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University College Cork, Ireland  
Coláiste na hOllscoile Corcaigh



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# Practice Links

Issue 53, June 2013



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Next Edition - October 2013. Enjoy the summer!

*Kenneth, Kerry, Steve and Eavan*

# Continuing Professional Development



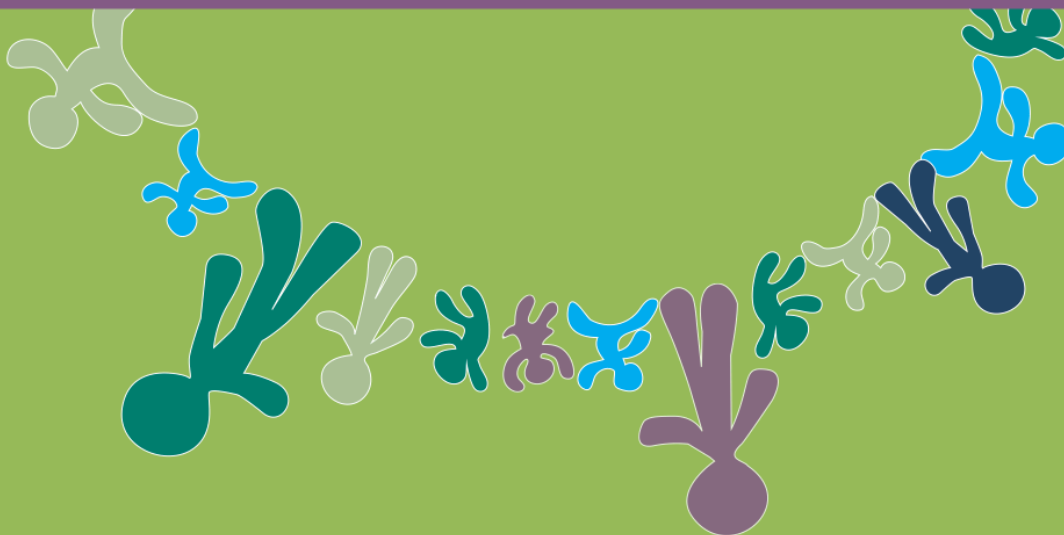
United Nations  
Educational, Scientific and  
Cultural Organization



UNESCO Chair in  
Children, Youth and Civic Engagement  
Ireland  
CHILD AND FAMILY RESEARCH CENTRE



## UNESCO CHILD AND FAMILY RESEARCH CENTRE ENGAGEMENT AND PARTICIPATION IN FAMILY SUPPORT 6TH BIENNIAL INTERNATIONAL CONFERENCE



**Date:** Thursday 13th & Friday 14th June 2013

**Venue:** Engineering Building, National University of Ireland, Galway, Ireland

Registration & Abstracts submission online at [www.conference.ie](http://www.conference.ie)

**Please register by 30th April 2013 to avail of special reduced rate**

Please submit your abstract by 28th March 2013

# Continuing Professional Development

## Training for Social Workers/Potential Practice Teachers this coming September 2013 in UCC

Ruth Murray, Fieldwork Coordinator in the School of Applied Social Studies, is organising the annual two days Fieldwork Workshop Training in UCC on September 12<sup>th</sup> and 13<sup>th</sup> September. It is being run by a number of staff within the School of Applied Social Studies and outside Practitioners. It is aimed at social workers who may be considering supervising students in the future or social workers who have not taken students for a while and wish to have their skills refreshed. The two days are free. Topics being covered are 'Professional Supervision and CPD', 'Assessing Student Proficiencies', 'BSW and MSW Requirements', and 'Responding to Challenging Placements', amongst other topics. There is an expectation that those attending will be available to take a student In January or September 2014.

Full attendance at the two days merits 8 CPD points by the IASW. Closing date 31/7/2013.

If interested phone Ruth at 021 4903954 for a brochure and/or application form or email her at [r.murray@ucc.ie](mailto:r.murray@ucc.ie)

If Ruth is unavailable, please phone Jackie Connolly (mornings only) for same at 021 4903546 or email Jackie at: [j.connolly@ucc.ie](mailto:j.connolly@ucc.ie)

Places will be limited to 25 so early booking is advised.

## European Society for Child and Adolescent Psychiatry: An Integrative Approach to Infant Mental Health

Clarion Hotel, Dublin 5th July 2013. [info.imhireland@gmail.com](mailto:info.imhireland@gmail.com)

## 10th International Conference on Practice Teaching and Field Education in Health and Social Work: Creating connections, repairing disconnections and building relationships in practice learning and field education

Glasgow, April 7th-8th 2014. Call for papers open. Due date is 18th October 2013.

<http://www.whitingbirch.net/cgi-bin/subscribe?showinfo=ip005>

The Free University of Bolzano/Bozen and the European Academy Bolzano are pleased to announce the

### 4<sup>th</sup> European Social Work Research Conference: Private troubles or public issues? Challenges for social work research.

in Bolzano the 15-16-17 April 2014.

<http://ecswr-2014.unibz.it>

The organising committee invites submissions on the following themes:

- 1) Knowledge production and public accountability in social work
- 2) Research in social work as participative learning process
- 3) Standing up to complexity – specific and universal issues in social work
- 4) Evidence and uncertainty – pathways to accountable social work research and practice
- 5) Social diversity: Promoting human rights and the role of research
- 6) Social work and political action: what has research to do with this?

Submission will be open from the 1<sup>st</sup> of June to the 30<sup>th</sup> of October.

# Continuing Professional Development



the bessborough centre  
expertise in family development

## Working therapeutically with extreme states of mind

1-Day workshop, 28th September 2013, 10.00am - 4.00pm

Dr Amanda Jones, a leading UK Perinatal Psychotherapist, will facilitate a workshop on exploring how a mother's mind can become insane during the perinatal period. This workshop is designed particularly for perinatal psychiatrists, psychotherapists, midwives, infant mental health practitioners and family support workers.

**This workshop will contribute to developing perinatal professional practice. You should expect to:**

- Understand the impact of psychotic illnesses for the mother and child
- Recognise the influence of pre-existing conditions
- Understand the role of the practitioner and the impact on self
- Identify the care pathways available to help the mothers and babies

Detailed case examples will be explored to show how mothers can experience psychotic illnesses including the hard to pick up cases.

### Biography: Dr Amanda Jones

Amanda Jones is a Consultant Perinatal Psychotherapist and clinical lead of North East London NHS Foundation Trust's Perinatal Parent Infant Mental Health Service and Associate Professor of Warwick Medical School. Dr Jones is a well-known contributor to international research on psychodynamic parent-baby treatment and is an expert adviser on UK government policy to enhance understanding of perinatal breakdowns.

Registration form: Working therapeutically with extreme states of mind,  
28th September, 2013

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Fee: €70 (inclusive of lunch, tea/coffee and all handout materials).**

A reduced fee of €60 will apply before 31st July 2013. Return booking form with payment to Regina Walsh, The Bessborough Centre, Blackrock, Cork. Email: [rwalsh@bessborough.ie](mailto:rwalsh@bessborough.ie) Tel: 021 435 7730

# Continuing Professional Development



the bessborough centre  
expertise in family development

## Attachment & Psychopathology

A 3 day course running from Friday 8th to Sunday 10th November 2013.  
Led by **Dr Patricia McKinsey Crittenden Ph.D**, academic and practitioner in the fields of child abuse, attachment theory and family therapy.

Dr Patricia McKinsey Crittenden has published more than 100 scientific papers and several books and is well known for having developed the Dynamic Maturational Model (DMM) of attachment and adaptation. Dr Crittenden studied with Mary Ainsworth and John Bowlby, and is a founder of the International Association for the Study of Attachment (IASA).

This course examines development from infancy to adulthood and the process of adaptation and developmental pathways that carry risk for psychopathology. It focuses on development, prevention and treatment of psychological disorder. The evidence-based approach uses the DMM of attachment and adaptation which is highly relevant to individuals who are at-risk, have been exposed to danger, display disturbed or maladaptive behavior, or are diagnosed as having a psychiatric disorder.

