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UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

About us

Practice Links is a free publication of the Social Work Development Unit, University College Cork, Ireland

PL

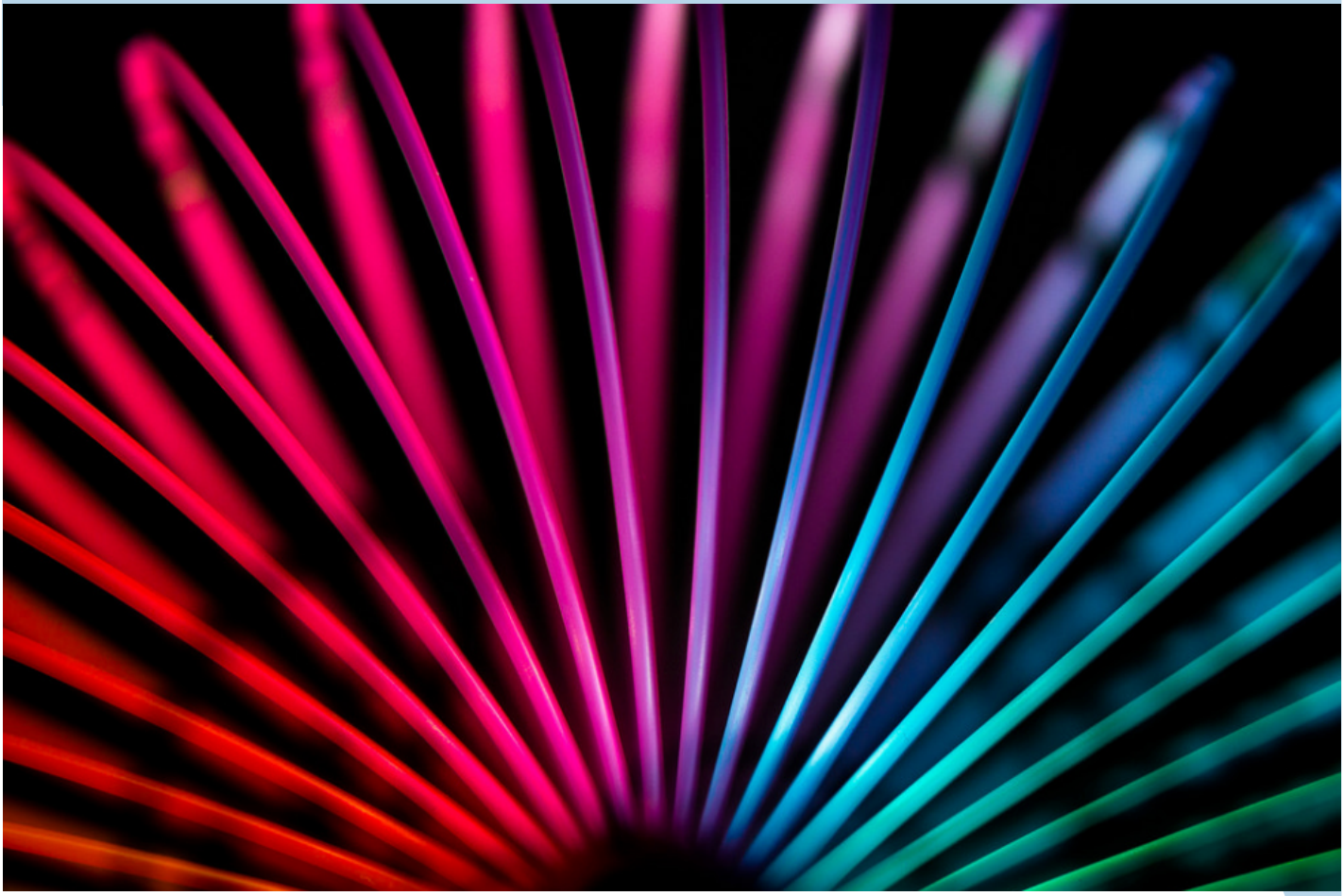
The aim of PL is help practitioners to keep up-to-date with new publications, conferences and continuing professional development opportunities.

Follow Practice Links on Twitter for more regular updates @PracticeLinks

Issue 62, April 2015

ISSN: 2009-776X

practice LINKS



University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

10th Annual Social Work Action Network Conference

The Politics of Hope: Fighting for the Future of Social Work

UNIVERSITY OF THE WEST of SCOTLAND
UWS

Social Work Action Network

University of the West of Scotland, Paisley Campus, 10-11 April 2015

SWAN is a network of social work practitioners, social care practitioners, academics, students and social welfare service users united in their concern that social work and social care activity is being undermined by managerialism and marketisation, by the stigmatisation of service users and by welfare cuts and restrictions. We believe that good social work is a worthwhile activity that can help people address the problems and difficulties in their lives.

In the context of savage cuts in public sector funding, ever increasing social work managerialism and stigmatisation of service users, this conference will provide an important opportunity to debate ways of developing networks of resistance necessary to defend social justice-based social work and oppose the politics of austerity.

Speakers will include:

Keynote speaker:



Gerry Mooney is Senior Lecturer in Social Policy and Criminology, The Open University. Among other publications, he is co-editor and author of Crime, Justice and Society in Scotland (Routledge, 2015 forthcoming) and co-editor and author of Poverty in Scotland 2014: The Independence Referendum and Beyond (CPAG, 2014).

Other speakers include:



Amal Azzudin is a community development worker and campaigner for human rights and social justice. Amal has just graduated with a masters degree in human rights and international politics from the University of Glasgow. Amal was one of the Glasgow Girls, a group of seven school girls from Drumchapel High School in Glasgow who organised and stood up against dawn raids, detention and deportation of asylum seekers in Glasgow. The Glasgow Girls story has since been turned into a BBC documentary, a stage musical and a television musical drama.



Thomas Timlin is a Development Officer at Who Cares (Scotland). Thomas is himself a care leaver and a recent social work graduate from University of the West of Scotland.

Speaker from Orange Tide: Orange Tide is an organisation of Spanish social workers. "The Orange Tide is the best current example of social work-led action. It is limiting a government inadvertently eroding the future of its people, and giving hope, an outlet and voice to people who are in desperation. The Orange Tide also provides support to social workers to continue to work as volunteers after they have had their hours cut or been laid off. It is an inspiration to social workers worldwide." **Rory Truell, General Secretary, International Federation of Social Workers.**

Continuing professional development

Plenary sessions will include presentations on the following themes:

- Racism, antiracism and social work practice
- Radical practice today: voices from the frontline
- Global perspectives: radical social work in the world today

Call for papers

We particularly encourage workshops, presentations and papers on the following more specific themes and topics:

- The disability movement
- Defeating sexism and gender oppression
- Debating Government reviews on social work education and adult care
- Challenging the "troubled families" agenda
- Defeating the policies of austerity
- Anti-racist social work practice
- Challenging managerialism
- Working with asylum seekers and refugees
- In defence of youth and community work
- User-led groups and community campaigns
- Building alliances - challenging the strategy of divide and rule
- Radical social work education and practice
- Other subject areas relevant to the main conference themes

Please send an outline of your proposal (up 200 words) with your name(s) and contact details to **SWAN2015workshops@outlook.com** by Friday 27th February 2015.

Conference fees & registration:

Conference price is inclusive of the conference dinner and social evening on Friday 10th April at Waxy O'Connors, Glasgow (as well as tea, coffee and lunch on Saturday 11th April).

£20 Students | £45 Waged | £75 Academics, trade union representatives
Free for unwaged and asylum seekers

Click on the following link to register online: https://eventbrite.com/event/2004729199/

Accommodation and travel:

There is limited accommodation in Paisley so we recommend you book accommodation in Glasgow as there is a fast and frequent train service from Glasgow Central Station to Paisley Gilmour Street. For accommodation visit: **www.bedandbreakfasts.co.uk/G1-3SL/**

Further information:

If you have any questions about the content and themes of the conference please contact us at **swan.correspond@gmail.com**

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Continuing professional development

National Programme for Screening and Brief Interventions (SBI) for Problem Alcohol & Drug Use: One Day Course

Aim

This course aims to prepare nurses, midwives, health and social care professionals to implement Screening and Brief Interventions (SBI) for problem substance misuse.

