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.

Parallel session – Ethnographic Encounters (22 March 14:00 – 15:15)

028 NEOLIBERAL POLICY REFORMS & BIOMEDICAL RESIDUALISM IN COMMUNITY MENTAL HEALTH PRACTICE IN ENGLAND

Rich Moth. *Liverpool Hope University, Liverpool, UK*

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Background Mental health policy initiatives in England over the last three decades have led to significant restructuring of statutory service provision. One feature of this has been the reconfiguration of NHS mental health services to align with the requirements of internal and external markets in the context of wider neoliberal organisational transformations.

Aims/Objectives This paper examines the effects of neoliberal policy and service reforms on professional practice and conceptualisations of mental distress within one mainstay of NHS statutory services: the community mental health team (CMHT).

Methods The paper is based on findings from twelve months' ethnographic fieldwork and semi-structured interviews with practitioners and service users within two CMHTs.

Results and conclusions The paper begins with an account of the restructuring of the labour process in mental health services. This utilises the notion of 'strenuous welfarism'¹ to describe an organisational context characterised by escalating performance management, deskilling of professional practice and the intensification of mental health work. The study found that increasingly prominent aspects of managerialism and marketization disrupted attempts by mental health practitioners to sustain supportive and mutual structures with colleagues and engage with service users in therapeutic and relationship-based forms of practice. Moreover organisational processes increasingly recast service users as individual consumers 'responsibilised' to manage their own risk, or subject to increasingly coercive measures when perceived to have failed to do so. Consequently biomedical orientations were remobilised in practice in spite of a rhetorical shift in policy discourse towards socially inclusive approaches. The term 'biomedical residualism' is coined to describe this phenomenon.

However instances of ethical professionalism that reflected resistance to these residualised modes of practice were also visible.

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029 EXPLORING THE NATURE OF HOME CARE FOR PEOPLE LIVING WITH DEMENTIA THROUGH ETHNOGRAPHIC OBSERVATIONS

Monica Leverton. *UCL, London, UK*

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In the UK, over 8 50 000 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 care¹. At an organisational level there is a high turnover of home care workers who are typically low-paid and receive little training and support². We have drawn from an ethnographic approach in order to explore the nature of home care first-hand 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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030 A WEB-BASED ETHNOGRAPHIC STUDY OF PSYCHOSTIMULANT USE: A NOVEL APPROACH FOR PUBLIC HEALTH RESEARCH

Caroline Robitaille. *Université de Montréal, Montréal, Canada*

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