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UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

University College Cork, Ireland
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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 65, December 2015

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practice LINKS

Practice Links would like to welcome Louise McCormick to the team and thank Stephen Peet for all his contributions to previous editions.

Merry Christmas from the team of volunteers that produce *PL*!

Kenneth, Kerry, Eavan, Robert and Louise

Continuing professional development

The 11th International Practice Education Conference on Practice Learning and Field Education: 'Assessing with Confidence: Supporting Learning and Assessment in Practice'

Belfast from 4th – 6th April 2016 at the Europa Hotel

The Conference organisers are seeking proposals for this interdisciplinary conference and hope that by holding the Conference in Belfast they will attract participation from across Ireland. Registration is now open at http://conferences.whitingbirch.net/ . Guidelines for proposals are on the Conference website and I think the closing date for proposals is 30th November.

Free MOOC (Massive Open Online Course) "Literature and Mental Health: Reading for Wellbeing"

February 1st, 2016, through Future Learn

About the course

The great 18th century writer Dr Samuel Johnson, who suffered from severe bouts of depression, said "the only end of writing is to enable the reader better to enjoy life or better to endure it."

This free online course will explore how enjoying literature can help us to endure life. Taking Johnson's phrase as a starting point, the course will consider how poems, plays and novels can help us understand and cope with times of deep emotional strain. The reading load will be flexible, and you will have the opportunity to exchange ideas and feelings via the online discussions with other learners.

Join the course here: https://www.futurelearn.com/courses/literature

Cork IASW Practitioner Researcher SIG

The first Cork Practitioner Researcher SIG took place in July of this year. The purpose of the group is simply to support social workers engaging in research and to promote a culture of research in social work practice. Those attending the group come from a range of agencies and settings, some have previously undertaken research others are just starting out. The group meets on the second Monday of every month. Details of upcoming meetings can be found on the IASW website in the SIG section. The next meeting is due to take place on Monday, December 14th at 4:30pm in Carmel Halton's Office in UCC. Carmel's office is in Crossleigh which is on Donovan's Rd. The group is open to members and non-members of the IASW, new members are welcome at any stage.

If you have any queries regarding the group please do contact Olwen Halvey (Interim Co-ordinator) via olwenhalvey@yahoo.com

Ulster University

4th Biennial International Symposium

Decisions, Assessment, Risk and Evidence in Social Work

Tue 05 & Wed 06 July 2016
Templeton Hotel, Templepatrick, Northern Ireland
(convenient to Belfast International Airport)

Plenary Speakers:

Professor Dr Gerd Gigerenzer is Director of the Harding Center for Risk Literacy and Director of the Center for Adaptive Behavior and Cognition (ABC) at the Max Planck Institute for Human Development, Berlin, Germany, where he leads world-leading research on heuristic models of decision making.

Dr John Fluke is Associate Director of Systems Research & Evaluation, and Associate Professor at the Kempe Center for the Prevention of Child Abuse and Neglect, University of Colorado, USA. He is internationally recognized as a researcher specializing in assessing and analyzing decision-making particularly in child welfare and mental health services for children.

Mandeep K. Dhami, PhD is Professor of Decision Psychology at Middlesex University, London. She is an expert on decision-making, risk and uncertainty, particularly within the criminal justice sector.

Further information on DARE 2016 including a call for abstracts will be added to our website over the coming months: **www.socsci.ulster.ac.uk/irss/dare2016/.** If you would like your name to be added to the list for publicity please email: **Mrs Sharon Lucas** at: dare@ulster.ac.uk.

This fourth DARE symposium builds on the third symposium in July 2014 which brought together 125 delegates from eleven countries including senior practitioners, managers, policy makers, researchers and those in education and training.

HSC Public Health Agency

Do You Want to Contribute to the Development of Your Social Work Profession?

Have you thought about practice teaching/ having a student on placement? Have you been a practice teacher before and not done it for a while? 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. I would be very interested in discussing what is entailed with you. 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 January-April period. Sharing a placement with a colleague is also possible and I am happy to discuss this with interested people.

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 participant on the Postgraduate Diploma a few years back 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 will be open in a few months' time for this course-see ACE (Adult and Continuing Education) on the UCC website. The closing date for this course next year is likely to be around the middle of May.

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. I 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 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

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New publications and policy reports

Response to 2015 Country Specific Recommendations for Ireland By Better Europe Alliance (July 2015)

The Better Europe Alliance response to the European Commission's 2015 Country Specific Recommendations (CSRs) for Ireland. These recommendations were issued by the European Commission in May and with a final version endorsed by the Heads of State (European Council) as part of the European Semester process. This process includes the Europe 2020 Strategy so contains economic, social and environmental commitments. The aim of the CSRs is to focus Governments' attention on a number of key policy priorities.

Link to the recommendations are here: http://www.eapn.ie/eapn/wp-content/uploads/2015/09/better-europe-alliance-response-to-2015-country-specific-recommendations-for-ireland.pdf

Position Paper on Positive Activation By The European Anti-Poverty Network (EAPN) Ireland Europe 2020 Working Group (July 2015)

This paper outlines the current policy and structures in Ireland for supporting people into work and presents proposals for how these can be changed so that they are more person centred and capable of supporting those who are most distant from employment in a way which empowers them and aims to improve the quality of their lives.

Link to the position paper can be found here: http://www.eapn.ie/eapn/wp-content/uploads/2015/07/position-paper-on-positive-activation1.pdf

Peer Support: A Tool for Recovery in Homelessness Services By FEANTSA (April 2015)

In this paper, we present experience and expertise regarding peer support by looking at the concepts and values under- lying peer support, and by examining the difficulties and challenges involved in developing it. We will also give examples from across Europe of homeless organisations who train peers and use peer support as part of their care and support teams. Peer support is developing to different degrees in different contexts. The aim of this paper is to help FEANTSA members understand the key principles, opportunities and challenges involved in setting up peer support, in order to inform their practices.