The interactive course, led by Dr Crittenden, is intended for professionals, including psychiatrists, psychologists, social workers, therapists and nurses who work with troubled families or individuals.

### Which new skills will you take away from this programme?

- Functional formulation: moving beyond diagnosis to understanding behaviour
- Treatment planning: choosing efficient & effective treatment strategies
- Identifying false-positive affect: uncovering hidden problems in their early stages
- Differentiating symptoms and self-protective strategies specifying how symptoms function

### Course Schedule

#### Day 1 Friday 8th November 2013

Morning Evolution, danger & brain  
Afternoon CARE-Index videotapes  
Child abuse and neglect  
Psychosis and trauma in parents

#### Day 2 Saturday 9th November 2013

Morning Pre-school development & the DMM  
The coercive & self-protection strategies  
Cross-generational transformations  
Treatment in the pre-school years  
Afternoon School-age: Peers, obsessive & deceptive strategies  
Culture: Gender development & parental roles  
Conduct problems and psychotic intrusions  
Treatment: Recommended & risky practices

#### Day 3 Sunday 10th November 2013

Morning Adolescence: Integrating sexuality with attachment  
Sexual disorders & sexual offending  
Eating and personality disorders  
Transition to adulthood attachment interview  
Dangerous gaps in services & preventative opportunities  
Afternoon Differential treatment  
Violence and criminality  
Family drawings  
Adulthood attachment interview  
Summary & overview

This Attachment & Psychopathology course is foundational and is a pre-requisite for all DMM assessment courses such as:  
The Adult Attachment Interview (AAI, 25 yrs & upwards), Infant CARE- Index (birth-24 months), Preschool and School-age Assessment of Attachment (PAA 2-5 years and SAA 6-13 years) and Transition to Adulthood Interview (TAAI 16-25yrs).

### Attachment & Psychopathology booking form - PLEASE WRITE CLEARLY!

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Job title: \_\_\_\_\_ Organisation: \_\_\_\_\_ Tel: \_\_\_\_\_

**Fee: €380 (inclusive of lunch, tea/coffee and all materials).**

A reduced fee of €340 will apply before 31st July 2013. With groups of 4 or more the fee is €300 per place.

Return booking form with payment to Regina Walsh, The Bessborough Centre, Blackrock, Cork. Email: [rwalsh@bessborough.ie](mailto:rwalsh@bessborough.ie) Tel: 021 435 7730



# Continuing Professional Development

## 4th Biennial Child Protection and Welfare Social Work Conference:

### New Agency, New Rights, New Systems: Are Children Any Safer?

University College Cork, Friday, 25th October 2013.

Registration will open late June. See our webpage <http://swconf.ucc.ie> for updates or follow us on Twitter: @SWCONFUCC

Professor Brigid Daniel, University of Sterling. Why have we made neglect so complicated? (Keynote)

Professor David Shemmings, University of Kent. Title TBC. (Keynote). <http://bit.ly/103o5tg>

Gordon Jeyes, CEO Designate, Child and Family Support Agency. Live interview and discussion with Senator Jillian van Turnhout

Her Hon. Judge Rosemary Horgan (Chairperson role), President of the District Court.

Workshop with child protection and welfare social work teams on their experiences of HIQA inspections. Carlow/Kilkenny, Dublin South Central, North Lee (Cork) child protection and welfare teams confirmed.

Pat Bergin of HIQA will participate in the HIQA parallel session.

Maureen Griffin, Forensic Psychologist, Director Internet Safety for Schools Ireland.

Caroline Shore, Dr Kenneth Burns, Dr Conor O'Mahony and Dr Aisling Parkes, University College Cork. Presentation of findings from a new study examining Child Care Proceedings in the District Court.

Dr Carmel Halton, Professor Fred Powell and Dr Margaret Scanlon, University College Cork. Presentation of findings from a new study examining Continuing Professional Development in social work in Ireland.

Dr Fiachra O'Suilleabhain, Family Centre, HSE. Technology, children's safety and under-age sexual practices.

CORU will take part in the CPD parallel session.

Dr Caroline Cullen, National Manager, Workforce Development, Children and Family Services will take part in the CPD parallel session.

+ more to be added following the call for papers process.

#### PARALLEL SESSIONS:

1. Technology, children's safety and under-age sexual practices. 2. Continuing professional development 3. HIQA inspections of child protection teams: Learning from the experiences so far. 4. Free paper sessions 5. Free paper sessions 6. Free paper sessions



# Continuing Professional Development

**First conference announcement and call for workshop presentations for  
'MEANINGS OF MADNESS; CRITICAL AND CREATIVE PERSPECTIVES' Conference**  
13 AND 14 NOVEMBER 2013, UNIVERSITY COLLEGE CORK, IRELAND

CATHERINE MCAULEY SCHOOL OF NURSING AND MIDWIFERY AND  
SCHOOL OF APPLIED SOCIAL STUDIES, UNIVERSITY COLLEGE CORK, IRELAND

IN ASSOCIATION WITH CRITICAL VOICES NETWORK IRELAND

## FIRST CONFERENCE ANNOUNCEMENT AND CALL FOR WORKSHOP PRESENTATIONS

Madness is a word that continues to invite controversy, with some perceiving it to be a derogatory term, others perceiving it as a celebration of human creativity and diversity, whilst others position themselves somewhere in the middle. This year's conference, now in its 5th year, aims to explore these various positions by focusing on critical perspectives on the meaning of madness as a human experience and on creative responses to such an experience.

The conference offers opportunities to consider:

- Meanings of madness
- Broadening understandings of expressions of madness
- Creative approaches to engaging with and responding to madness

Confirmed Keynote Speakers:

Gail A. Hornstein, Professor of Psychology, Mount Holyoke College (Massachusetts, USA), author of *Agnes's Jacket: A Psychologist's Search for the Meanings of Madness* (PCCS Books, 2012). Her research and writing – grounded in an understanding of the mind based on lived experience – challenges fundamental assumptions about 'mental illness' and treatment. [www.gailhornstein.com](http://www.gailhornstein.com)

Liz Brosnan won a Government of Ireland scholarship to explore User Involvement in Irish Mental Health Services for her PhD research at University of Limerick. She has both personal and professional experience of dealing with "madness" (whatever that means!). Her philosophy on this and many other thorny life questions is that, what you see depends on where you stand!

Dr John Read, Professor of Clinical Psychology, University of Liverpool, UK. Editor of the Journal 'Psychosis: Psychological, Social and Integrative Approaches' and editor (with Jacqui Dillon) of *Models of Madness: Psychological, Social and Biological Approaches to Psychosis*.

Teresa Tuohy, PHD Candidate at Trinity College Dublin. Teresa's research 'Mothers' Voices: A study of mothering with women experiencing mental health problems' is funded by the Health Research Board. Teresa has many years' experience in mental health practice, education and recovery

Irene van de Giessen, Owner of the Convalescent Talent Agency, Expert by Experience employed at the Admiraal de Ruyter Hospital in Vlissingen, the Netherlands, <http://www.convalescenttalent.nl/> @Hersteltalent

Doug Ross, artist, a founding member of Renew. Active member of CVNI and the hearing voices network in Ireland. Personal experience of sustained recovery from addiction and psycho-spiritual distress.

Call for Oral Presentations/Workshops (45 minutes' duration): Please submit an abstract (in Word - 250 words max) related to the conference theme and outlining the aims of and intentions by 6 September 2013. Please also submit a brief bio (in Word - 150 words max). Please email abstract and bio to [l.sapouna@ucc.ie](mailto:l.sapouna@ucc.ie). Inquiries to [h.gijbels@ucc.ie](mailto:h.gijbels@ucc.ie) or [l.sapouna@ucc.ie](mailto:l.sapouna@ucc.ie).

Registration: Registration details will be circulated in early September 2013.



# Notice Board

## Call for abstracts. New book on Social Care – Learning from Practice

We are very excited about the book because it will give professionals like yourself the opportunity to write about practice. At the minute we are collecting 250-300 word abstracts on chapter proposals, for sections two (practice) and three (management).