Learning Outcomes

On completion of this course, participants should be able to:

- Critically discuss problem alcohol and drug use as it impacts on their current work or area of practice
- Demonstrate an enhanced knowledge and awareness of contemporary models of screening and brief intervention for problem alcohol and drug use
- Identify problem alcohol and drug users who present to health and social care settings
- Utilise the SAOR model of Screening & Brief Intervention (SBI) in practice based scenarios
- Discuss the application of the SAOR model of screening and brief intervention for problem alcohol and drug use into their practice

Course Content

The key course content which emerges from the course learning outcomes is outlined below:

- Evidence for the effectiveness of SBI.
- Alcohol and drug related presentations to health and social care settings.
- Contemporary models of SBI for problem alcohol and drug use.
- Overview of the SAOR model of intervention for problem alcohol and drug use.
- Establishing a supportive working relationship with the service users.
- Asking about alcohol and drug use and screening for alcohol and drug related problems.
- Delivering a structured brief intervention based upon the SAOR model.
- Developing appropriate care pathways for service users and arranging appropriate follow up.
- Accessing useful links and reference materials for further reading and research.

Target Groups

The primary target audience is nurses, midwives and allied health and social care professionals who are in a position to offer Screening and Brief Interventions to service users presenting with problem alcohol and drug use.

Dates: Wednesday 15th April 2015 Time: 9.30 a.m. – 5.00 p.m. Venue: Castle Hotel, Macroom, Co. Cork.

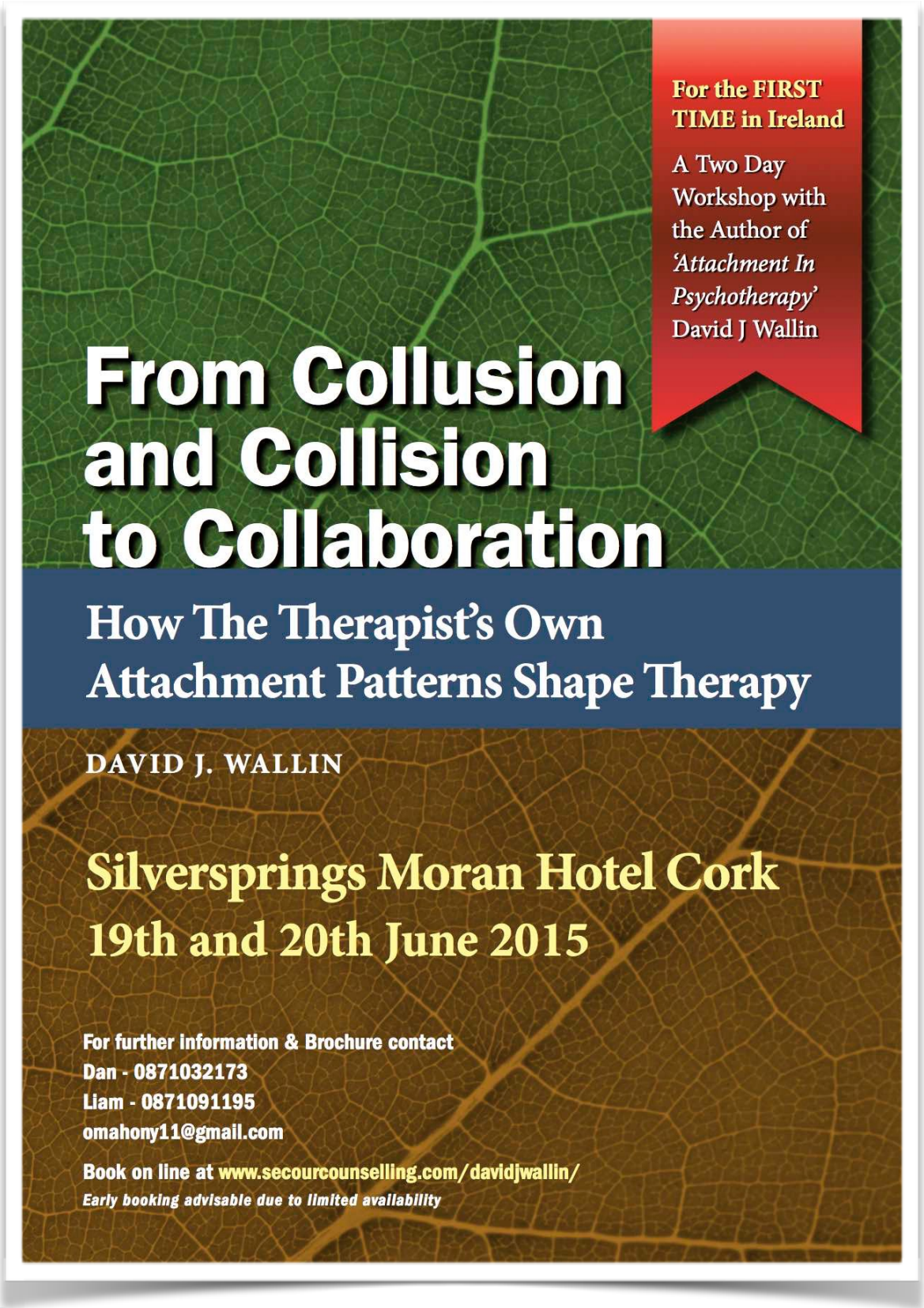
Dates: Wednesday 6th May 2015 Time: 9.30 a.m. – 5.00 p.m. Venue: Mitchelstown Primary Care Centre, Mitchelstown, Co. Cork.

Dates: Tuesday 26th May 2015 Time: 9.30 a.m. – 5.00 p.m. Venue: Vienna Woods Hotel, Glanmire, Co. Cork.

Dates: Wednesday 17th June 2015 Time: 9.30 a.m. – 5.00 p.m. Venue: Vienna Woods Hotel, Glanmire, Co. Cork.

How to Apply: To download the application form please click here

Please return the completed application form to marwin.jagoe@hse.ie


For the FIRST TIME in Ireland
A Two Day Workshop with the Author of 'Attachment In Psychotherapy' David J Wallin
From Collusion and Collision to Collaboration
How The Therapist's Own Attachment Patterns Shape Therapy
DAVID J. WALLIN
Silversprings Moran Hotel Cork
19th and 20th June 2015
For further information & Brochure contact
Dan - 0871032173
Liam - 0871091195
omahony11@gmail.com
Book on line at www.secourcounselling.com/davidjwallin/
Early booking advisable due to limited availability

Continuing professional development

9TH BASPCAN CONGRESS

'New Directions in Child Protection and Wellbeing: making a real difference to children's lives'
12-15 April 2015, University of Edinburgh,Scotland

EARLY BIRD BOOKINGS OPEN UNTIL 12 DECEMBER 2014 AT THIS LINK http://www.baspcan.org.uk/congress2015-booking.php
Please Note- all presenters must book before this date.

Visit the website for updates on key note speakers at
http://www.baspcan.org.uk/congress2015-keynotes.php

The full programme is available NOW at this link
http://www.baspcan.org.uk/congress2015-programme.php

Onsite Training in the Parents Plus Programmes – Potential Grants

Are you a community agency who is interested in collaborating with others to deliver the Parents Plus programmes within your community? If so The Wheel's Training Links Grants Programme, 2014 – 2016 is a potential source of support. Have a look at their criteria and application details and contact us if you need help in putting in an application. Note the closing date is in two weeks (15th December).