Link to the policy paper: http://www.feantsa.org/spip.php?action=acceder_document&arg=2700&cle=c26046bb08a0daeebc955b8af6403d40a6d65ed2&file=pdf%2Fpeer_support_policy_paper.pdf

The Future Perspective of the Community Platform By The Community Platform (July 2015)

This paper sets out some key elements of the situation in Ireland after six years of austerity policies and proposes policy directions for a future Ireland that would better reflect the values of the Community Platform. It builds on a body of policy work done in previous years by the Community Platform and is based on discussion and exchange with our member organisations.

Link to the paper: http://www.inou.ie/download/pdf/the_future_perspective_of_the_community_platform_14_07_2015.pdf

New publications and policy reports

Regress? React? Resolve?: An evaluation of mental health service provision in Northern Ireland By Wilson, G., Montgomery, L., Houston, S., Davidson, G., Harper, C., & Faulkner, L. (October 2015)

Action Mental Health commissioned this study to explore the effectiveness of current mental health provision in Northern Ireland and to identify both the challenges and opportunities for developing services.

Link to report: http://pure.qub.ac.uk/portal/files/17051927/Regress_React_Resolve.pdf

Reinforcing social governance of the European Union for social progress and upward convergence By Social Platform (October 2015)

KEY MESSAGES
I. Ensure progress on the EU's social and equality objectives. Put in place ambitious employment and social policies at EU and national level, and give
the same weight to objectives in these fields as to economic and
financial priorities.
II. Ensure the positive social impact of all policies and consistency of processes. Review the architecture of EU processes, in particular the European Semester, to ensure policies and actions are consistent with all the EU's objectives, and to ensure their legitimacy through more transparency.
III. Ensure meaningful and structured stakeholder involvement at all
stages and levels of policy processes. Open up the decision-making processes to social NGOs and work with them as partners in developing, implementing and evaluating economic and social policies.

Link to paper: http://www.socialplatform.org/wp-content/uploads/
2015/10/20151001_SocialPlatform_PositionPaper_Social-Governance1.pdf

Afrophobia in Ireland: Racism against people of African descent By Dr. Lucy Michael (November 2015)

Dr Lucy Michael's timely and essential "Afrophobia in Ireland" is the first of ENAR Ireland's "thematic" reports using data from the iReport.ie racist incident reporting system, launched in 2013. It complements the quarterly and half-yearly "Reports of Racism in Ireland", delving in depth into Irish manifestations of the increasingly recognised global phenomenon of *Afrophobia*.

Link to report: http://enarireland.org/wp-content/uploads/2015/11/afrophobia_mediumRes.pdf

Social Progress in Ireland By Prof. Charles Clark and Dr. Catherine Kavanagh (November 2015)

This is a paper, which was delivered at the 2015 Social Justice Ireland conference. It's purpose was to provide tools for informing public discourse on issues affecting wellbeing in Ireland.

Link to paper: http://www.socialjustice.ie/sites/default/files/attach/publication/4091/2015-11-24-clarkkavanagh-spc15web-chapter1.pdf

New publications and policy reports

Comprehensive Employment Strategy for People with Disabilities By Government of Ireland (October 2015)

The Strategy's six strategic priorities are:
-Build skills, capacity and independence; Provide bridges and supports into work; Make work pay; Promote job retention and re-entry to work; Provide co-ordinated and seamless support; Engage employers

Link to Strategy: http://bit.ly/1hljawD

Hearing Women's Voices? Exploring women's underrepresentation in current affairs radio programming at peak listening times in Ireland By Dr. Kathy Walsh, Dr. Jane Suiter and Orla O'Connor (November 2015)

EU Recommendation CM/Rec (2013) 1 of the Committee of Ministers to member States on gender equality and media advises that: 'Member States should particularly ensure, through appropriate means, that media regulators respect gender equality principles in their decision making and practice.' This recommendation comes in direct response to the continuing underrepresentation of women on the air.

Link to the report: http://www.nwci.ie/images/uploads/Hearing_Womens_Voices_2015_final.pdf

Guidance for providers of health and social care services for children by HIQA (November 2015)

Communicating in plain English with children and their families; this guide will help you to communicate more clearly with children, their parents or other caregivers, and friends. It will help you to think about how you present information so that children and others will understand it the first time they read or hear it.

Link to guidance document: http://www.hiqa.ie/system/files/Guidance%20for%20providers%20children%20-%20Communicating%20in%20plain%20English.pdf

Guidance for providers of health and social care services by HIQA (November 2015)

Communicating in plain English; It is important to remember that different people and communities will have different communication needs. This guide will help you to communicate more clearly with your adult service users and their families and friends. It will help you think about how you present information so that the reader or listener will understand it the first time they read or hear it.

Link to guidance document: http://www.hiqa.ie/system/files/Guidance%20for%20providers%20adult%20-%20Communicating%20in%20plain%20English.pdf

New publications and policy reports

Final Child Care Law Reporting Project Report (Coutler *et al.,* 2015)

http://www.childlawproject.ie/wp-content/uploads/2015/11/CCLRP-Full-final-report_FINAL2.pdf

Taylor BJ, Killick C and McGlade A (2015) Understanding and Using Research in Social Work. London: Sage

This book is written from the premise that all social workers need to be able to understand and use research, although not all social workers need to know how to conduct research. The focus of the book is on shaping a question that can be answered by research or evaluation; identifying relevant research using bibliographic databases effectively and efficiently; appraising the quality of research; synthesising research; and discussion of issues in implementing a more 'evidence-based' or 'evidence-informed' culture amongst individual social workers and in organisations where we work. The book includes appraisal tools for surveys, qualitative research, and (quasi-)experimental studies. The three authors bring a range of relevant expertise: Brian Taylor is Professor of Social Work at Ulster University; Campbell Killick is Research Officer (Social Work) in the South Eastern Health and Social Care Trust; and Anne McGlade has lead role for social care research at the Health and Social Care Board for Northern Ireland. https://uk.sagepub.com/en-gb/eur/understanding-and-using-research-in-social-work-practice/book243781