Each chapter will use a case study to explain a Unique feature of social care in some detail, located within your specific social care area. Examples may include; what you did that worked / what you didn't do that worked /inspection / restraint /challenging behaviour/ role of relationship / touch / intimate care / sexuality / ethnicity / communication challenges /risk assessment and impact on practice /spirituality. Or any other theme which you feel is most pertinent.

We are very interested to hear about the key issues in your practice. This case study will demonstrate how you engaged with this issue, your learning and your approach, and your unique take on the issue.

The closing date for submission of abstracts is the 1st of July 2013, and authors will be notified in the first week of August. Email Denise Lyons [denise.lyons@itb.ie](mailto:denise.lyons@itb.ie) or Noel Howard [nh99@eircom.net](mailto:nh99@eircom.net) for further details

## European Observatory on Social Quality

Peter Herrmann, formerly at the School of Applied Social Studies at UCC, takes up the position as director of the Osservatorio Europeo sulla Qualità Sociale at EURISPES (Istituto di Studi Politici, Economici e Sociali) in Rome. The observatory, which takes up work in July/August 2013, emerged from the European Foundation on Social Quality. The latter will be transformed into the International Association on Social Quality. The European Observatory is one of the observatories that will evolve. One does already work in Asia. It is planned to establish a third and fourth in Australia and Latin America.

The observatories will emerge as valuable sources for relevant research and may offer opportunities for collaboration.

## *Building Alliances in Social Work and Social Care*

Calling all social workers, social care workers, students, academics, family members, service users, welfare claimants, activists, trade unionists, advocacy workers, care workers..JOIN SWAN!

### Regional groups contact details:

SWAN Galway:

[swangalway@gmail.com](mailto:swangalway@gmail.com)

SWAN Cork:

[swancork@gmail.com](mailto:swancork@gmail.com)

SWAN Dublin:

[socialworkactionnetworkireland@gmail.com](mailto:socialworkactionnetworkireland@gmail.com)

### Facebook pages:

SWAN Ireland:

Type 'SWAN Ireland'

SWAN Cork:

Type 'SWAN Cork'

### International SWAN:

Website:

[www.socialworkfuture.org](http://www.socialworkfuture.org)

### Building Alliances

We look to build alliances with grassroots groups in order to show solidarity but also to connect different groups together in order to have a united cross-sectional network which addresses issues on a structural level.

### Who We Are

The Social Work Action Network Ireland is a growing grassroots network of people who are concerned about the increase in structural inequalities, marketisation and managerialism in "social work". By "social work" we mean any work, paid or unpaid, that is geared towards social justice, human rights, community development, anti-oppressive, anti-racist, caring work, advocacy work etc.



### Defending the Welfare State

We oppose the increasing bureaucratisation of society. We believe that the consistent and sustained welfare cuts and the blatant attacks on marginalised groups are increasing the stigmatisation of service users and ultimately seek to undermine the welfare state. We believe that good "social work" can help people to address the problems and difficulties in their lives, difficulties that are often rooted in inequality and oppression. Ethical "social work" necessarily involves confronting the structural and public causes of so many private ills.

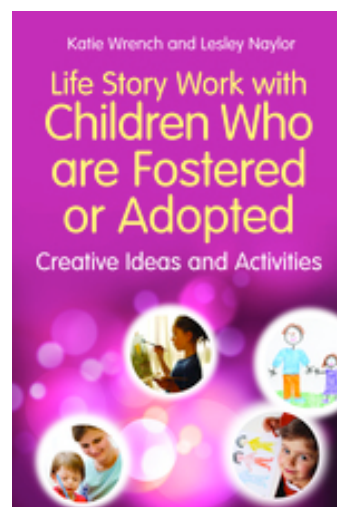
## New publications and policy reports

### Life Story Work with Children Who are Fostered or Adopted

Life story work is one of the key therapeutic approaches to working with adopted or fostered children. While it sounds simple, there is much more to this work than producing photo albums or memory boxes for children.

This accessible book is full of tried and tested activities and creative ideas for professionals, parents and carers who may have little time and few resources, but who need to carry out life story work that works for children. The authors describe the optimum conditions in which to carry out life story work and feature activities to accompany each of the necessary stages: creating a sense of safety, emotional literacy, building resilience, exploring identity, sharing information and looking to the future.

This book will be a vital tool for social workers, foster carers, adopters, students and any frontline practitioners involved in working with traumatised children. <http://www.jkp.com/catalogue/book/9781849053433>

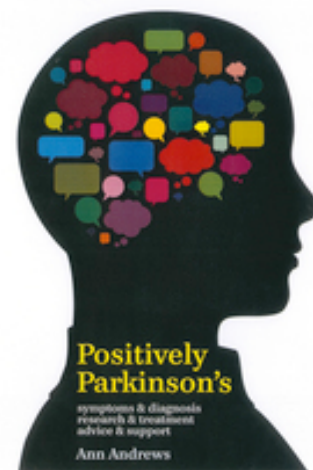


### Positively Parkinson's: Symptoms and Diagnosis, Research and Treatment, Advice and Support

Informative, practical and uplifting, this is a book for anyone with Parkinson's and for those who care for and support them. It contains answers to almost any question you might ask about Parkinson's, from symptoms and diagnosis to the latest treatments and therapies, as well as the most recent medical research into stem cells and gene therapy.

Drawing on her own experience of Parkinson's as well as that of others, Ann Andrews offers accessible advice on how to cope with the impact of Parkinson's on everything from employment, finance and relationships, to exercise, diet and self-care. The resulting combination of the practical and the personal sets this book apart from others on the same topic. Thoroughly researched and perceptively written, this is an empowering resource for anyone needing to adjust their life to Parkinson's.

<http://www.jkp.com/catalogue/book/9781849054119>



### Effective Supervision in a Variety of Settings (SCIE)

It is important to provide good supervision to support staff working in social care. SCIE's new guide shows how good supervision results in positive outcomes for people who use services as well as similar outcomes for the worker. Use our new online guide and Social Care TV films on Supervision to support your staff to do their job well.

[http://www.scie.org.uk/publications/guides/guide50/index.asp?dm\\_i=4O5,1ISBR,ZTOD2,56QGN,1](http://www.scie.org.uk/publications/guides/guide50/index.asp?dm_i=4O5,1ISBR,ZTOD2,56QGN,1)

Social Care TV and Supervision: <http://www.scie.org.uk/socialcaretv/video-player.asp?v=supervision01>

# New publications and policy reports

## ChildLinks Issue 3, 2012 - Children with Additional Needs in Early Years Services

This latest edition of ChildLinks contains articles from the National Disability Authority; Roscommon Childcare Committee; Early Childhood Ireland; Limerick City Childcare Committee and Mary Immaculate College; and the FIESTA Network (Facilitating Inclusive Education and Supporting the Transition Agenda).

## Child Development Guide

ISBN 978-1-906004-24-8. €25

A key task for busy practitioners is to understand how best to work with children to support their development. This Child Development Guide covers current research (including an Irish context) on emotional, social, educational, physical and behavioural development from birth through adolescence.

## Introduction to Child Protection. E-Learning Course

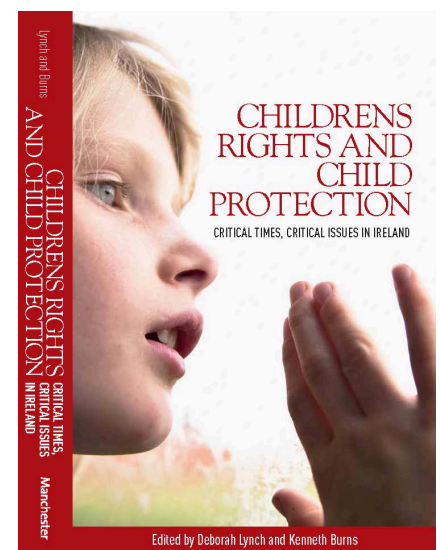
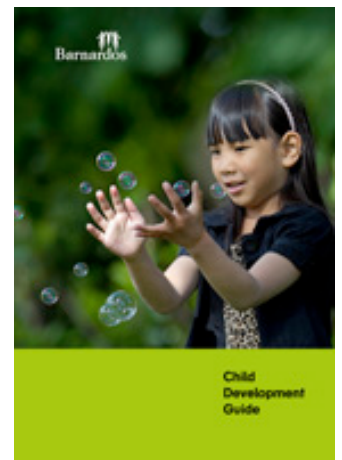
Access on [www.barnardos.ie](http://www.barnardos.ie)

This Introduction to Child Protection elearning course is for anyone working with children. The aim of the course is to give you an understanding of key aspects of Children First, National Guidance for the Protection and Welfare of Children. This includes the different categories of abuse, your role and responsibilities under Children First and how to handle concerns within your organisation. There is information on the role of the designated liaison person, indicators of concern, how to support a child during a disclosure and the importance of Child Protection policy and procedures. This new course is free to use and is a suitable introduction for anyone working with children. It is easy to work through and includes quizzes and sample scenarios throughout to confirm your learning as well as links to useful resources. This is an introductory course and should be used as a basis for learning more about Child Protection.