Facilitator Training Dates in Dublin

Parents Plus Children's Programme Monday and Tuesday 13th and 14th April 2015
Parenting when Separated Programme Monday 11th May 2015

For full training details and booking form - www.parentsplus.ie/training

New Book - Parenting when Separated

A new self-help book by John Sharry has been published to support parents and families. Containing 25 new question and answers based in his Irish Times Columns about the challenges of parenting when separated, the book can act as a companion book to those delivering (or attending) the Parents Plus – Parenting When Separated Programme. More details

2015 Social Policy Association Annual Conference

Belfast Metropolitan College, Titanic Quarter, Belfast
6th-8th July 2015

Conference Theme: 'Social Policy in the Spotlight: Change, Continuity and Challenge'.

Confirmed plenary speakers:

Mary O'Hara, author of 'Austerity Bites' (Policy Press, 2014), is an award-winning journalist based in Los Angeles, writing about health, poverty and social justice in the US and the UK.

Jane Jenson is a Professor of Political Science at the University of Montreal, where she holds the Canada Research Chair in Citizenship and Governance. This plenary is sponsored by the Journal of Social Policy.

Colin Crouch is Professor Emeritus, University of Warwick and External Scientific Member, Max-Planck-InstitutfürGesellschaftsforschung, Cologne.

David Donnison is Professor Emeritus in Urban Studies at the University of Glasgow, having worked at the Universities of Manchester, Toronto, the L.S.E., and Glasgow. He has published extensively in the areas of social Policy and Urban Studies including, most recently, 'Speaking to Power' (Policy Press, 2009).

We particularly welcome paper proposals that reflect on the conference theme, however interpreted, and aim to encourage debate around the following issues:

- Social Policy in the Media Spotlight
- Family Policy and Politics
- Austerity and Social Policy
- Devolution, Governance and Citizenship
- Welfare Reform
- Race, Ethnicity & Migration
- Social Policy post the referendum on Scottish Independence
- The Political Landscape and Social Policy post the UK General Election
- Change, Challenge and Continuity in Health and Social Care
- Inequality and Social Justice – National, Local and Global Perspectives
- The Third Sector and Social Policy: Roles, Responsibility and Challenges

NEW STREAM – Social Policy, the Subject: Change, Continuity and Challenge in Defining, Representing, Learning & Teaching Social Policy in the UK.

We now welcome proposals for individual papers; and especially for symposia (3+ themed papers); and for post-graduate symposia; and also for social policy papers focusing on issues outside the conference theme.

Abstracts for individual papers and ideas for symposia should be submitted electronically via our web page www.ulster.ac.uk/cpsp/spa/ The deadline for proposals is 27 February, 2015.

Please do not submit proposals by email. Proposals for papers: abstracts should be 200-400 words. Proposals for symposia: a 200-word outline of the aims and content of the symposium (including contributors' names and email addresses). All abstracts and symposium proposals will be reviewed by the Programme Committee up to the deadline of 27 Feb 2015. Delegates will be sent a link, via email, to upload their papers. Full papers must be submitted electronically by 11 May 2015. A number of reduced-fee places will be available for post graduate delegates. Details are available on the conference website.

Further information and online conference booking available on the Conference website www.ulster.ac.uk/cpsp/spa/

Continuing professional development

9th Latin American Regional Conference on Child Abuse and Neglect

From 26-29 April, ISPCAN will be in Toluca, Mexico co-hosting the 9th Latin American Regional Conference on Child Abuse and Neglect with the Universidad Autonoma del Estado de Mexico (UAEM).

10th ISPCAN Asian Pacific Regional Conference on Child Abuse and Neglect

Kuala Lumpur, Malaysia is the site for the 10th ISPCAN Asian Pacific Regional Conference on Child Abuse and Neglect where ISPCAN will partner with the Malaysian Council for Child Welfare. From 25-28 October we will look at "Investing in Children: Every Child Counts."



Continuing professional development

Conference:

Fostering well-being - together we can make a difference

Irish Foster Care Association's National Conference in 2015. The conference will take place in Letterkenny, County Donegal, from 23-25 October. I am attaching an invitation to submit workshop proposals for the attention of you and your colleagues. The deadline for submissions is 10 April 2015.

You can submit proposals by using the online form https://docs.google.com/forms/d/1rHNjzEOYIF1DS8Kac61y5VlWPhz- hKrylopIqD4xb6E/viewform?c=0&w=1.

If you have any questions, you can contact IFCA's Learning Development Worker, Maeve Healy, at maeve.healy@ifca.ie, phone 01 4599474 or mobile 087 6555880. The online form is also posted on IFCA's website http://www.ifca.ie/index.php/events/call-workshop- proposals-ifca-national-conference-2015/



Practice Teaching in Social Work @ UCC

Do You Want To Contribute to the Development of Your Profession Through Practice Teaching?

Have you thought about practice teaching/having a social work student on placement?

Have you been a practice teacher before and not done it for a while?

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If any of these questions apply to you and you want to discuss it further, please contact the Fieldwork Co-ordinator at the School of Applied Social Studies, UCC. The main times placements are required by UCC are for 14 weeks from January –April and September-December. Very occasionally they are required over the summer period also. I will be hoping to recruit shortly for placements for the September to December period. Sharing a placement with a colleague is also possible.

Practice Teachers will be offered a library card in UCC for the duration of the placement. A call-in day is held in advance of the each placement cycle beginning, in order to help you prepare for your student. It is professionally stimulating to pass on your knowledge to someone who is interested in social work and wants to learn more about it. Social workers who engage in practice teaching have continually informed us of the benefits in terms of their own continuing development of supervising students. A regular practice teacher and recent participant on the Postgraduate Diploma recently stated:

> *"Being a Practice Teacher has helped me to enhance my confidence and integrate new knowledge and skills. One of the most rewarding things about practice teaching is observing the growth and the learning that emerges with each student from the beginning to the end of their placement experience. I have enjoyed the experience of observing my own growth and feel I have developed a more reflective, collaborative, assertive, supportive and person centred approach to practice teaching and supervision."*

Social workers are now increasingly conscious of CPD and from the 31st May they will be required to keep a CPD portfolio. (See www.coru.ie). Other training initiatives include the *Postgraduate Diploma in Advanced Fieldwork Practice and Supervision (Social Work)* -applications are open now for this course-see ACE (Adult and Continuing Education) on the UCC website. The closing date for this course is May 15th.

One of the innovations I and some colleagues have been involved in is visiting social work teams and running training sessions with social workers there interested in practice teaching. Ruth would be happy to factor this in for a team if social workers express an interest in this. I am also willing to visit social work teams, at their request. One of the times that have proven most suitable for such meetings with social workers has been the end of their own team meetings, and with notice, I am willing to travel and meet with people at these times. I can be contacted at (021) 4903954 or by email at r.murray@ucc.ie

CALL FOR RESEARCH PROJECTS

Are you a member of a community group, voluntary organisation, resident's association, NGO?

Do you need a small piece of research done, but don't have enough money or resources to

What is this about?

Community-Academic Research Links (CARL) invites non-profit voluntary or community organisations to suggest potential research topics that are important to them and could be *collaboratively* worked on with students as part of their course work. CARL is an initiative in UCC and follows a 30-year European tradition with similar initiatives on-going in some of the highest ranked Universities in Europe. CARL has produced impressive and important pieces of research that have generated interest outside the university walls and the project reports have even had an impact at government policy level.

We are seeking expressions of interest from groups who have ideas for a research project and would like to collaborate on their research idea with a UCC student.

How does it work?

As part of their academic course, students undertake a minor dissertation (between 10,000-30,000 words). In past years, students designed their own study and then contacted groups for permission to collect data. These projects serve to develop the research skills of the students; however, the research may not always answer the needs of community and voluntary groups.

In the CARL model, the students undertake their studies, learn about research methods, data collection, ethics, literature reviews as usual; however, the major difference is that the research projects undertaken are explicitly ***studies of issues identified by the community***. These are studies/ research which the community identifies as important and need to be undertaken, but they cannot pay for it and/or do not have the expertise themselves to undertake the study at this time.

How long does this take?