An Evaluation of the Back to Education Allowance (ESRI)

Link to the report: http://www.esri.ie/pubs/RS47.pdf

Frontline (Issue 1) by The Social Work Action Network Ireland (December 2015)

This is the bulletin of the Social Work Action Network in Ireland. It has contributions from social work and social care practitioners and academics, service users and students, on subjects such as women in prison, homelessness, the 'Traveller Lives Matter" campaign and more. Link to bulletin: https://socialworkactionnetworkireland.files.wordpress.com/2015/11/frontline-issue-1-december-2015.pdf

Social Work Action Network Ireland

New publications and policy reports

Social Justice Campaigns

SWAN Ireland Survey

Please find below, a link to a small survey that has been complied to find out about people's recent experiences of using/supporting users of services in recent times. The aim of the survey is to identify the particular challenges that people are experiencing in the health and social care areas, both as service providers and service users. It takes approximately 2 minutes to fill in this survey and to share with others you think might like to complete it too. Link to survey: https://www.surveymonkey.com/r/KMVPTMP

Social Workers Across Europe demand - #OpenEUborders for refugees and asylum seekers

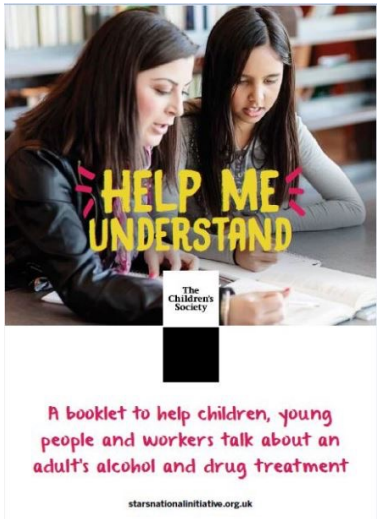
Link to the petition: https://www.change.org/p/eu-parliament-european-council-social-workers-across-europe-demand-openeuborders-for-refugees-and-asylum-seekers?recruiter=7525925&utm_source=share_for_starters&utm_medium=copyLink

NICE Guidelines: Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care

This guideline covers the identification, assessment and treatment of attachment difficulties in children and young people up to age 18 who are adopted from care, in special guardianship, looked after by local authorities in foster homes (including kinship foster care), residential units and other accommodation, or on the edge of care. It aims to address the many emotional and psychological needs of children and young people in these situations, including those resulting from maltreatment. https://www.nice.org.uk/guidance/ng26

Help Me Understand

Help me understand, aims to help those affected talk to support workers about what the treatment undertaken by a parent or carer means, and how they might be feeling and experiencing it. The booklet includes exercises and simple information for children and young people and an information section for workers to help guide children and young people through the topic and signpost to other resources where needed. http://www.starsnationalinitiative.org.uk/content/help-me-understand



Article: Not Just another Long Term Chronic Illness — Social Work and HIV in Ireland

Link to the article: http://www.tandfonline.com/eprint/9aS8Hb6KFbYCFc75cxBQ/full

New publications and policy reports

New Book on Social Work and Community Development

A new book may interest social workers and other professionals who work in different settings, including with communities and groups. Entitled Social *Work and Community Development: A Critical Practice Perspective*, the book offers a fresh and engaging perspective on the connections between social work and communities and between social work and community development at a time of growing social, economic and environmental challenge. The book explores how social workers can use a community development approach to practice in critical, creative and sustainable ways in different practice contexts. The book is packed with case studies, research boxes, practice examples and questions drawn from a wide range of countries and settings, including Ireland, Britain, Europe, the United States, Australia, New Zealand and South Africa.

The authors are Catherine Forde from the School of Applied Social Studies at University College Cork and Deborah Lynch from the School of Nursing, Midwifery and Social Work at the University of Queensland, Australia. Catherine has a background in community work in Ireland and Deborah has practised as a social worker and community worker in Australia. The authors co-taught community development on the Masters of Social Work in University College Cork for over a decade. Social Work and Community Development: A Critical Practice Perspective, London: Palgrave Macmillan, ISBN 978-1-137-30838-2. http://www.palgrave.com/page/detail/social-work-and-community-development-catherine-forde/?isb=9781137308382

Call for Papers: Themed Issue of *Administration* (June 2016) Reflections on the Provision, Organisation and Management of Social Care in Ireland

The societal, policy and regulatory context in which Irish social care services operate has changed enormously in the last few years. Of particular significance is the establishment of the Social Care Work Registration Board in 2015, a development serving to intensify the already fast pace of professionalisation in the social care sector. Also of note is the reconfiguration of the mixed economy of social care as the role of for-profit organisations in the delivery of social care services increases in importance. Budgetary pressures and the recruitment embargo in the public service have created challenges in delivering and managing social care services and scandals such as the recent Áras Attracta case have thrown up important questions about the management of services on the ground.