## Children's Rights and Child Protection: Critical Times, Critical Issues in Ireland

This topical book, now available in paperback, comprehensively draws together diverse perspectives from key leaders in the field to address critical issues for children in relation to their rights, welfare and protection at a critical time in Ireland. <http://www.manchesteruniversitypress.co.uk/cgi-bin/indexer?product=9780719090851> .

ISBN: 978-0-7190-9085-1. c. €20.



# Practice signposts: data sources to support practice



Practice signposts are new permanent pages that will appear in every edition of *Practice Links*. The aim of this page is to provide sign posts to high quality research-informed databases. Some of the databases at a quick glance may seem too medical/health orientated, but also contain great resources to support social work and social care practice also.

## **Campbell Collaboration**

The Campbell Collaboration (C2) helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, and social welfare. Access to the database in the Republic of Ireland is free as the government of Ireland has purchased a [license](http://www.campbellcollaboration.org/). <http://www.campbellcollaboration.org/>

## **Cochrane Collaboration**

The Cochrane Collaboration, established in 1993, is an international network of more than 28,000 dedicated people from over 100 countries. We work together to help health care providers, policy makers, patients, their advocates and carers, make well-informed decisions about health care, based on the best available research evidence, by preparing, updating and promoting the accessibility of [Cochrane Reviews](http://www.cochrane.org/). Our work is internationally recognised as the benchmark for high quality information about the [effectiveness](http://www.cochrane.org/) of health care.

<http://www.cochrane.org/>

## **National Institute for Health and Clinical Excellence (NICE) - NHS UK**

The National Institute for Health and Clinical Excellence (NICE) provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. <http://www.nice.org.uk/> . Videocasts: <http://www.nice.org.uk/newsroom/videocasts/videocasts.jsp>. Podcasts: <http://www.nice.org.uk/newsroom/podcasts/index.jsp>

## **Health Intelligence Unit (HSE)**

Health Intelligence is part of the Quality and Clinical Care Directorate within the Health Service Executive and is responsible for capturing and utilising knowledge to support decision-making to improve the health of the population. Website has links to HSE research, databases, facts (census etc.), publications and using evidence effectively. [http://www.hse.ie/eng/about/Who/Population\\_Health/Health\\_Intelligence/](http://www.hse.ie/eng/about/Who/Population_Health/Health_Intelligence/)

## **Evidence in Health and Social Care (NHS)**

NHS Evidence is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal. It helps people from across the NHS, public health and social care sectors to make better decisions as a result. NHS Evidence is managed by the National Institute for Health and Clinical Excellence (NICE). <http://www.evidence.nhs.uk/>



# Practice signposts: data sources to support practice



## Social Care Institute for Excellence (SCIE)

The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works. We are an independent charity working with adults, families and children's social care and social work services across the UK. We also work closely with related services such as health care and housing. We gather and analyse knowledge about what works and translate that knowledge into practical resources, learning materials and services. Our work helps to improve the knowledge and skills of those working in care services. This includes managers, frontline staff, commissioners and trainers. People and their families who use these services also use our resources. All of our work is developed in collaboration with experts - including people who use care services and their carers. <http://www.scie.org.uk/>

## Decision Map.ie

DecisionMap.ie, the new online decision-support tool developed by Ordnance Survey Ireland and Twelve Horses. DecisionMap, currently in beta test release, combines digital mapping from Ordnance Survey Ireland, with visualisation and web delivery tools developed by Twelve Horses, and statistical data provided by the Central Statistics Office and others. It aims to provide decision makers in the public and private sectors instant access to easily-consumable, spatially-referenced data about Ireland. <http://decisionmap.ie/>

## Growing Up in Ireland

Growing Up in Ireland is a national study of children. It is the most significant of its kind ever to take place in this country and will help us to improve our understanding of all aspects of children and their development.

The study will take place over seven years and follow the progress of two groups of children; 8500 nine-year-olds and 11,000 nine-month-olds. During this time we will carry out two rounds of research with each group of children.

The main aim of the study is to paint a full picture of children in Ireland and how they are developing in the current social, economic and cultural environment. This information will be used to assist in policy formation and in the provision of services which will ensure all children will have the best possible start in life.

<http://www.growingup.ie/>

## Irish Qualitative Data Archive

The Irish Qualitative Data Archive (IQDA) is a central access point for qualitative social science data and provides online access to all new qualitative data generated within the [Irish Social Science Platform](#), and to selected existing data. <http://www.iqda.ie/content/welcome-iqda>

## North South Child Protection Hub

This hub available for use by child protection professionals (policy makers, practitioners, researchers and educators) in Northern Ireland and the Republic of Ireland.

The Hub brings together research, policy and practice guidance, inspection reports, serious case reviews, court judgements, news articles and other material relevant to child protection published in Northern Ireland and the Republic of Ireland together with material from Great Britain and other countries. Staff in the Health and Social Care Board and Trusts in Northern Ireland and in the Health Service Executive in the Republic of Ireland, will have access to the Hub but it will also be an important resource for all organisations concerned with child protection. <http://www.nscph.com/>

## RIAN - Irish Open Access Research Archive (free)

RIAN is the outcome of a sectoral higher education project supported by the Irish Government's 'Strategic Innovation Fund'. Project planning was carried out by the seven Irish university libraries, [DCU](#), [NUIG](#), [NUIM](#), [TCD](#), [UCC](#), [UCD](#), [UL](#) and was supported by the [Irish Universities Association \(IUA\)](#). The project aim is to harvest to one portal the contents of the Institutional Repositories of the seven university libraries, in order to make Irish research material more freely accessible, and to increase the research profiles of individual researchers and their institutions. It is intended to extend the harvest to other Irish research institutions as RIAN develops.

<http://rian.ie/en>



## Quetiapine versus typical antipsychotic medications for schizophrenia (May 2013)

by Sirijit Suttajit, Manit Srisurapanont, Jun Xia, Siritree Suttajit, Benchalak Maneeton, Narong Maneeton



### Background

Quetiapine is a widely used atypical antipsychotic drug for schizophrenia that has been on the market for over a decade. However, It is not clear how the effects of quetiapine differ from typical antipsychotics.

### Objectives

To review the effects of quetiapine in comparison with typical antipsychotics in the treatment of schizophrenia and schizophrenia-like psychosis.

### Search methods

We searched the Cochrane Schizophrenia Group Trials Register (March 2010), and inspected references of all identified studies.

### Selection criteria

We included all randomised control trials comparing oral quetiapine with typical antipsychotic drugs in people with schizophrenia or schizophrenia-like psychosis.

### Data collection and analysis

We extracted data independently. For dichotomous data, we calculated risk ratio (RR) and 95% confidence intervals (CI) using a random-effects model. We presented chosen outcomes in a 'Summary of findings' table and comparative risks where appropriate. For continuous data, we calculated mean differences (MD) based on a random-effects model. We assessed risk of bias for included studies.

### Main results

The review includes 43 randomised controlled trials (RCTs) with 7217 participants. Most studies were from China. The percentages of participants leaving the studies early were similar (36.5% in quetiapine group and 36.9% in typical antipsychotics group) and no significant difference between groups was apparent for leaving early due to any reason (23 RCTs  $n = 3576$  RR 0.91 CI 0.81 to 1.01, moderate quality evidence), however, fewer participants in the quetiapine group left the studies early due to adverse events (15 RCTs,  $n = 3010$ , RR 0.48 CI 0.30 to 0.77).