The typical time-scale for projects would be a) proposals submitted by groups, b) review of proposals by the CARL advisory group (comprised of UCC staff, students and representatives from the community and voluntary sector) to see which proposals are sufficiently developed and feasible for a student to undertake, and c) students begin their research in May or October.

Projects must be small enough to be completed within the academic year, roughly 9-12 months. Large research projects which require longer than a year to complete may be broken up into one or more smaller one-year projects for multiple students.

Where can I get more information and read sample reports?

Please visit our website to watch brief videos about CARL, to find out what it is like to participate http://www.ucc.ie/en/scishop/, or to read past research project reports http://www.ucc.ie/en/scishop/rr/

Does it matter what the research topic is about?

Topics that are connected to any discipline at UCC are welcome (science, maths, engineering, social sciences, arts, humanities, business, law, etc.)

What if we have already completed a research project with CARL?

Community groups that are currently involved, or previously completed a project, are welcome to apply again.

We look forward to hearing from you!

CARL
COMMUNITY - ACADEMIC
RESEARCH LINKS
University College Cork, Ireland

Before you make contact …

1. Is your proposed project small enough to be undertaken as part of a student project?
2. Does your group come under the definition of a not-for-profit community and voluntary group?
3. Do you have a clear idea for a research project that, if undertaken, will have a wider benefit to society?
4. Read some completed research reports on our website.
5. Groups that have funding should consider commissioning research, rather than applying to CARL.
6. Contact Anna to discuss your idea further and to receive a copy of the application form.
7. The closing date for this round is the **15th October**, but we accept proposals all year round.

CONTACT US

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New publications and policy reports

TIDE Manifesto for Accessible Development Education by the TIDE Project (April 2015)

Self-Advocates, inclusive development experts, and European policy makers convened at the European Economic and Social Committee in Brussels on 20 April to present and discuss the self-advocates manifesto for accessible development education and how to make development more inclusive.

Link to document: http://easpd.eu/sites/default/files/sites/default/files/tide_manifesto_final.pdf

EAPN Assessment and Proposals for Country-Specific Recommendations 2015 by the European Anti-Poverty Network (March 2015)

EAPN wants the European Semester to deliver results on the Europe 2020 goals of inclusive and sustainable growth and to deliver on its target to reduce poverty by at least 20 million by 2020. EAPN presents its 2015 assessment of the 2014 Country-Specific Recommendations (CSRs) based on inputs from 24 national networks and European Organisations, and makes new proposals for 2015 CSRs. Our key concern is that the CSRs in 2015 ensure a better balance between economic and social recommendations (CSRs) and that all policy recommendations contribute to poverty reduction and the Europe 2020 goals.

Link to the report: http://www.eapn.eu/images/stories/docs/EAPN-position-papers-and-reports/EAPN%202015%20CSR%20Report_FINAL.pdf

Review of recent social policy reforms for a fair and competitive Europe (2015) by the European Union

The Social Protection Committee (SPC), an EU advisory policy committee for employment and social affairs, has published its annual review of the most recent social protection policies and reforms in the European Union in 2013-2014. It covers policies in the areas of social inclusion, poverty reduction and Roma inclusion; adequate and sustainable pensions; accessible and high-quality healthcare and long-term care.

Link to the report: http://ec.europa.eu/social/BlobServlet?docId=13432&langId=en

Opening doors for Europe's children – Are European Structural and Investment Funds opening doors for Europe's institutionalised children in the 2014-2020 programming period? (2015) by Aagje Ieven, Eurochild

The Opening Doors for Europe's Children campaign has released a new report [24 February] assessing the extent to which EU member states have used European Structural Investment Funds (ESIF) to catalyse reforms of child protection systems focused on strengthening families and ending institutional care.

Link to report: http://eurochild.org/fileadmin/public/04_News/Eurochild/Opening_Doors_Esif_Report.pdf

New publications and policy reports

Poverty and Inequalities on the Rise - Just Social Models needed as the solution (2015) by Social Justice Ireland

'Poverty and Inequalities on the Rise - Just Social Models needed as the solution' is the third in a series of annual research reports prepared by Social Justice Ireland for Caritas Europa documenting the human and social impact of austerity policies adopted by the European Union and its member states with a particular focus on Cyprus, Greece, Ireland, Italy, Portugal, Romania and Spain.

Link to the report: http://www.socialjustice.ie/sites/default/files/attach/publication/3775/2015-02-19-cmr2015-publishedversion-final.pdf

Information for School Leavers (2015) by Citizens Information Board.

This booklet is for young people leaving school. It deals with some of the practical questions about education and employment that they may have at this time.

Link to booklet: http://www.citizensinformationboard.ie/publications/entitlements/downloads/school_leavers_2015.pdf

Victims of crime in the EU: the extent and nature of support for victims (January 2015) by the European Union Agency for Fundamental Rights

The rights of victims of crime to access justice and to be protected against repeat victimisation may remain illusory in practice if the victim fails to receive professional advice and support. This research by the European Union Agency for Fundamental Rights (FRA) examines support service provision for such victims across the 28 EU Member States, in line with the 2012 EU Victims' Directive. It focuses not on abstract fundamental rights standards but on the final practical results.

Link: http://fra.europa.eu/sites/default/files/fra-2015-victims-crime-eu-support_en_0.pdf

Active Senior Citizens for Europe, A Short Guide to the European Union (November 2014) by Active Senior Citizens for Europe

The 'Active Senior Citizens for Europe' (ASCE) project. From 2013 to 2014, the project supported civil society organisations and older citizens to participate in and influence the EU political agenda by training them to become key actors in decision-making at local, national and EU levels. In particular, the project gave trainings to groups of older people on what the EU is and how they can influence EU decision making processes.

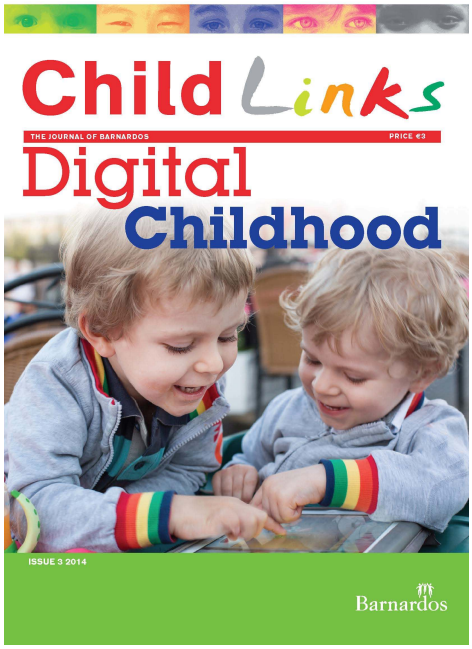
Link: http://www.age-platform.eu/images/366-ASCE-leaflet-draft7.pdf

New publications and policy reports

ChildLinks (Issue 3, 2014) Digital Childhood

Price: €3.00

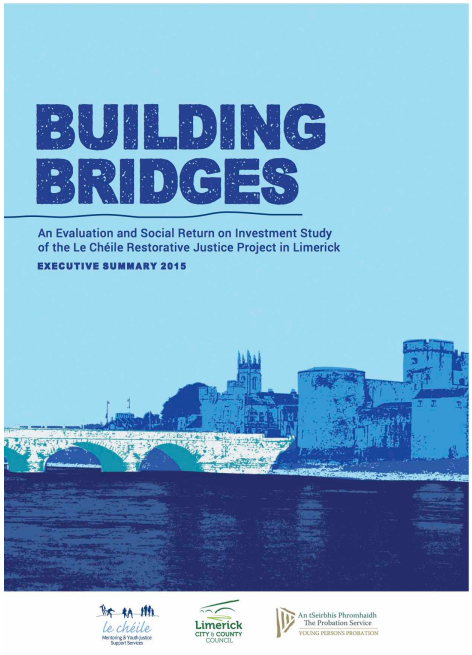
One of the defining features of contemporary childhood in many societies is that children grow up in a world where digital technologies are prominent and taken for granted. There is no doubt that interactive digital technologies have become much more widespread and accessible to children from an early age, influencing children's play, interaction and even identities. A major question is whether these new influences really shape new childhood, or they represent only new ways of satisfying children's unchanging psychological and social needs.