This special themed issue of ***Administration*** is a response to the pressing need for reflection on issues relating to policy, provision and management in the Irish social care sector. The guest editors are Dr. Dave Williams, Dr. Karen Smith and Dr. Fiona McSweeney, each of whom lecture on the social care programme in Dublin Institute of Technology. Papers are invited which bring insights from theory and/or research to topics related to the issue theme including:

· Professionalisation
· Managing social care services in the 21st century
· Regulation and inspection of social care services
· Governance of social care
· Service user participation in policy and planning
· Mixed economy of social care/role of private sector in delivery of social care services

Articles should be between 5000 – 8000 words; referencing style APA; abstract 100-150 words. For detailed instructions for contributors see: http://www.degruyter.com/view/supplements24499471_Instructions_for_contributors.pdf

Key Dates
January 22 2016: Deadline for initial submission of manuscripts
June 2016: Publication of themed issue
Enquiries/Submissions:
david.williams@dit.ie; karen.smith@dit.ie; fiona.mcsweeney@dit.ie

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

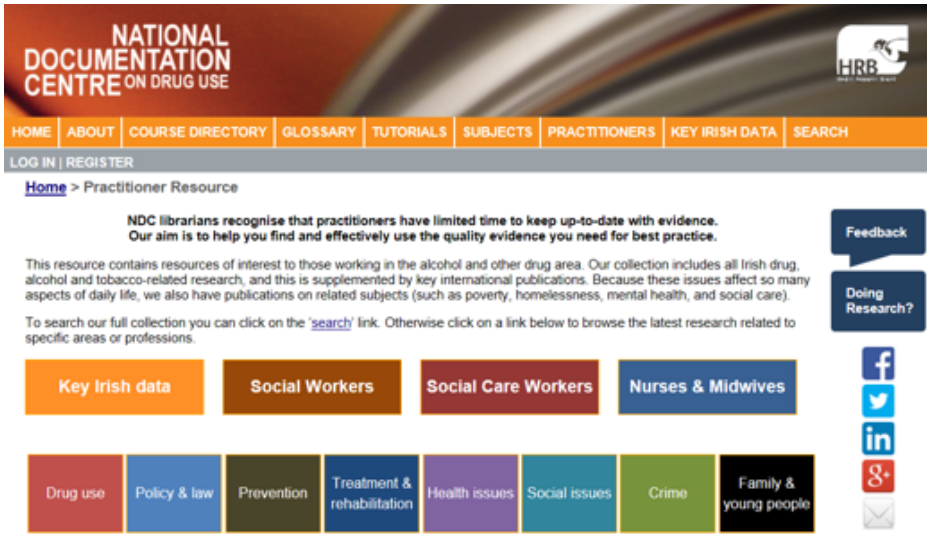
Resource on Marijuana

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 Centre 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 Tetrahydrocannabinol (THC) medications. He also discusses the legal issues around the debate on the legal use of marijuana. http://attcnetwork.org/marijuana/index.aspx#infographic

NDC Drugs Library

NDC DRUGS LIBRARY – NEW RESOURCE FOR SOCIAL WORKERS AND SOCIAL CARE WORKERS

The HRB's national drugs library provides one point of access to all Irish alcohol and other drugs research. Through our website, www.drugsandalcohol.ie, you can view Irish and international research and policy material on legal and illegal drugs, alcohol and tobacco. Because these issues affect so many aspects of daily life, we also have publications on related subjects such as poverty, suicide, prisons, homelessness, social care, and health.



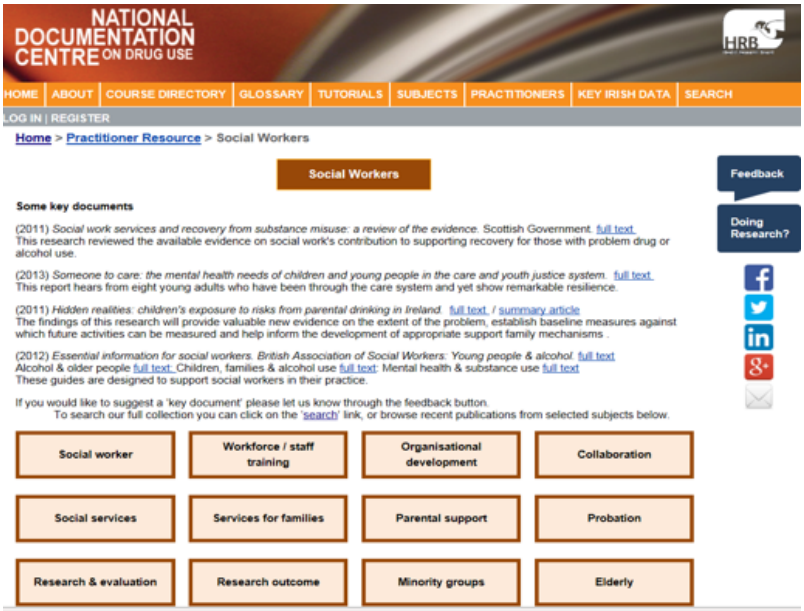
Every year we add hundreds of new articles and reports to our library collection. In order to help relieve information overload we have a number of summarised aids, such as Drugnet Ireland, NDC newsletter, and factsheets.

We recognise that those working in health and social care need access to research in a way that suits your busy work life. In order to facilitate this, the NDC librarians, with the wonderful help of advisors working in the social work and social care work areas, have developed a 'practitioner' resource. The homepage http://www.drugsandalcohol.ie/practitioners has links to a number of subject areas. The 'key Irish data' link and those on the bottom row are relevant to most workers. Clicking on a link will show you recent Irish and international articles and reports on that subject.

We have also developed pages for specific professions including social workers and social care workers. Each of these pages list key documents and have links to subjects of particular interest to that profession.

The resource includes a page called 'doing research' which has links to useful online tools providing help on finding and using information for research. We are interested in collecting and making available local Irish drug or alcohol research done by those working in the area. If you are doing any such research, even a small piece in their organisation, you can submit it to us.

We would like to express a special word of thanks to all of those who helped with the design of the resource. We welcome ongoing feedback with recommendations for key documents, subject areas and anything else workers would like to see in your resource.



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. We are accepting proposals all year round.