Overall global state was similar between groups (no clinically significant response; 16 RCTs,  $n = 1607$ , RR 0.96 CI 0.75 to 1.23, moderate quality evidence) and there was no significant difference in positive symptoms (PANSS positive subscore: 22 RCTs,  $n = 1934$ , MD 0.02 CI -0.39 to 0.43, moderate quality evidence). General psychopathology was equivocal (PANSS general psychopathology subscore: 18 RCTs,  $n = 1569$ , MD -0.20 CI -0.83 to 0.42) between those allocated to quetiapine and typical antipsychotics. However, quetiapine was statistically significantly more efficacious for negative symptoms (PANSS negative subscore: 22 RCTs,  $n = 1934$ , MD -0.82 CI -1.59 to -0.04, moderate quality evidence), however, this result was highly heterogeneous and driven by two small outlier studies with high effect sizes. Without these two studies, there was no heterogeneity and no statistically significant difference between quetiapine and typical antipsychotics.

Compared with typical antipsychotics, quetiapine might cause fewer adverse effects (9 RCTs,  $n = 1985$ , RR 0.76 CI 0.64 to 0.90 number needed to treat to induce harm (NNTH) 10, CI 8 to 17), less abnormal ECG (2 RCTs,  $n = 165$ , RR 0.38 CI 0.16 to 0.92, NNTH 8, CI 4 to 55), fewer overall extrapyramidal effects (8 RCTs,  $n = 1,095$ , RR 0.17 CI 0.09 to 0.32, NNTH 3, CI 3 to 3, moderate quality evidence) and fewer specific extrapyramidal effects including

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akathisia, parkinsonism, dystonia and tremor. Moreover, it might cause lower prolactin level (4 RCTs,  $n = 1034$ , MD  $-16.20$  CI  $-23.34$  to  $-9.07$ , moderate quality evidence) and less weight gain compared with some typical antipsychotics in the short term (9 RCTs,  $n = 866$ , RR  $0.52$  CI  $0.34$  to  $0.80$ , NNT  $8$ , CI  $6$  to  $15$ ).

However, there was no significant difference between the two groups in suicide attempt, suicide, death, QTc prolongation, low blood pressure, tachycardia, sedation, gynaecomastia, galactorrhoea, menstrual irregularity and white blood cell count.

### Authors' conclusions

Quetiapine may not differ from typical antipsychotics in the treatment of positive symptoms and general psychopathology. There are no clear differences in terms of the treatment of negative symptoms. However, it causes fewer adverse effects in terms of abnormal ECG, extrapyramidal effects, abnormal prolactin levels and weight gain.

### Plain language summary

Quetiapine versus typical antipsychotic drugs for schizophrenia

Antipsychotic drugs are the main treatment for schizophrenia, helping to treat both the positive symptoms (such as hearing voices, seeing things and having strange beliefs) and negative symptoms (including apathy, tiredness and loss of emotion) of this illness. Selecting the most effective antipsychotic drug that can be tolerated by people with schizophrenia is crucial to successful treatment. Older drugs (also known as typical or first generation antipsychotic drugs), such as chlorpromazine and haloperidol, have been used in treating schizophrenia for over 50 years. Although these older drugs are good at treating the positive symptoms of schizophrenia they tend to cause undesirable side effects. These side effects can mean that people do not tolerate or like taking these drugs, which may lead to relapse and admission to hospital. Since 1988, a newer generation of antipsychotic drugs has become available. These new drugs (known as atypical or second generation antipsychotic drugs) are effective in treating the symptoms of schizophrenia but thought to have less side effects than older drugs. However, although newer drugs may cause less side effects such as movement disorders, they have been linked to other side effects like heart problems or weight gain. Quetiapine is a new antipsychotic drug for schizophrenia that has been available for over a decade. However, it is not clear how the effects of quetiapine differ from older antipsychotic drugs. This review evaluated the effectiveness and tolerability of quetiapine versus older antipsychotic drugs. The review included 43 trials with a total of 7217 people. Most studies were from China. In the main, quetiapine did not differ from older drugs for the treatment of positive symptoms of mental illness. There were also no clear differences in terms of the treatment of negative symptoms. However, it is important to note that evidence from these trials suggests quetiapine causes fewer side effects (such as weight gain, dizziness, movement disorders, the inability to sit still, shaking, tremors and abnormal levels of the hormone prolactin, which can contribute to sexual and mental health problems). However, evidence from the trials is limited due to high numbers of people leaving early in almost all of the studies. More evidence through the completion of well designed studies comparing quetiapine with older antipsychotic drugs is needed.

This plain language summary has been written by a consumer, Benjamin Gray, Service User: RETHINK.

A link to the review can be found here: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007815.pub2/abstract>

## Housing Improvements for Health and Associated Socio-Economic Outcomes: A Systemic Review, (March 2013) by Hilary Thomson, Siân Thomas, Eva Sellstrom, Mark Petticrew



**Background:** The well established links between poor housing and poor health indicate that housing improvement may be an important mechanism through which public investment can lead to health improvement. Intervention studies which have assessed the health impacts of housing improvements are an important data resource to test assumptions about the potential for health improvement. Evaluations may not detect long term health impacts due to limited follow-up periods. Impacts on socio-economic determinants of health may be a valuable proxy indication of the potential for longer term health impacts.

**Objectives:** To assess the health and social impacts on residents following improvements to the physical fabric of housing.

**Search methods:** Twenty seven academic and grey literature bibliographic databases were searched for housing intervention studies from 1887 to July 2012 (ASSIA; Avery Index; CAB Abstracts; The Campbell Library; CINAHL; The Cochrane Library; COPAC; DH-DATA: Health Admin; EMBASE; Geobase; Global Health; IBSS; ICONDA; MEDLINE; MEDLINE In-Process & Other Non-Indexed Citations; NTIS; PAIS; PLANEX; PsycINFO; RIBA; SCIE; Sociological Abstracts; Social Science Citations Index; Science Citations Index expanded; SIGLE; SPECTR). Twelve Scandinavian grey literature and policy databases (Libris; SveMed+; Libris uppsök; DIVA; Artikelsök; NORART; DEFF; AKF; DSI; SBI; Statens Institut for Folkesundhed; Social.dk) and 23 relevant websites were searched. In addition, a request to topic experts was issued for details of relevant studies. Searches were not restricted by language or publication status.

**Selection criteria:** Studies which assessed change in any health outcome following housing improvement were included. This included experimental studies and uncontrolled studies. Cross-sectional studies were excluded as correlations are not able to shed light on changes in outcomes. Studies reporting only socio-economic outcomes or indirect measures of health, such as health service use, were excluded. All housing improvements which involved a physical improvement to the fabric of the house were included. Excluded interventions were improvements to mobile homes; modifications for mobility or medical reasons; air quality; lead removal; radon exposure reduction; allergen reduction or removal; and furniture or equipment. Where an improvement included one of these in addition to an included intervention the study was included in the review. Studies were not excluded on the basis of date, location, or language.

**Data collection and analysis:** Studies were independently screened and critically appraised by two review authors. Study quality was assessed using the risk of bias tool and the Hamilton tool to accommodate non-experimental and uncontrolled studies. Health and socio-economic impact data were extracted by one review author and checked by a second review author. Studies were grouped according to broad intervention categories, date, and context before synthesis. Where possible, standardized effect estimates were calculated and statistically pooled. Where meta-analysis was not appropriate the data were tabulated and synthesized narratively following a cross-study examination of reported impacts and study characteristics. Qualitative data were summarized using a logic model to map reported impacts and links to health impacts; quantitative data were incorporated into the model.