This issue of ChildLinks contains articles from Brock University, Canada; The LITtLE (Linking Innovative Technology to Learning in the Early Years) research project, IT Sligo; Early Childhood Ireland; University of Gothenburg, Sweden; St. Nicholas Montessori College and Barnardos

"Building Bridges" - Lecheile Restorative Justice Study (Limerick, 2015)

A study of Ireland's first and only non-statutory youth restorative justice service has shown that it returns nearly €3 for every €1 invested. Le Chéile's Restorative Justice Project in Limerick provides a range of restorative justice services to young people who have been involved in crime and are engaged with the Probation Service.



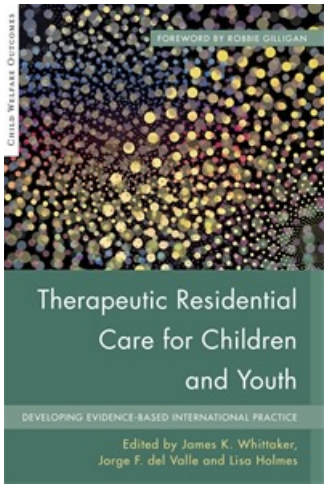
The study found significant benefits not only for young people but also for the families and the victims of crime. Young people displayed a significant increase in their levels of empathy towards victims after engaging with the project, as well as reporting better family relationships and less contact with the Gardaí and court system. Parents reported positive outcomes for family life and improved relationships.

Victims of crime found that restorative justice (RJ) was a far better experience than the traditional criminal justice system. They stated that in participating with the RJ Project they had a meaningful voice and found it to be a more respectful and inclusive approach that the traditional court process.
http://www.lecheile.ie/le-cheiles-restorative-justice-project-returns-nearly-e3-for-every-e1-invested/

New publications and policy reports

Therapeutic Residential Care For Children and Youth: Developing Evidence-Based International Practice

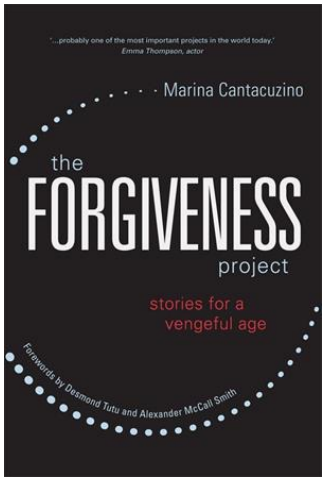
Edited by James K. Whittaker, Jorge F. del Valle and Lisa Holmes



Therapeutic Residential Care For Children and Youth takes a fresh look at therapeutic residential care as a powerful intervention in working with the most troubled children who need intensive support. Featuring contributions from distinguished international contributors, it critically examines current research and innovative practice and addresses the key questions: how does it work, what are its critical "active ingredients" and does it represent value for money? The book looks at the research relating to critical issues for child welfare service providers: the best time to refer children to residential care, how children can be helped to make the transition into care, the characteristics of children entering and exiting care, strategies for engaging families as partners, how the substantial cost of providing intensive is best measured against outcomes, and what research and development challenges will allow therapeutic residential care to be rigorously compared with its evidence-based community-centered alternatives. Importantly, the volume also outlines how to set up and implement intensive child welfare services, considering how transferable they are, how to measure success and value for money, and the training protocols and staffing needed to ensure that a programme is effective. This comprehensive volume will enable child welfare professionals, researchers and policymakers to develop a refined understanding of the potential of therapeutic residential care, and to identify the highest and best uses of this intensive and specialized intervention. http://www.jkp.com/uk/catalogsearch/result/?q=therapeutic+residential+care+for+children+and+youth

The Forgiveness Project: Stories for a Vengeful Age

Marina Cantacuzino. Forewords by Archbishop Desmond Tutu and Alexander McCall Smith.



Examining themes of forgiveness, reconciliation and conflict transformation, this book brings together the personal testimonies of both survivors and perpetrators of crime and violence and asks the question whether forgiveness may have more currency than revenge in an age which seems locked into the cycle of conflict.The powerful real life stories collected by The Forgiveness Project come from ordinary people around the world in a diverse range of situations, including those who have transformed aggression into a driving force for peace. Raising the possibility of alternatives to resentment, retaliation and revenge, each story shows the very real impact of forgiveness (or lack of forgiveness) within a particular context, provoking questions such as 'what is forgiveness?', 'how can you respond to the unforgivable?' and 'can you move on without forgiveness?' http://www.jkp.com/uk/catalogsearch/result/?q=The+Forgiveness+Project

Practice signposts: data sources to support practice



Practice signposts are permanent pages that will appear in every edition of *Practice Links*. The aim of these pages 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/

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. Our work is internationally recognised as the benchmark for high quality information about the effectiveness 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/

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/

National Documentation Centre on Drug Use

The National Documentation Centre on Drug Use (NDC) is an information resource that supports researchers, policy makers, educators and practitioners working to develop the knowledge base around drug, alcohol and tobacco use in Ireland. The NDC is funded by the Department of Health, and based within the Health Research Board, which is the lead agency in Ireland supporting and funding health research.

http://www.drugsandalcohol.ie/

Drugs.ie

Drugs.ie is an independent website managed by The Ana Liffey Drug Project. Drugs.ie's mission is to help individuals, families and communities prevent and/or address problems arising from drug and alcohol use.

http://www.drugs.ie/

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

Practice signposts: data sources to support practice



Resource on Marijuana

Marijuana LIT is a source of fact based information to assist professionals in providing accurate information to those affected by the use of cannabis. There are lots of confusing messages regarding the use of cannabis, the harm it causes and whether it should be legalised or not. This makes it difficult sometimes to determine facts from urban myth or popular opinion. The Addiction Technology Transfer Center Network Co-ordinating Office in the United States has a user friendly package of resources to assist those who provide services to substance users. It has information and infographics on how cannabis affects the body, using cannabis while pregnant and the potential complications for unborn children and newborns and how cannabis impacts on young people and families. Dr. Thomas E. Freese explains in-depth what is meant by "Medical Marijuana Use". Who uses it and why, and the difference between medical marijuana and Tetrahydrocannibinol (THC) medications. He also discusses the legal issues around the debate on the legal use of marijuana. http://attcnetwork.org/marijuana/index.aspx#infographic

Research briefs

Personalised care planning for adults with chronic or long-term health conditions

(March 2015) by Angela Coulter, Vikki A. Entwistle, Abi Eccles, Sara Ryan, Sasha Shepperd and Rafael Perrara.

THE COCHRANE COLLABORATION®

Abstract

Background

Personalised care planning is a collaborative process used in chronic condition management in which patients and clinicians identify and discuss problems caused by or related to the patient's condition, and develop a plan for tackling these. In essence it is a conversation, or series of conversations, in which they jointly agree goals and actions for managing the patient's condition.

Objectives

To assess the effects of personalised care planning for adults with long-term health conditions compared to usual care (i.e. forms of care in which active involvement of patients in treatment and management decisions is not explicitly attempted or achieved).

Search methods

We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, PsycINFO, ProQuest, clinicaltrials.gov and WHO International Clinical Trials Registry Platform to July 2013.

Selection criteria

We included randomised controlled trials and cluster-randomised trials involving adults with long-term conditions where the intervention included collaborative (between individual patients and clinicians) goal setting and action planning. We excluded studies where there was little or no opportunity for the patient to have meaningful influence on goal selection, choice of treatment or support package, or both.