CONTACT US

Anna Kingston a.kingston@ucc.ie /

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Research briefs

Consultation liaison in primary care for people with mental disorders

by Donna Gillies, Penny Buykx, Alexandra G Parker, Sarah E Hetrick (September 2015)

THE COCHRANE COLLABORATION®

Background

Approximately 25% of people will be affected by a mental disorder at some stage in their life. Despite the prevalence and negative impacts of mental disorders, many people are not diagnosed or do not receive adequate treatment. Therefore primary health care has been identified as essential to improving the delivery of mental health care. Consultation liaison is a model of mental health care where the primary care provider maintains the central role in the delivery of mental health care with a mental health specialist providing consultative support. Consultation liaison has the potential to enhance the delivery of mental health care in the primary care setting and in turn improve outcomes for people with a mental disorder.

Objectives

To identify whether consultation liaison can have beneficial effects for people with a mental disorder by improving the ability of primary care providers to provide mental health care.

Search methods

We searched the EPOC Specialised Register, Cochrane Central Register of Controlled Trials (CENTRAL), and bibliographic databases: MEDLINE, EMBASE, CINAHL and PsycINFO, in March 2014. We also searched reference lists of relevant studies and reviews to identify any potentially relevant studies.

Selection criteria

We included randomised controlled trials (RCTs) which compared consultation liaison to standard care or other service models of mental health care in the primary setting. Included participants were people attending primary care practices who required mental health care or had a mental disorder, and primary care providers who had direct contact with people in need of mental health care.

Data collection and analysis

Two review authors independently screened the titles and abstracts of identified studies against the inclusion criteria and extracted details including the study design, participants and setting, intervention, outcomes and any risk of bias. We resolved any disagreements by discussion or referral to a third author. We contacted trial authors to obtain any missing information.

We collected and analysed data for all follow-up periods: up to and including three months following the start of treatment; between three and 12 months; and more than 12 months following the start of therapy.

We used a random-effects model to calculate the risk difference (RD) for binary data and number needed to treat for an additional beneficial outcome (NNTB), if differences between groups were significant. The mean difference (MD) or standardised mean difference (SMD) was calculated for continuous data.

Main results

There were 8203 citations identified from database searches and reference lists. We included 12 trials with 2605 consumer participants and more than 905 primary care practitioner participants. Eleven trials compared consultation liaison to standard care and one compared consultation liaison to collaborative care, with a case manager co-ordinating mental health care. People with depression were included in eight trials; and one trial each included people with a variety of disorders: depression, anxiety and somatoform disorders; medically unexplained symptoms; and drinking problems. None of the included trials reported separate data for children or older people. There was some evidence that consultation liaison improved mental health up to three months following the start of treatment (two trials, n = 445, NNTB 8, 95% CI 5 to 25) but there was no evidence of its effectiveness between three and 12 months. Consultation liaison also appeared to improve consumer satisfaction (up to three months: one trial, n = 228, NNTB 3, 95% CI 3 to 5; 3 to 12 months: two trials, n = 445, NNTB 8, 95% CI 5 to 17) and adherence (3 to 12 months: seven trials, n = 1251, NNTB 6, 95% CI 4 to 13) up to 12 months. There was also an improvement in the primary care provider outcome of providing adequate treatment between three to 12 months (three trials, n = 797, NNTB 7, 95% CI 4 to 17) and

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prescribing pharmacological treatment up to 12 months (four trials, n = 796, NNTB 13, 95% CI 7 to 50). There was also some evidence that consultation liaison may not be as effective as collaborative care in regards to symptoms of mental disorder, disability, general health status, and provision of treatment.
The quality of these findings were low for all outcomes however, apart from consumer adherence from three to 12 months, which was of moderate quality. Eight trials were rated a high risk of performance bias because consumer participants were likely to have known whether or not they were allocated to the intervention group and most outcomes were self reported. Bias due to attrition was rated high in eight trials and reporting bias was rated high in six.

Authors' conclusions
There is evidence that consultation liaison improves mental health for up to three months; and satisfaction and adherence for up to 12 months in people with mental disorders, particularly those who are depressed. Primary care providers were also more likely to provide adequate treatment and prescribe pharmacological therapy for up to 12 months. There was also some evidence that consultation liaison may not be as effective as collaborative care in terms of mental disorder symptoms, disability, general health status, and provision of treatment. However, the overall quality of trials was low particularly in regards to performance and attrition bias and may have resulted in an overestimation of effectiveness. More evidence is needed to determine the effectiveness of consultation liaison for people with mental disorders particularly for those with mental disorders other than depression.

Plain language summary

Consultation liaison in primary care appears to improve mental health practice and outcomes for people with a mental disorder
Despite the prevalence and negative impacts of mental disorders, many people are not diagnosed or do not receive adequate treatment. Consultation liaison is one way of providing mental health care to people in the primary care setting. In consultation liaison, a mental health specialist works with the primary care provider to deliver appropriate care for people with mental health needs. In this review of studies published up till March 2014, the effectiveness of consultation liaison was compared to standard primary care and other types of mental health care. We included 12 trials with 2605 consumers and more than 905 primary care providers.
Consultation liaison was compared to standard care in 11 trials, and compared to collaborative care in one trial. Collaborative care is mental health care co-ordinated by a primary care case manager. There was some evidence that consultation liaison improved mental health, satisfaction with care and adherence to treatment in people with some mental disorders, particularly those with depression, and improved mental health care by primary care providers. There was also some evidence suggesting consultation liaison may not be as effective as collaborative care. However, as the overall quality of trials was low, the effectiveness of these ways of delivering care may have been overestimated. No conclusions can be made regarding the use of consultation liaison with people who have other mental disorders such as schizophrenia or bipolar disorder. There was also no data which could inform practice with specific groups of people such as children and adolescents, and the elderly. More high quality trials of consultation liaison are needed.

