex social care setting, faced with challenges of observing in the context of scrutiny and mistrust. The process of engaging home carers and consenting people living with dementia will be shared in order to promote the use of qualitative observations as a way of gaining a more meaningful understanding of health and social care issues within the home care workforce. As part of a wider study, these findings aim to inform the intervention development of a training programme for paid home carers, to aid consistency and accessibility of training amongst the homecare workforce.

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