Data collection and analysis

Two of three review authors independently screened citations for inclusion, extracted data, and assessed risk of bias. The primary outcomes were effects on physical health, psychological health, subjective health status, and capabilities for self management. Secondary outcomes included effects on health-related behaviours, resource use and costs, and type of intervention. A patient advisory group of people with experience of living with long-term conditions advised on various aspects of the review, including the protocol, selection of outcome measures and emerging findings.

Main results

We included 19 studies involving a total of 10,856 participants. Twelve of these studies focused on diabetes, three on mental health, one on heart failure, one on end-stage renal disease, one on asthma, and one on various chronic conditions. All 19 studies included components that were intended to support behaviour change among patients, involving either face-to-face or telephone support. All but three of the personalised care planning interventions took place in primary care or community settings; the remaining three were located in hospital clinics. There was some concern about risk of bias for each of the included studies in respect of one or more criteria, usually due to inadequate or unclear descriptions of research methods.

Physical health

Nine studies measured glycated haemoglobin (HbA1c), giving a combined mean difference (MD) between intervention and control of -0.24% (95% confidence interval (CI) -0.35 to -0.14), a small positive effect in favour of personalised care planning compared to usual care (moderate quality evidence). Six studies measured systolic blood pressure, a combined mean difference of -2.64 mm/Hg (95% CI -4.47 to -0.82) favouring personalised care (moderate quality evidence). The pooled results from four studies showed no significant effect on diastolic blood pressure, MD -0.71 mm/Hg (95% CI -2.26 to 0.84).

Personalised care planning for adults with chronic or long-term health conditions (Cont/...)

(March 2015) by Angela Coulter, Vikki A. Entwistle, Abi Eccles, Sara Ryan, Sasha Shepperd and Rafael Perrara.

We found no evidence of an effect on cholesterol (LDL-C), standardised mean difference (SMD) 0.01 (95% CI -0.09 to 0.11) (five studies) or body mass index, MD -0.11 (95% CI -0.35 to 0.13) (four studies).
A single study of people with asthma reported that personalised care planning led to improvements in lung function and asthma control.

Psychological health
Six studies measured depression. We were able to pool results from five of these, giving an SMD of -0.36 (95% CI -0.52 to -0.20), a small effect in favour of personalised care (moderate quality evidence). The remaining study found greater improvement in the control group than the intervention group.
Four other studies used a variety of psychological measures that were conceptually different so could not be pooled. Of these, three found greater improvement for the personalised care group than the usual care group and one was too small to detect differences in outcomes.

Subjective health status
Ten studies used various patient-reported measures of health status (or health-related quality of life), including both generic health status measures and condition-specific ones. We were able to pool data from three studies that used the SF-36 or SF-12, but found no effect on the physical component summary score SMD 0.16 (95% CI -0.05 to 0.38) or the mental component summary score SMD 0.07 (95% CI -0.15 to 0.28) (moderate quality evidence). Of the three other studies that measured generic health status, two found improvements related to personalised care and one did not.
Four studies measured condition-specific health status. The combined results showed no difference between the intervention and control groups, SMD -0.01 (95% CI -0.11 to 0.10) (moderate quality evidence).

Self-management capabilities
Nine studies looked at the effect of personalised care on self-management capabilities using a variety of outcome measures, but they focused primarily on self efficacy. We were able to pool results from five studies that measured self efficacy, giving a small positive result in favour of personalised care planning: SMD 0.25 (95% CI 0.07 to 0.43) (moderate quality evidence).
A further five studies measured other attributes that contribute to self-management capabilities. The results from these were mixed: two studies found evidence of an effect on patient activation, one found an effect on empowerment, and one found improvements in perceived interpersonal support.

Other outcomes
Pooled data from five studies on exercise levels showed no effect due to personalised care planning, but there was a positive effect on people's self-reported ability to carry out self-care activities: SMD 0.35 (95% CI 0.17 to 0.52).
We found no evidence of adverse effects due to personalised care planning.
The effects of personalised care planning were greater when more stages of the care planning cycle were completed, when contacts between patients and health professionals were more frequent, and when the patient's usual clinician was involved in the process.

Authors' conclusions
Personalised care planning leads to improvements in certain indicators of physical and psychological health status, and people's capability to self-manage their condition when compared to usual care. The effects are not large, but they appear greater when the intervention is more comprehensive, more intensive, and better integrated into routine care.

Research briefs

Personalised care planning for adults with chronic or long-term health conditions

(March 2015) by Angela Coulter, Vikki A. Entwistle, Abi Eccles, Sara Ryan, Sasha Shepperd and Rafael Perrara.

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Plain language summary
Effects of personalised care planning for people with long-term conditions

Background
People with long-term health conditions play an important part in managing their own health. But some of the tasks involved can be complicated, and require confidence and skill. Such tasks include taking medicines properly, monitoring symptoms, adopting or maintaining healthy lifestyles, managing their emotions, solving practical problems, knowing when and how to seek medical advice or community support, and coping with the impact of the condition(s) on their daily lives. Personalised care planning aims to provide support from health professionals that is tailored to the needs of individual patients. Such support recognises patients' concerns, and helps them become more able to manage their own health. Personalised care planning is a conversation, or series of conversations, between a patient and a clinician when they jointly agree on goals and actions for managing the patient's health problems.

Review question
We carried out this systematic review to find out whether a personalised approach, in which patients are encouraged to participate in setting goals and action plans and determining their support needs, leads to better outcomes than when these decisions are taken by health professionals alone.

Results
We found 19 randomised trials published before July 2013 that addressed this issue, involving 10,856 participants with conditions such as diabetes, mental health problems, heart failure, kidney disease, and asthma. The studies looked at a range of different interventions designed to involve patients and support self management. We combined and summarised results from studies that measured similar outcomes and found that involvement in personalised care planning probably led to small improvements in some indicators of physical health (better blood glucose levels, lower blood pressure measurements among people with diabetes, and control of asthma). It also probably reduced symptoms of depression, and improved people's confidence and skills to manage their health. We observed no effect on cholesterol, body mass index or quality of life. We found no evidence of any harms arising from personalised care planning. We found that the process worked best when it included preparation, record-sharing, care co-ordination and review, involved more intensive support from health professionals, and was integrated into routine care. However, the quality of evidence was only moderate, meaning that further research might change these findings.

Conclusion
We concluded that personalised care planning is a promising approach that offers the potential to provide effective help to patients, leading to better health outcomes. More research is needed to work out which aspects are most effective for specific patient groups.

Link to the review: http://onlinelibrary.wiley.com/enhanced/doi/10.1002/14651858.CD010523.pub2

Research briefs

Parent-infant Psychotherapy for Improving Parental and Infant Mental Health: A Systematic Review

(March 2015) by Jane Barlow, Cathy Bennett, Nick Midgley, Soili Larkin, Yinghui Wei

The Campbell Collaboration Library of Systematic Reviews
The Campbell Library

Background

Parent-infant psychotherapy (PIP) is a dyadic intervention that works with parent and infant together, with the aim of improving the parent-infant relationship and promoting infant attachment and optimal infant development. PIP aims to achieve this by targeting the mother's view of her infant, which may be affected by her own experiences, and linking them to her current relationship to her child, in order to improve the parent-infant relationship directly.

Objectives

1. To assess the effectiveness of PIP in improving parental and infant mental health and the parent-infant relationship.
2. To identify the programme components that appear to be associated with more effective outcomes and factors that modify intervention effectiveness (e.g. programme duration, programme focus).

Search methods

We searched the following electronic databases on 13 January 2014: Cochrane Central Register of Controlled Trials (CENTRAL, 2014, Issue 1), Ovid MEDLINE, EMBASE, CINAHL, PsycINFO, BIOSIS Citation Index, Science Citation Index, ERIC, and Sociological Abstracts. We also searched the metaRegister of Controlled Trials, checked reference lists, and contacted study authors and other experts.

Selection criteria

Two review authors assessed study eligibility independently. We included randomised controlled trials (RCT) and quasi-randomised controlled trials (quasi-RCT) that compared a PIP programme directed at parents with infants aged 24 months or less at study entry, with a control condition (i.e. waiting-list, no treatment or treatment-as-usual), and used at least one standardised measure of parental or infant functioning. We also included studies that only used a second treatment group.