Link to review: http://onlinelibrary.wiley.com/enhanced/doi/10.1002/14651858.CD007193.pub2

Research briefs

Community-Based Rehabilitation for People With Disabilities in Low- and Middle-income Countries: A Systematic Review

by Valentina Iemmi, Lorna Gibson, Karl Blanchet, Suresh Kumar, Santosh Rath, Sally Hartley, GVS Murthy, Vikram Patel, Joerg Weber, Hannah Kuper (September 2015)

The Campbell Collaboration Library of Systematic Reviews
The Campbell Library

BACKGROUND

Recent estimates suggest that there are over one billion people with disabilities in the world and 80% of them live in low- and middle-income countries. Community-based rehabilitation (CBR) is the strategy endorsed by the WHO and other international organisations (ILO, IDDC and others) to promote the inclusion of people with disabilities, particularly in low- and middle-income countries. The coverage of CBR is currently very low, and the evidence-base for its effectiveness needs to be assessed in consideration of scaling up of this intervention.

OBJECTIVES

To assess the effectiveness and cost-effectiveness of CBR for people with physical and mental disabilities in low- and middle-income countries, and/or their family, their carers, and their community.

SEARCH METHODS

The search for studies was not restricted by language or publication status. Searches were limited to studies published after 1976. We searched 23 electronic databases: AIM, CAB Abstract, CENTRAL, CINHAL Plus, Cochrane Database of Systematic Reviews, DARE (The Cochrane Library), EconLit, EMBASE, ERIC, Global Health, HTA Database, IBSS, IMEMR, IMSEAR, LILACS, MEDLINE, NHSEED, PAIS International, PsycINFO, The Campbell Collaboration Library of Systematic Reviews, Web of Science, WHOLIS, and WPRIM. We also searched relevant websites, contacted authors, screened the reference lists and tracked citations of included studies. The latest search for trials was in July 2012.

SELECTION CRITERIA

Controlled studies evaluating the impact of CBR offered to people with physical or mental disabilities and/or their family, their carers, and their community in low- and middle-income countries. The following study designs were eligible: randomised controlled trials, non-randomised controlled trials, controlled before-after studies, controlled interrupted time series studies, and economic studies. We excluded studies where CBR intervention took place only in health facilities or schools.

DATA COLLECTION AND ANALYSIS

Pairs of authors independently screened the search results by titles/abstracts and then by full-text, independently assessed the risk of bias, and independently extracted data. We presented standardised mean differences (SMDs) and 95% confidence intervals (CI) for continuous data and risk ratios and 95% CI for dichotomous data. We undertook meta-analysis only on outcomes extracted from studies for which the disabilities, research designs and outcome measures were agreed to be sufficiently consistent to allow pooling of data. Meta-analysis was not performed on other outcomes because the outcomes extracted from studies did not measured the same construct, the intervention was not directed at the same disability condition, or the research designs were not similar. This decision about pooling was made post-hoc and differs from the protocol.

RESULTS

We included 15 studies: 10 randomised controlled studies, two non-randomised controlled studies, two controlled before-after studies, and one interrupted time series study. The primary focus of 14 of the interventions was on the health component of the CBR matrix, one focused on the education component, and few included other components. Of the 15 studies, six focused on physical disabilities (stroke, arthritis, chronic obstructive pulmonary disease) and nine on mental disabilities (schizophrenia, dementia, intellectual impairment).

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Most of the interventions targeted both people with disabilities and their carers, although most of the studies evaluated the effect of the intervention on the person with disabilities only. Only one study focused on children as the beneficiaries of CBR. There were eight studies from East Asia and Pacific, two from South Asia, two from Europe and Central Asia, one from the Sub-Saharan Africa, one from Latin America & the Caribbean, and one from the Middle East and North Africa. The heterogeneity between studies in terms of disabilities, research designs and outcomes meant that the review relies on a narrative summary of the studies and meta-analysis was only conducted with the three studies on dementia, and only for a limited set of outcomes on users and carers. Among the six studies focusing on CBR for people with physical disabilities, two randomised controlled trials and one controlled before-after study showed a beneficial effect of the intervention for stroke on a range of outcomes while one non-randomised controlled trial found a less beneficial effect; one interrupted time series study found a beneficial impact of CBR for arthritis; and one non-randomised controlled trial showed a positive impact of CBR for people with chronic obstructive pulmonary disease. The nine studies assessing the impact of CBR for people with mental disabilities showed a beneficial effect, including: three randomised controlled trials, one non-randomised controlled trial, and one controlled before-after study on CBR for schizophrenia; three randomised controlled trials on CBR for dementia; one randomised controlled trial on CBR for intellectual disability. The dementia trials were under-powered to show a significant result, but when pooling data from the three studies, meta-analyses suggested the intervention improved carers' clinical status (SMD=-0.37, 95% CI=-1.06-0.32) and carers' physical quality of life (SMD=0.51, 95% CI=0.09-0.94) and carers' social quality of life (SMD=0.54, 95% CI=0.12-5.97). However, they also suggested the intervention did not improve clinical status (SMD=0.09, 95% CI=-0.47-0.28) and quality of life (SMD=0.22, 95% CI=-0.33-0.77) of people with disabilities, carers' burden (SMD=-0.85, 95% CI=-1.24-0.45), carers' distress (SMD=-0.16, 95% CI=-0.54-0.22), carers' psychological quality of life (SMD=0.11, 95% CI=-0.31-0.53), or carers' environmental quality of life (SMD=0.07, 95% CI=-0.35-0.49).
No economic evaluations meeting the inclusion criteria were found. Methodological concerns were raised about the quality of the studies.

AUTHORS' CONCLUSIONS

The evidence on the effectiveness of CBR for people with disabilities in low- and middle-income countries suggests that CBR may be effective in improving the clinical outcomes and enhancing functioning and quality of life of the person with disabilities and his/her carer. However the heterogeneity of the interventions and scarcity of good-quality evidence means that we should interpret these findings with caution. More well-designed and reported randomised controlled trials are needed to build a stronger evidence-base. These studies need to be sufficiently powered, and focus on all different components of the CBR matrix and not only the health component. Furthermore, evidence is needed on a broader client groups including children, and economic evidence must be collected.