**Results:** Thirty-nine studies which reported quantitative or qualitative data, or both, were included in the review. Thirty-three quantitative studies were identified. This included five randomised controlled trials (RCTs) and 10 non-experimental studies of warmth improvements, 12 non-experimental studies of rehousing or retrofitting, three non-experimental studies of provision of basic improvements in low or middle income countries (LMIC), and three non-experimental historical studies of rehousing from slums. Fourteen quantitative studies (42.4%) were assessed to be poor quality and were not included in the synthesis. Twelve studies reporting qualitative data were identified. These were studies of warmth improvements (n = 7) and rehousing (n = 5). Three qualitative studies were excluded from the synthesis due to lack of clarity of methods. Six of the included qualitative studies also reported quantitative data which was included in the review. Very little quantitative synthesis was possible as the data

## Housing Improvements for Health and Associated Socio-Economic Outcomes: A Systemic Review, (March 2013) by Hilary Thomson, Siân Thomas, Eva Sellstrom, Mark Petticrew



were not amenable to meta-analysis. This was largely due to extreme heterogeneity both methodologically as well as because of variations in the intervention, samples, context, and outcome; these variations remained even following grouping of interventions and outcomes. In addition, few studies reported data that were amenable to calculation of standardized effect sizes. The data were synthesised narratively. Data from studies of warmth and energy efficiency interventions suggested that improvements in general health, respiratory health, and mental health are possible. Studies which targeted those with inadequate warmth and existing chronic respiratory disease were most likely to report health improvement. Impacts following housing-led neighbourhood renewal were less clear; these interventions targeted areas rather than individual households in most need. Two poorer quality LMIC studies reported unclear or small health improvements. One better quality study of rehousing from slums (pre-1960) reported some improvement in mental health. There were few reports of adverse health impacts following housing improvement. A small number of studies gathered data on social and socio-economic impacts associated with housing improvement. Warmth improvements were associated with increased usable space, increased privacy, and improved social relationships; absences from work or school due to illness were also reduced. Very few studies reported differential impacts relevant to equity issues, and what data were reported were not amenable to synthesis.

### Authors' conclusions

Housing investment which improves thermal comfort in the home can lead to health improvements, especially where the improvements are targeted at those with inadequate warmth and those with chronic respiratory disease. The health impacts of programmes which deliver improvements across areas and do not target according to levels of individual need were less clear, but reported impacts at an area level may conceal health improvements for those with the greatest potential to benefit. Best available evidence indicates that housing which is an appropriate size for the householders and is affordable to heat is linked to improved health and may promote improved social relationships within and beyond the household. In addition, there is some suggestion that provision of adequate, affordable warmth may reduce absences from school or work. While many of the interventions were targeted at low income groups, a near absence of reporting differential impacts prevented analysis of the potential for housing improvement to impact on social and economic inequalities.

A link to the review can be found here: <http://www.campbellcollaboration.org/lib/project/61/>

## Research briefs

## New Published Evidence for the effectiveness of the Parents Plus Programmes

In the last six months, three new studies have been published that all add substantial weight to the existing evidence for the effectiveness of the Parents Plus Programmes in a variety of settings (see below). Please contact if you would like more information.

**CDI West Tallaght Early Intervention Study** - The Parents Plus Early Years Programme was delivered as part of a suite of interventions to preschool child care services in a disadvantaged areas over several years as part of the Childhood Development Initiative in West Tallaght in Dublin. The programme was independently delivered and independently evaluated as part of a clustered RCT. Significant positive effects were observed within the home learning environment for parents completing the Parents Plus Programme. [See full report \(Hayes et al 2012\)](#) and quote on p 39 below.

'In particular, this finding isolates the Parents Plus Community Course as being a key component in improving the home-learning environment, even two years after the course was attended.' P39

**Universal Delivery in Schools - Parents Plus Children's Programme** - The Parents Plus Children's Programme was evaluated using a RCT design as part of a national delivery by frontline staff to primary schools throughout Ireland. Participating parents with children aged 6 to 11 were randomly assigned to a Treatment Group (n = 44) or a no treatment Control Group (n = 31). Significant post treatment improvements were recorded on measures of parenting-related stress, child problem behaviour and parent satisfaction with medium to large effect sizes. Treatment group results were maintained at six-month follow-up. See Hand et al (2013) for published study.

**Disability Setting - Parents Plus Children's Programme** - The Parents Plus Children's Programme (PPCP) was delivered as an intervention for parents of children with mild intellectual disabilities in a special school setting and evaluated as part of small Randomised Control Trial. A significant reduction in clinical range scores for treatment group participants (n = 16) was observed. Conversely, clinical range scores for waiting list control group participants (n = 13) increased, or remained elevated. See Hand et al (2012) for published study.

### Reference List

Hand, A., Ni Raghallaigh, C., Cuppage, J., Coyle, S., Sharry, J. (2012) A Controlled Clinical Evaluation of the Parents Plus Children's Programme for Parents of Children Aged 6 - 12 with Mild Intellectual Disability in a School Setting to Clinical Child Psychology and Psychiatry 17(4).

Hand, A. McDonnell, E., Sharry, J. (2013) A community led approach to delivery of the parents plus children's programme for the parents of children aged 6-11 International Journal of Clinical and Health Psychology, 13 pp. 81-90.

Hayes, N., Siraj-Blatchford, I., Keegan, S. and Goulding, E. (2012) Evaluation of the Early Years Programme of the Childhood Development Initiative. Dublin: Childhood Development Initiative (CDI).

Beisse, K. & Tyre, A. (2013) 'Caregiver involvement in the education of youth in foster care: An exploratory study' in *School Social Work Journal*, 37(2), pp. 1 - 20.

What is this article about?

- Reports the findings of a quantitative research study which sets out to address two broad questions:
  - 1) What do caregivers report about their involvement in the education of children in foster care and
  - 2) What factors are associated with caregiver involvement in the education of children in foster care?

What are the critical findings?

- 1) Foster caregivers report that they are involved in the education of children in their care and participate in a variety of involvement activities at home and at school.
- 2) Foster caregivers in this sample reported higher levels of at-home involvement than at-school involvement.
- 3) Foster caregivers reported strong motivational beliefs for educational involvement suggesting that foster caregivers believe their involvement is an important part of their role and makes a positive difference for the children in their care.
- 4) Relationships were found between caregiver motivational beliefs and involvement activities, suggesting that caregivers who believe that their involvement is important for the child, are more involved in the child's education

What are the implications for practice?

- 1) School-based interventions designed to improve educational outcomes for youth in foster care should include invitations and support for caregiver involvement.
- 2) School social workers/resource workers can encourage the involvement of foster caregivers by making explicit invitations for their involvement: e.g. including foster caregivers in educational planning meetings.
- 3) When children are placed in foster care, and especially when there is a change in school placement, school social workers/resource workers can reach out to foster families to ensure that caregivers and students feel welcome at the school.
- 4) School social workers/staff can partner with child welfare workers to provide training for both educators and caregivers; this training may provide information on how to support the educational development of youth in foster care, increase awareness of the needs of youth in foster care, and increase knowledge of the school system.



Maschi, T. & Schwalbe, C.S. (2012) 'Unravelling probation officers' practices with youth with histories of trauma and stressful life events' in *Social Work Research*, 36(1), pp. 21 - 30.

What is this article about?

- Reports the findings of a US-based quantitative research study;
- Examines how 308 probation officers' (PO) knowledge of juvenile's trauma influenced their probation practices.

What are the critical findings?

- 1) POs reported that they had knowledge of trauma for approximately two out of five youths on their caseloads;
- 2) The most common trauma PO clients had been exposed to was sexual assault, while the most common stressful life-events included moving to a new school/home, parental separation/divorce, and parental job loss;
- 3) Knowledge of trauma among youth offenders prompted POs to develop treatment-oriented intervention plans and to use interpersonal tactics and strategies emphasising support and empathy.

What are the implications for practice?

- 1) The results from this study underline the importance of careful assessment of trauma and cumulative stress among young offenders.
- 2) The use of specialised trauma-informed assessment strategies are recommended to increase the sensitivity of juvenile justice programs to trauma.
- 3) Implementation of evidence-based, trauma-informed interventions for juvenile offenders is also recommended.
- 4) This study provides support for the creation of trauma-informed systems in all agencies working with children and adolescents.
- 5) This study's findings highlight the hypothesis that a supportive, empathic approach may facilitate youth engagement in treatment.