Data collection and analysis

We adhered to the standard methodological procedures of The Cochrane Collaboration. We standardised the treatment effect for each outcome in each study by dividing the mean difference (MD) in post-intervention scores between the intervention and control groups by the pooled standard deviation. We presented standardised mean differences (SMDs) and 95% confidence intervals (CI) for continuous data, and risk ratios (RR) for dichotomous data. We undertook meta-analysis using a random-effects model.

Main results

We included eight studies comprising 846 randomised participants, of which four studies involved comparisons of PIP with control groups only. Four studies involved comparisons with another treatment group (i.e. another PIP, video-interaction guidance, psychoeducation, counselling or cognitive behavioural therapy (CBT)), two of these studies included a control group in addition to an alternative treatment group. Samples included women with postpartum depression, anxious or insecure attachment, maltreated, and prison populations. We assessed potential bias (random sequence generation, allocation concealment, incomplete outcome data, selective reporting, blinding of participants and personnel, blinding of outcome assessment, and other bias). Four studies were at low risk of bias in four or more domains. Four studies were at high risk of bias for allocation concealment, and no study blinded participants or personnel to the intervention. Five studies did not provide adequate information for assessment of risk of bias in at least one domain (rated as unclear). http://www.campbellcollaboration.org/lib/project/277/

Research briefs

Parent-infant Psychotherapy for Improving Parental and Infant Mental Health: A Systematic Review

(March 2015) by Jane Barlow, Cathy Bennett, Nick Midgley, Soili Larkin, Yinghui Wei



Six studies contributed data to the PIP versus control comparisons producing 19 meta-analyses of outcomes measured at post-intervention or follow-up, or both, for the primary outcomes of parental depression (both dichotomous and continuous data); measures of parent-child interaction (i.e. maternal sensitivity, child involvement and parent engagement; infant attachment category (secure, avoidant, disorganised, resistant); attachment change (insecure to secure, stable secure, secure to insecure, stable insecure); infant behaviour and secondary outcomes (e.g. infant cognitive development). The results favoured neither PIP nor control for incidence of parental depression (RR 0.74, 95% CI 0.52 to 1.04, 3 studies, 278 participants, low quality evidence) or parent-reported levels of depression (SMD -0.22, 95% CI -0.46 to 0.02, 4 studies, 356 participants, low quality evidence).

There were improvements favouring PIP in the proportion of infants securely attached at post-intervention (RR 8.93, 95% CI 1.25 to 63.70, 2 studies, 168 participants, very low quality evidence); a reduction in the number of infants with an avoidant attachment style at post-intervention (RR 0.48, 95% CI 0.24 to 0.95, 2 studies, 168 participants, low quality evidence); fewer infants with disorganised attachment at post-intervention (RR 0.32, 95% CI 0.17 to 0.58, 2 studies, 168 participants, low quality evidence); and an increase in the proportion of infants moving from insecure to secure attachment at post-intervention (RR 11.45, 95% CI 3.11 to 42.08, 2 studies, 168 participants, low quality evidence). There were no differences between PIP and control in any of the meta-analyses for the remaining primary outcomes (i.e. adverse effects), or secondary outcomes.
Four studies contributed data at post-intervention or follow-up to the PIP versus alternative treatment analyses producing 15 meta-analyses measuring parent mental health (depression); parent-infant interaction (maternal sensitivity); infant attachment category (secure, avoidant, resistant, disorganised) and attachment change (insecure to secure, stable secure, secure to insecure, stable insecure); infant behaviour and infant cognitive development. None of the remaining meta-analyses of PIP versus alternative treatment for primary outcomes (i.e. adverse effects), or secondary outcomes showed differences in outcome or any adverse changes.
We used the Grades of Recommendation, Assessment, Development and Evaluation Working Group (GRADE) approach to rate the overall quality of the evidence. For all comparisons, we rated the evidence as low or very low quality for parental depression and secure or disorganised infant attachment. Where we downgraded the evidence, it was because there was risk of bias in the study design or execution of the trial. The included studies also involved relatively few participants and wide CI values (imprecision), and, in some cases, we detected clinical and statistical heterogeneity (inconsistency). Lower quality evidence resulted in lower confidence in the estimate of effect for those outcomes.

Author's conclusions

Although the findings of the current review suggest that PIP is a promising model in terms of improving infant attachment security in high-risk families, there were no significant differences compared with no treatment or treatment-as-usual for other parent-based or relationship-based outcomes, and no evidence that PIP is more effective than other methods of working with parents and infants. Further rigorous research is needed to establish the impact of PIP on potentially important mediating factors such as parental mental health, reflective functioning, and parent-infant interaction.

Link to review: http://www.campbellcollaboration.org/lib/project/277/

Research briefs

Intimate Partner Violence & Grief

Messing, J. T., Mohr, R., & Durfee, A. (2015). Intimate partner violence and women's experiences of grief. *Child & Family Social Work, 20*(1), 30-39.

What is this article about?

- This article reports the findings of a qualitative research study exploring the applicability of the Kubler-Ross grief model on the emotional experiences of survivors of intimate partner violence (IPV) going through the process of leaving an abusive partner.
- The Kubler-Ross model encompasses five stages of grief: Denial and isolation, anger, bargaining, depression and acceptance.
- Open-ended semi-structured interviews were carried out with 14 women:
    - 8 were recruited from a domestic violence shelter
    - 6 were recruited from a non-residential programme serving domestic violence survivors.

What are the critical findings?

- This study provides evidence to suggest that women going through the process of leaving an abusive partner appear to engage in a grief process that includes the five stages of grief identified by Kubler-Ross. For example:
    - Twelve participants reported feelings of fear and shock, consistent with the denial stage described by Kubler Ross
    - All 14 participants reported feelings of guilt and/or anger; these feelings were often strongly connected to the wellbeing of their children.
- Participant women appeared to fluctuate between the stages of grief.

What are some of the key implications for practice?

- It may be helpful for social workers to understand and be aware that survivors of IPV experience the stages of grief described by Kubler-Ross.
- The Kubler-Ross model may provide a framework for social workers to encourage survivors to move through the stages of grief towards acceptance, which encompasses autonomy, empowerment and self-determination.
- Practitioners can work with survivors of IPV to allow them to express feelings of guilt and anger; assisting women in expressing and overcoming these emotions may be an important part of moving towards acceptance.
- Understanding the grief experiences of survivors of IPV may help practitioners to empathise with IPV survivors and more fully attend to their material and psychological needs.

Research briefs

School Engagement & Young People in Care

Tilbury, C., Creed, P., Buys, N., Osmond, J., & Crawford, M. (2014). Making a connection: School engagement of young people in care. *Child & Family Social Work, 19*(4), 455-466.

What is this article about?

- This article presents the findings of an Australian mixed methods study that explores the behavioural, emotional and cognitive school engagement of young people in care compared with those not in care, and seeks to provide guidance about enhancing school engagement through various education and care system interventions.
- Three sources of data inform this study:
    i. Survey results from 202 young people in out-of-home care
    ii. Survey data from a matched sample of 202 young people *not* in out-of-home care
    iii. Interviews with 65 children in out-of-home care

What are the critical findings?

- The school environment and perceived levels of support influenced school engagement.
- Carers and caseworkers were more important to school engagement that teachers for children in care, i.e. those assisted by carers/caseworkers were more likely to be positively connected with school.
- Young people perceived education as a pathway to achieving work and life goals.
- Children in care reported lower aspirations for themselves, saw their parents as having lower aspirations for them, received less support from parents with their studies and reported less school stability.
- Feeling successful within the school environment, whether in terms of academic achievement or simply managing the demands of schooling, contributed to school connectedness.

What are the implications for practice?