Link to review: http://www.campbellcollaboration.org/lib/project/244/

Research briefs

A snapshot in time: stakeholders perspectives of the Meitheal Model one year on

Louise McCormick, a research dissertation undertaken in partial fulfilment of Bachelor of Social Work degree (May 2015).

Background

Accompanying the launch of the Child and Family Agency *Tusla* in 2014, was a comprehensive suite of documents detailing the agency's new National Service Delivery Framework, an evidence-based early intervention and prevention strategy aimed at improved outcomes for children. A key component of the framework is the Meitheal National Practice Model, wherein community services work collaboratively with families to create a 'team around the child'. The potential to transform child protection and welfare services exists, through the diversion of many lower risk cases away from overloaded social work departments. This small-scale study was in part facilitated by the Springboard agency in Cork.

Rationale

Since Tusla's inception, Meitheal approaches have been trialled in several communities. Capturing a snapshot of the Meitheal Model in these early stages of implementation offers insight into how Meitheal is working in practice. This in turn allows for critical discussion and possible recommendations for its future implementation and research.

Methodology

A comprehensive policy and literature review was undertaken in order to trace policy trends, reveal the evidence base underpinning Meitheal and identify comparable research. A small purposive sample was selected and semi-structured interviews held, yielding data that was thematically analysed.

Findings

There were several thoughts shared by most or all of the participants. Most striking was the enthusiasm and good will regarding this integrated approach. There was universal consensus about the importance of building good relationships as part of the process. Most felt outcomes for families had improved using the Meitheal approach. The merits of interagency collaboration were clearly recognised, as were the barriers to its success, which participants linked to a lack of resources and training. All these findings resonated with results from comparable studies. The potential for schools to feel compromised due to the special relationship they have with families, in addition to unintentional exclusion from community sector groupings, was one surprising finding.

Author's Conclusion

This was a small-scale study and therefore cannot be generalised. The participants' support of the Meitheal approach, however, is reassuring and echoes results from similar research. In order for Meitheal to succeed, it appears evident that extra resources and training are crucial. With regard to schools, specialised training around Children First and creative thinking on how to better integrate schools within the interagency culture of child and family services, merit consideration. Similar small-scale 'snapshots' from various Meitheal locations could advance the model's progress by highlighting its strengths and pitfalls, and ultimately contribute to its long-term evaluation.

Author Request

The author invites interested parties to read and comment on her research, and seeks opportunities to undertake similar small-scale studies in other communities.

Contact Details

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in: https://ie.linkedin.com/in/louisebsw

Link to Full Text Research Report:

A snapshot in time: stakeholder perspectives of the Meitheal Model one year on

Research briefs

Burnout in Trauma Social Workers

Ben-Porat, A., & Itzhaky, H. (2015). Burnout among trauma social workers: The contribution of personal and environmental resources. *Journal of Social Work*, 15(6), 606-620.

What is this article about?

- This article reports findings of a quantitative study examining burnout among 214 social workers working with trauma victims in Israel (e.g. in centres for the prevention of violence, 'battered women's shelters').
- The study also examined the contribution of the social worker's background characteristics, personal resources, and environmental resources in moderating burnout.

What are the critical findings?

- The overall level of burnout among the 214 participants was 'average'.
- Social workers' background variables and personal resources were found to play a significant role in enabling them to cope with burnout:
    - The more social workers believed in their own ability to **influence** their work environment, the lower their levels of burnout
    - **Self-esteem** was linked to social workers ability to develop a positive self-image
    - **Mastery** (the extent to which a person feels he/she can control changes/events in their life) was essential to social workers' ability to confront feelings of helplessness and lack of control experienced by trauma victims .
- The role of environmental resources and support systems (e.g. social workers' support networks) was not found to be significant.
- Young social workers and those with a history of trauma are particularly vulnerable to burnout.

What are some of the key implications for practice?

- Study findings highlight the importance of promoting awareness of the negative consequences of therapeutic work around trauma for social workers working with victims of trauma.
- Social workers working in this context need to be supported and facilitated to take care of themselves and satisfy their needs through consulting with colleagues.
- Special attention should be paid to young workers and those who have experienced past trauma themselves.
- Opportunities for social workers to enhance their self-esteem, mastery, and influence in their work environment should be created (e.g. involving social workers in decision-making, policy formulation, and intervention development).

Methodological Considerations

- This study did not explore the role of organisational factors that may contribute to burnout in social workers.
- The possibility of social workers choosing to work in the field of trauma as a result of past experience was not examined in this study.

Research briefs

Child Visibility & Chronic Neglect

Horwath, J., & Tarr, S. (2015). Child Visibility in Cases of Chronic Neglect: Implications for Social Work Practice. *British Journal of Social Work, 45*, 1379-1394.

What is this article about?

- This article reports the findings of a qualitative study of child protection planning in cases of chronic child neglect in England in an effort to understand why social workers may struggle to maintain a focus on the child in cases such as these.
- The study involved four stages of research involving four research methods:
    1. Interrogation of 21 social work case files
    2. Eighteen semi-structured telephone interviews with chairs of all conferences and social workers
    3. Four focus groups with 34 professionals from education, health, probation, children's/adult social services
    4. Questionnaire (informed by stages 1-3) competed by 162 practitioners in three English Local Authorities.

What are the critical findings?

- Four key themes were found to influence child-centred practice by social workers:
    1. Generalised assessments and a narrow interpretation of the child's identity
    2. Superficial engagement by social workers with the feelings and wishes of the child
    3. A lack of awareness of the varying needs of children in the family
    4. Parenting being considered in a vacuum.

What are the implications for practice?