# Secondary Traumatic Stress & Burnout in Child Welfare Workers

Sprang, G., Craig, C. & Clark, J. (2011) 'Secondary traumatic stress and burnout in child welfare workers: A comparative analysis of occupational distress across professional groups' in *Child Welfare*, 90(6), pp. 149 - 168.

What is this article about?

- Reports the findings of a US based, quantitative research study;
- Describes predictors of secondary traumatic stress (STS)/compassion fatigue (CF) and burnout in a sample of 669 helping professionals, with a specific focus on the unique responses of child welfare (CW) workers.

What are the critical findings?

- 1) Males, younger professionals, rural residents, and those who reported no religious participation reported significantly higher levels of CF;
- 2) CW workers were significantly more likely to report CF than all other types of helping professionals, with no differences between other job types;
- 3) Males reported significantly higher rates of burnout than females, as did African American and Asian participants as compared to Caucasian participants;
- 4) Those who engaged in religious participation were significantly less likely to burnout than those who did not;
- 5) CW workers reported significantly higher burnout than all other professionals.

What are the implications for practice?

- 1) CW workforce affiliation proved very significant as a predictor of STS and burnout as compared to belonging to any other professional group.
- 2) Organisational interventions to prevent STS and burnout are encouraged to be tailored to generate positive coping approaches to specific CW settings.
- 3) Reflective supervision, an approach refined for professionals working with young children, can offer the opportunity to process the distressing material implicated in worker STS.
- 4) It is critical to recognise supervisors as key organisational players for developing the socio-emotional and task environments that prevent worker attrition and distress by attending to caseload mix, and identifying workers that may be in need of formal STS intervention or job reassignment.
- 5) Development of a trauma-informed child welfare system can be used to promote worker resilience and self-care in situations where direct and indirect exposure to traumatic material occurs (see <http://www.nctsn.org/> for more information).

# Organisational Profile



## Organisational Profile: Institute for Research and Innovation in Social Services (IRISS)

What do they do?

IRISS is a charitable company whose mission is to promote positive outcomes for the people who use Scotland's social services by enhancing the capacity and capability of the social services workforce to access and make use of knowledge and research for service innovation and improvement.

Programme Strands

- 1) **Evidence-informed Practice:** Focusing on achieving better outcomes for people and communities through improved use of evidence.
- 2) **Innovation and Improvement:** Developing tools, training, and interventions that will support and enable the sustainable transformation of social services in Scotland.
- 3) **Knowledge Media:** The process for generating and sharing knowledge, and how the use of different media shapes these processes.

Resources Available from IRISS include:

- IRISS.FM
- The Learning Exchange
- Multimedia Learning Materials
- Case Studies
- Toolkits
- IRISS Insights
- How-to Guides
- Reports
- Podcasts
- Videos

Sample Resource: IRISS Insights

Supporting those with Dementia: Reminiscence Therapy in Life Story Work.

Key Points:

- Reminiscence therapy and life story work are valuable psychotherapeutic approaches
- Reminiscence therapy and life story work can improve the mood, cognitive ability and well-being of those with mild to moderate dementia
- Research suggests that the effects of biographical interventions are weaker for people with severe dementia
- There is evidence to support the view that life story work can improve the relationship, whether family or professional, between the person with dementia and their carer(s)
- Reminiscence therapy and in particular life story work provide a context for the provision of person-centred care, whether in the home, nursing home or hospital context
- Life story work can be especially valuable when the person with dementia is transferred from a home to an institutional setting, or between institutions

# Web Links and Electronic Publications

## Disability Facts and Doubts

Inclusion Ireland - the National Association for People with an Intellectual Disability - has started a monthly column on their website providing a taste of some of the data available on disability in the public domain. The column is called 'Facts and Doubts'. There are now a considerable number of studies, databases and census material which is useful for teaching, for policy making and informing Oireachtas committees and debates on the subject of disability. The blog or column can be accessed at the address below: <http://www.inclusionireland.ie/content/media/1021/disability-facts-and-doubts>

## Living in Care in Ireland (Radio Interview)

From RTE: "It must be a very daunting life for any young children living in care & for so many right across the country it is a reality. This week the Ombudsmen for Children released a study on the Education of Children in Care, in Ireland. In studio with Miriam this morning are two young people, 24 year old Suzanne & 20 year old Danielle, to talk about their experiences in care".

<http://www.rte.ie/radio1/the-john-murray-show/programmes/2013/0509/391252-the-john-murray-show-thursday-9-may-2013/?clipid=1081294>

## The Social Dimensions of the Crisis: The Evidence and its Implications, (May 2013) by The National Economic and Social Council.

The greatest social impact of the economic crisis in Ireland has been the large and sustained increase in unemployment, and in particular, an increase in the number of households where no-one has a job. This is the conclusion of a National Economic and Social Council (NESC) report published on The Social Dimensions of the Crisis: The Evidence and its Implications. Gathering together a wide range of evidence, NESC show that most people have been impacted, at least to some extent, by the crisis. Overall, the majority of households in Ireland have experienced a drop in wealth and/or income since the economic crash in 2008.

A link to the full report can be found here: [http://files.nesc.ie/nesc\\_reports/en/NESC\\_134\\_The\\_Social\\_Dimensions\\_of\\_the\\_Crisis\\_Main\\_%20Report.pdf](http://files.nesc.ie/nesc_reports/en/NESC_134_The_Social_Dimensions_of_the_Crisis_Main_%20Report.pdf)

## National Standards for Residential Services for Children and Adults with Disabilities, (May 2013) by HIQA.

The Health Information and Quality Authority (HIQA) has published National Standards for residential services for children and adults with disabilities. These Standards outline to providers what they must do to ensure safe and effective care is provided to people living in, or using, residential and residential respite services. The National Standards apply to residential services provided to children and adults with a disability, whether the service is operated by public, private or voluntary bodies or agencies. Following the publication of the regulations by the Government, all services providing residential services for people with disabilities in Ireland will have to be registered with HIQA.

The full text of the standards can be found here: <http://www.hiqa.ie/system/files/Standards-Disabilities-Children-Adults.pdf>

## Web Links and Electronic Publications

### Supporting Students with Special Educational Needs in School, (May 2013) by The National Council for Special Education.

An NCSE review of special education has found that students with special educational needs are being well supported in schools and making good progress. The NCSE is now recommending improvements to current system to ensure that additional teaching supports are allocated in line with the profile of educational need in each school. The NCSE is recommending changes to ensure children with special educational needs have immediate access to additional teaching support in mainstream schools. Key recommendations include:

- Commencing the Education for Person with Special Educational Needs Act 2004 as soon as resources permit. The NCSE recognises that in the current economic climate resources are not available to permit this.
- The adoption of a robust regulatory enrollment framework to ensure all children with special educational needs can access a school placement
- That teaching resources are allocated equitably to schools in line with their educational profile of need without the need for a diagnosis of disability.
- That a framework is developed to improve teachers' knowledge and expertise in supporting and educating students with special educational needs.
- To ensure that additional supports drive improved educational outcomes through individualised planning.

The provision of additional funding to special schools and special classes to allow them to purchase and replace equipment

A link to the full policy paper can be found here: [http://www.ncse.ie/uploads/1/Supporting\\_14\\_05\\_13\\_web.pdf](http://www.ncse.ie/uploads/1/Supporting_14_05_13_web.pdf)

### Recovery...What You Should Expect from a Good Quality Mental Health Service, (April 2013) by Mental Health Reform.

Mental Health Reform has launched a report exploring the idea of recovery from mental health difficulties. Mental Health Reform Director Orla Barry explained: "In our public consultation meetings around the country, people consistently tell us that they want a more humane mental health service that listens to the people using that service. This report and the accompanying Recovery leaflet is our attempt to start a conversation about what people should expect from their mental health service."

"By 'recovery', we are not implying that the person will stop being vulnerable to mental health difficulties, but that they can live a full and meaningful life in their local community. This requires a change in attitude from staff, carers and the wider community", Ms. Barry continued. "One in seven adults in Ireland will have experienced a mental health difficulty in the last year, so it is important that we begin to talk about recovery. For Mental Health Reform, there are five key components that need to be part of recovery-orientated mental health services: partnership, listening, hope, choice and social inclusion. We hope that this report will inform people using the services and their families about what they should expect from and ask of their mental health service", Ms. Barry concluded.