- For children in care, proactive and focused attention should be paid to young people's school engagement via case planning and monitoring as it offers an additional avenue for improving their educational experience.
- Suggestions as to how to increase school engagement for children in care include:
    i. Behavioural: Create opportunities for successes of all types in schools
    ii. Emotional: Expand children's horizons, raise their educational and work aspirations
    iii. Cognitive: Recognise and cultivate the personal motivation and tenacity of children and young people.

Organisational profile

Organisational Profile: Centre for Research on Children and Families

Who are they?

Centre for Research on Children and Families (CRCF) is an interdisciplinary research centre located in the University of East Anglia's Faculty of Social Sciences. CRCF plays a vital role in supporting the complex decisions taken to ensure the well-being of children and their families.

What do they do?

CRCF provide high quality research evidence that informs policy and practice and has a direct positive impact on the lives of children and families. CRCF use their research, publications and knowledge exchange to work with government departments, children and family charities, non-governmental organisations, intergovernmental organisations and other universities.

Key Research Areas:

- Child Placement: Research in this area has included a range of studies of adoption and foster care; care planning; offenders in care; and residential care.
- Child Protection & Family Support: Research in this area has included studies of serious maltreatment resulting in death and serious harm to children; children on the edge of care and in care proceedings; support for families with complex problems; and children's views of child protection and other services.

Sample Publications:

- "Contact after adoption" (Three phases 1996-2000, 2002-2004, 2012-14)
- "Care Planning for permanence in foster care" (2008-10)
- "Missed opportunities: indicators of neglect - what is ignored, why and what can be done" (2014)
- "An examination of the perspectives and experiences of police officers working with children and young people at risk of, or involved in, child sexual exploitation" (2014)

Where can I find out more?

https://www.uea.ac.uk/centre-research-child-family/home

crcf Centre for Research on Children & Families

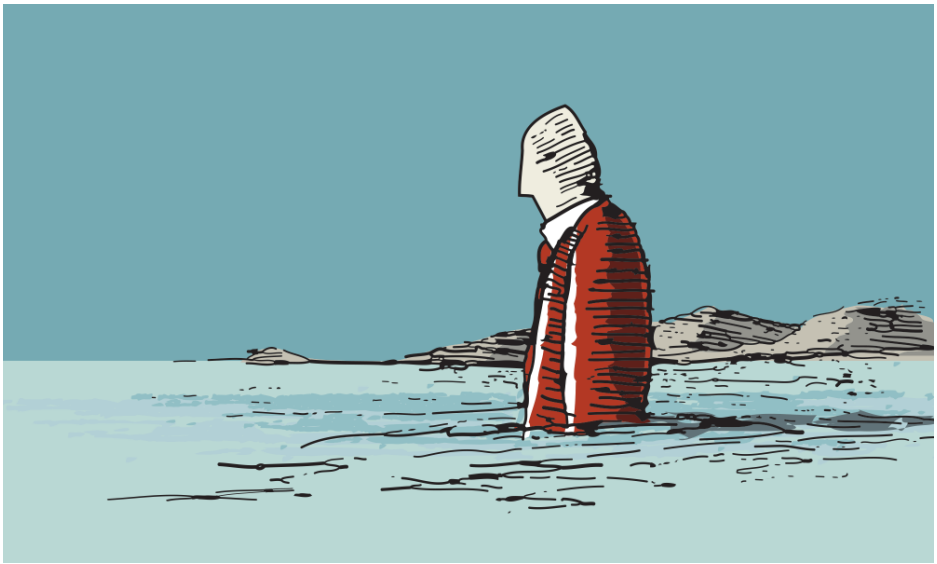
Practice Brief

Bereavement Support Programme

With over 700 deaths in St Vincent's University Hospital each year, the Bereavement Support Programme is an invaluable service offered to relatives of deceased patients between 6-12 months following their bereavement, which is in line with best practice. Following the model originally developed in Beaumont Hospital, the Programme is an educational, peer support group service, which is facilitated yearly in March by the Medical Social Work Department. The Programme serves as positive, supportive intervention led by the social work department in the hospital with the participants noting that they were grateful that this service was being offered by the hospital. There was also positive feedback noted in relation to care provided for their loved ones which was feedback to hospital staff in weekly email updates.

The aim of the programme is to support bereaved relatives on their journey through grief and to normalise their experience. "I realised that what I am experiencing is normal" was echoed throughout the evaluations. Feedback such as "It's a wonderful idea and I was very glad that I got the chance to attend. Many thanks to every one of the wonderful committee" reinforce the significance of providing the service. The programme is also morale boosting for the staff involved. As Social Work practitioners in an acute setting with focus on discharge planning the programme provides a treasured opportunity to partake in therapeutic group work with colleagues.

Upon coming to the end of another programme the Committee is reviewing the evaluations, reflecting on the four weeks, assessing the needs of bereaved relatives and considering expanding the service.



How should we talk about mental health? Thoughtful ideas from experts:

http://t.co/KegZwTt6hn

Practice Brief

OPEN LETTER ON ALCOHOL INDUSTRY INFLUENCE

Join over 300 individuals and organisations including the National Youth Council of Ireland, Professor John Crown, Youth Work Ireland, comedian Des Bishop, Irish Rural Link, the Union of Students in Ireland, , former GAA President Dr Mick Loftus, Róisín Shortall TD, folk singer Christy Moore and Wexford football captain Ciarán Lyng.

"We the undersigned wish to express our considered opposition to the new Diageo funded 'Stop Out Of Control Drinking' campaign (rolemodels.ie). International public health experts, including the World Health Organisation, warn against such industry led campaigns, which can be used by the alcohol industry as a means to divert attention from their fervent opposition to important legislative changes.

Despite this, 'Stop Out Of Control Drinking', chaired by Mr Fergus Finlay, works with partners including Barnardos, St. Patrick's Mental Health Services, DCU, the National Parents Council, the Irish Rugby Players Union, Solamh, Sport for Business, Kieran Mulvey, and Gemma Doorly. Other supporters include Stephen Donnelly TD, Ardal O'Hanlon, Dr Ciara Kelly, Eoghan McDermot, Gavin Duffy, Una Foden, Brent Pope, and Maureen Gaffney.

We believe this campaign is the latest attempt by the alcohol industry in Ireland to appear socially responsible about alcohol consumption on one hand, while continuing to obstruct progressive alcohol harm reduction strategies, including a ban on alcohol sponsorship in sport.

Claims that the new campaign is fully independent do not hold water. Diageo initiated the campaign. They are its sole funder. Mr David Smith, head of Diageo Ireland, is a Board member with others who have alcohol industry associations and positions on related issues like sports sponsorship that are sympathetic to the industry. The campaign's secretariat is Goddard Global, a UK based lobbying firm with links to Diageo.

Ultimately, we believe industry initiatives like this are not genuinely designed to tackle alcohol related harm. How can they be? To do so would be counterproductive to the pursuit of maximum profits. A good example of the inherent conflict of interest at play here is Diageo's involvement in legal action against the Scottish Government for attempting to introduce minimum pricing legislation.

What we need is meaningful, fully independent and evidence based action on the issue of alcohol misuse, as advocated by groups like Alcohol Action Ireland, the national charity for alcohol related issues, public health specialists, medical authorities and experts dealing with the impact of alcohol in various fields."

Click here to sign the letter
https://www.surveymonkey.com/r/3FQZ963

Podcasts and videos

Click on blue link to watch videos



The Price of Shame - Monica Lewinsky http://www.ted.com/talks/monica_lewinsky_the_price_of_shame



The news of society's growing inequality makes all of us uneasy. But why? Dan Ariely reveals some new, surprising research on what we think is fair, as far as how wealth is distributed over societies ... then shows how it stacks up to the real stats. http://www.ted.com/talks/dan_ariely_how_equal_do_we_want_the_world_to_be_you_d_be_surprised

YouTube Conference Papers on Social Quality (most in English)

https://www.youtube.com/watch?v=qVF8CI2beRA

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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, 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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