- Attention must be paid to the way in which social work practitioners construct the child that is experiencing neglect.
- Efforts must be made to bring the 'distinctive experiences and realities' of each child to the forefront; assessments and interventions should be more child-centred.
- Information gathered in preparation of assessment/reports for conferences should provide insights into the child's lived experience; this may act as a first step to identifying concerns regarding the impact of parenting on the child's daily life.
- The child's voice must be central to the activity of the core group of professionals working with the family.

Methodological Considerations

- This study was small in scale and therefore generalisations cannot be made from this study alone.

Organisational profile

Using Research Evidence in Your Practice

Using Research Evidence in your Practice

Are you wondering how to begin a conversation around using evidence in your practice with your team/ supervisor/clients? Why not try one of the following ideas:

1) Read a relevant research article and discuss it with your Supervisor.

2) Recommend that your team read a relevant research article and discuss it at your next team meeting.

3) Provide a relevant research article to the families you are working with. Use it to start a discussion around issues clients are facing at your next meeting.

4) Think critically about the research article(s) you have read and the research it contains. Some questions to consider include:

- ♣ What additional questions do you have after reading it?
- ♣ What more do you want to know?
- ♣ What methodology was used in this study?
- ♣ What are the limitations and strengths of this type of methodology?
- ♣ What are the key characteristics of the population involved in the study?
- ♣ Are there similarities and/or differences between this population and the children and families I am working with?
- ♣ How might this impact the relevance and applicability of this research to my practice?
- ♣ Where was this research carried out? E.g. in a rural/urban setting? In Ireland? Europe?
- ♣ Are issues of culture and ethnicity considered in this research?
- ♣ What do the results indicate?
- ♣ What do these statistics really mean?
- ♣ Can I apply these findings to my practice? What do I need to consider before doing so?

5) Consider the findings of relevant research in the context of client preferences and values, case circumstances and your organisational context, and practitioner knowledge and experience.

Remember: Using evidence in your practice will look different in every organisational context, for every practitioner, and with each client you work with.

Podcasts and videos

Child National Child Protection and Welfare Conference 2015

The 5th Biennial Child Protection Conference: *Cherishing All the Children of the Nation Equally? 100 Years and Beyond* took place in October 2015. A collaborative endeavour by UCC's Social Work Development Unit, Tusla's Children and Families Social Work Teams, and the Southern Branch of the IASW, this year's conference explored the extent to which the Irish State has fulfilled the expectations of the 1916 proclamation regarding children. Videos from the day include keynote speakers Irish historian Professor Diarmaid Ferriter and Professor of Social Work at University of Sussex and the Tavistock Centre, Gillian Ruch. Furthermore, the inclusion of two videos of children, young people and parents commenting on the conference theme are important reminders of the right of the child's voice to be heard.

Child Protection Conference 2015

Job Shadow Day 2015 – The best has yet to come

IrishTV feature documentary on nationwide Job Shadow Day, which is held in April every year and is designed to give people with disabilities a unique opportunity to get a close up look at the world of work for one day or one week in April each year, enabling them to discover and learn about the skills and education required to compete and succeed in the work place.

Job Shadow Day 2015

TED Talks

The TEDx Program aims to ignite conversation and in doing so, to connect and help communities, organisations and individuals. Below are links to two very inspiring TEDx Dublin talks from 2014.

John Lonergan – Why education not punishment is the solution to reducing crime

Former Governor of the Irish Prison Service, John Lonergan, speaks passionately about the importance of education in reducing crime statistics, highlighting the absence of research within the Irish criminal system, particularly regarding the connection of crime and people's social circumstances.

John Lonergan TEDx Talk

Panti – All the little things

Ireland's foremost "gender discombobulist", Panti, shares her experience of the little, everyday things that can impinge greatly on the wellbeing of gay people, such as navigating a world in which the simple act of holding hands can be a political statement in itself. This talk is from September 2014, eight months before the marriage equality referendum's positive outcome. Regardless of how momentous a result this was, changes to the everyday reality of the LGBTQ community do not happen overnight and this talk is as relevant post referendum as it was pre.

Panti TEDx Talk

Podcasts, videos and apps

Crisis & Trauma Institute

The Canadian-based Crisis & Trauma Institute Inc. provides training and consulting services for individuals and organisations involved in working with issues of trauma, mental health, crisis response and violence prevention. Its website provides resources, many of which are free, such as blogs, articles and a monthly webinar on a range of relevant topics. A subscription membership provides a plethora of additional resources including online workshops.

Crisis & Trauma Institute

The Social Work Podcast

The Social Work Podcast provides information on all things social work, which includes direct practice, research, policy and education. To date there are 99 free podcasts, covering a range of topics such as, how a music recording studio can build resilience in homeless youth, Motivational Interviewing and even how to 'live tweet' a conference.

The Social Work Podcast

Mobile Apps

Northern Ireland Social Care Council

The Northern Ireland Social Care Council (NISCC) is the regulatory body for the social care workforce in Northern Ireland. The NISCC have developed a range of mobile apps to support learning and development, as part of its "strategy to develop innovative ways of delivering information and engaging with our audiences through greater use of new technology and media" (www.niscc.info). The following five apps include guides to theories and tools that can assist in making sometimes difficult professional decisions: Child Development 0-6 Years; Child Development 7-12 Years; Child Development 13-18 Years; Domiciliary Care Toolkit; and Health & Safety in a Childminding Setting,

All the apps are free and available for **iOS** and **Android** mobile devices (smartphones and tablets). Once downloaded, they can be referred to when needed, making it easy to access while in the office or working out and about. Please note that the apps **cannot** be downloaded onto Windows phones or tablets, and will not work on a PC or laptop.

Link to Apps: http://www.niscc.info/index.php/14-employers/236-mobile-apps-all-niscc-apps

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, 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/ .

Submissions

Submission for publication should be received two weeks prior to the next publication date. Please forward submissions by email to k.burns@ucc.ie.

SWDU

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