A link to the full document can be found here: <http://www.mentalhealthreform.ie/wp-content/uploads/2013/03/MHR-Recovery-paper-final-April-2013.pdf>

## Web Links and Electronic Publications

### Reforming Community Employment, (April 2013), by Rory O'Farrell, Paul Mac Flynn, Tom Healy, Michael Collins (NERI).

Five years into Ireland's unemployment crisis the nature of our policy response has been slow. In general attention has been focused on employment creation, a worthy and necessary goal, but with limited attention on the nature of the unemployment crisis and the likely long-term impediments to resolving it. This paper focuses on the role of active labour market policies (ALMPs) and in particular the role of the largest ALMP Community Employment (CE). It proposes a restructuring of that programme, into two streams, which would retain the longstanding dual role of CE: helping the long-term unemployed return to the active labour market and the provision of local services. Such an approach would offer a more sustainable structure for CE and ensure that it continues to target those furthest from the active labour market.

A link to the full report can be found here: [http://www.nerinstitute.net/download/pdf/neri\\_research\\_inbrief\\_ce\\_reform\\_april\\_2013.pdf](http://www.nerinstitute.net/download/pdf/neri_research_inbrief_ce_reform_april_2013.pdf)

### Framework for Solidarity and Sustainable Recovery, (April 2013) by Social Justice Ireland

Austerity is discredited, its credibility undermined, its moral basis unethical. Ireland must change direction

1. The 'austerity' approach being implemented in Ireland is economically unviable and morally unethical.
2. Ireland needs a fundamental change of direction, a new vision of its future and an integrated policy framework setting out a pathway towards that vision.
3. It is time to put a stop to short-termism and to tackle debt, taxation, services, governance and borrowing in an integrated and sustainable manner.
4. The future can be different and can be paid for.

The academic basis for 'austerity' has been discredited and its credibility has been undermined. The moral basis for austerity has been unethical. Ireland must change direction.

A link to the full report can be found here: <http://www.socialjustice.ie/content/austerity-discredited-its-credibility-undermined-its-moral-basis-unethical-ireland-must>

### Resources from The Social Work Action Network Conference 2013

By following the link below you will find below a list of resources from the 8th National Social Work Action Network (SWAN) conference 2013 'Defeating the politics of austerity: creating an alternative future' which took place at London South Bank University from 12-13 April 2013. There are contributions from social workers around the world, including Ireland.

<http://www.socialworkfuture.org/conference-and-events/conference-2013/311-resources-from-conf-2013>



# Podcasts



## Reading Social Work Blogs

What is a Blog ? A blog is a personal web page written by an individual or organisation. Usually it incorporates personal views, opinions and comment on topic issues. The best blogs are read by thousands of people everyday.

## How do I find them ?

Just search for the word “blog” and any topic you are interested in. It may take some time to find a site you are happy with. Once you find the right one you might want to access it everyday. The best blogs include links to other sites of interest. To start you off check out: <http://www.socialworkblogs.info/>

## How do I write my own blog ?

It is simple to write your own blog – use sites like Wordpress.com, Simplesite.com or Blogspot.com – there are a range of simple guides available. The secret is to link to other sites, get people interested.

**Warning: as Social Workers we need to be mindful of what we write about our work and in particular our clients. If you do write your own blog or contribute to an online debate then make sure you do not mention names, places or anything that could identify anyone you work with.**

## Audio & Video Podcasts

What is a Podcast? A multi-media file made available by the internet which can be viewed or listened to on a computer, tablet, MP3 player or CD player.

How do I listen to a Podcast? You can listen to a Podcast straightaway on any PC which has speaker or a headphones or you can download it to listen to later. The file can also be saved to an MP3 player or USB memory stick. Some modern CD players can play Podcasts just like a music CD. Some Podcasts are updated regularly – how do I get the latest version? You can use iTunes or other services to check regularly to see if the Podcast has been updated. You can also subscribe using an RSS feed which will inform you when the new edition is ready. Some Smartphones can also download and update Podcasts. For more information go to: <http://www.bbc.co.uk/podcasts/help>

## Audio: Identifying and Responding to Sex-Trafficking Victims in Social Service Settings

An interview with Dr Rebecca May around how she became interested in identification of sex trafficking victims in human service delivery. The conversation looks at how to identify and respond to victims of sex trafficking and the interdisciplinary nature of sex trafficking i.e. how it involves representatives from law, medicine, social services, and how social workers can and should take the lead in coordinating efforts to help victims. Available at: <http://www.bbc.co.uk/podcasts/series/ouch>

## Audio: Information about CBT

An informative look at therapies that take a cognitive-behavioral approach to working with people; includes a review of the theoretical assumptions, therapeutic process, techniques, use in culturally competent practice, and strengths and limitations of CBT. The piece includes a number of clinical examples and dialogue to illustrate the concepts. Available at: <http://castroller.com/podcasts/TheSocialWork/947133>



# Podcasts



## **Audio: Crisis Intervention**

Part two of a series on Crisis Intervention: discusses individual crisis intervention within the context of Roberts's Seven-Stage Model of Crisis Intervention, and the most popular group crisis intervention model currently in use: "Critical Incident Stress Debriefing". The podcast ends with a detailed review of suicide assessment. Available at: <http://castroller.com/podcasts/TheSocialWork/947123>

## **Video: Suicide & Mental Health from RTE**

Link to the recent RTE programme discussion on how to tackle the problem of suicide with singer/songwriter Bressie, Prof. Jim Lucey, Jack Kirwan and Minister for Mental Health Kathleen Lynch Available at: <https://www.youtube.com/watch?v=wIC4eqvi6-g> [Bressie - Discussion on mental health services in Ireland | RTÉ Prime Time](#)

## **Video: Disability, the Truth**

Living with a disability has its tough times... but lots of lighter moments too. Interviews with people all over the country to hear their insights; these frank and funny conversations reveal the truth about disability as part of a wider series. Available at: <https://www.youtube.com/watch?v=MJ4JOomkyNI>

## **Audio: Discussion about Psychosis**

Interviews with Dr Jane Anderson around the topic of Psychosis; Dr Anderson has an interest in mental health awareness and adolescent mental health. Available at: <http://www.rcpsych.ac.uk/default.aspx?page=11753>

## **Audio: Depression and Recovery**

Interview with author Susan Polis Schutz about her latest book, *Depression and Back: A Poetic Journey Through Depression and Recovery*, which was written after her three-year struggle with depression. Susan also talks about her second documentary film, *The Misunderstood Epidemic: Depression*. The film takes an intimate look at how depression affects its victims and their families and explores how depression can strike anyone, regardless of age, race, or socioeconomic background. Available at: [http://www.dbsalliance.org/site/PageServer?pagename=education\\_podcasts](http://www.dbsalliance.org/site/PageServer?pagename=education_podcasts)

## **Audio: Elder Care**

Interview with [Howard Gleckman](#), author of "Caring for Our Parents". His experience and approach as a journalist, combined with his obvious passion for elder care delivers an educational volume that is dense with fact and deep with emotion. In this 31 minute interview Howard discusses stories of several families he interviewed during his research and looks at several different models of elder care that are beginning to show real promise. Available at: <http://www.insideeldercare.com/leaders-in-eldercare/howard-gleckman-%E2%80%93-caring-for-our-parents-podcast/>

## **Audio: Disability – The Ouch Show 97**

A link to the BBC monthly disability show which looks at the topic of how "Can disabled people be powerful?" Available at: <http://www.bbc.co.uk/podcasts/series/ouch>



# About Practice Links

*Practice Links* is a free e-publication for practitioners working in Irish social services, voluntary and non-governmental sectors. *Practice Links* was created to help practitioners in these areas to keep up-to-date with new publications, electronic publications, conferences and continuing professional development opportunities. *Practice Links* is published every other month in Adobe Acrobat (.pdf file). Distribution is by email, Twitter and on the *Practice Links* website <http://www.ucc.ie/en/appsoc/aboutus/activities/pl/>.

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