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PRACTICE LINKS

Practice Links is a free publication of the School of Applied Social Studies (social work), UCC, Ireland. *Practice Links* supports practitioners to keep up-to-date with new publications, online resources, conferences and continuing professional development opportunities.

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Editor: Dr Kenneth Burns, UCC



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MOST OF THE IMAGES IN THIS DOCUMENT ARE **LIVE LINKS**. TO ACCESS ADDITIONAL INFORMATION, CLICK ON THE IMAGE OR SCAN A QR CODE ON YOUR PHONE.



SPARK TOOL VERSION 2: SELF-CARE FOR PROFESSIONALS

NEW VERSION OF

THE SPARK² TOOL



FOR PROFESSIONALS (VERSION 2, 2026)

SPARK² is a free self-care tool for professionals working in health, social care, and community services is now available to **download for free**. SPARK² stands for Self-reflection, Prevention, Assessment, Resilience, and Kindness. It is an evidence-informed reflective tool that helps practitioners assess ten domains of their personal and professional wellbeing – including emotional health, supervision, sleep, digital boundaries, and work conditions – and develop a concrete self-care plan. The tool is designed to prevent burnout, secondary trauma, and moral injury. Notably, SPARK² also recognises that self-care has its limits: where workplace conditions are the problem, structural and collective responses may be more appropriate than individual strategies.

Why should you use this self-care tool?

It's honest. SPARK² is one of the few self-care tools that admits self-care isn't always the answer. If the problem is your workplace – not you – it says so.

It gives you the right words. Burnout, secondary trauma, vicarious trauma, and moral injury are different things. Knowing which one you're dealing with changes what you do about it.

You can see the picture. The radar diagram shows your wellbeing profile in one image. No totalling up scores – just a clear visual of where you're strong and where something needs attention.

It asks, it doesn't tell. No generic advice. Just good questions that help you figure out what's actually going on and why. Use it alone, in supervision, or with your team.

It gets you from thinking to doing. Three simple prompts turn reflection into a plan: What will I do? By when? How will I know it's working?

SPARK² was developed at University College Cork by Kenneth Burns, Conor O'Mahony, and Elaine O'Callaghan.

It is published under a Creative Commons licence (CC BY-NC-ND), so you are welcome to download, copy, and share it for non-commercial purposes. [Click here](#) to download.

SPARK²

A self-care tool
for professionals

The SPARK² tool is a **self-reflective** evaluation tool for professionals working in community and social services, supporting them to develop a tailored self-care plan. It aims to **prevent** burnout, secondary trauma, vicarious trauma, and moral injury by encouraging professionals to reflect on distinct areas in their personal and professional lives. Using evidence-informed prompts, practitioners can **assess**, what, if any, changes are necessary to improve their welfare. This tool aims to build personal **resilience** in professionals as an ongoing process. It provides a reminder that **kindness and compassion** towards ourselves and others are essential components in our personal and professional satisfaction.

Self-reflection
Prevention
Assessment
Resilience
Kindness

Being exposed to stressful workplaces and trauma cases can have a cumulative negative impact on a professional's well-being. Developing and implementing a plan can help to express and process feelings, recover, re-energise, promote physical and mental health, develop a worker's resilience and ultimately improve professionals' work.

In essence, self-care helps to keep the SPARK² alive, or rekindles it when energies run low.

Download the SPARK² tool:
<https://www.ucc.ie/en/ideachildrights/resources/>



Version 2 (2026)

Kenneth Burns, Conor O'Mahony, and Elaine O'Callaghan

Version 2 of the SPARK² tool was produced as part of the UCC IDA project with the financial support of the Rights, Equality and Citizenship (REC) Programme of the European Union. The contents of this publication are the sole responsibility of University College Cork and are in no way to be taken to reflect the views of the European Commission.





CONTINUING PROFESSIONAL DEVELOPMENT



@UCCSOCIALWORK WEBINAR SERIES

Making Child Protection Work Professor Harry Ferguson

Tuesday 29th April, 2026, 1-2 pm (Irish time). Free webinar event. All welcome.

[Click here](#) to register. [Click here](#) to watch previous webinars.

HE

Save The Date

HSCP Conference

Lead, Learn & Innovate.

The National Health and Social Care Professions Office is delighted to unveil a full-day event at the Irish Management Institute Sandyford.

14TH OCTOBER 2026

Health. Social Care Professions

The poster features a dark blue background with a large yellow circular graphic on the right side. Inside the yellow circle are three hexagonal images: a woman looking through a microscope, two people in lab coats looking at a tablet, and two women sitting on the floor talking. The text is in white and yellow, with the date '14TH OCTOBER 2026' in a yellow box. The logo for Health. Social Care Professions is at the bottom right.



SOCIAL WORK PRACTICE TEACHING @UCC



School of Applied Social Studies, UCC

[Click here to follow UCC social work on LinkedIn](#)



SOCIAL WORK PRACTICE TEACHING

Practice Teaching is a dynamic CPD learning experience hear what practice teachers have to say about their experiences supervising UCC social work students on placement...

"Student was open and engaging, unafraid of the many challenges".

"Quickly became a valued and productive member of the MDT".

Social workers who engage in practice teaching have continually informed us of the benefits in terms of their own continuing professional development and we have lots to offer [What is Practice Teaching?](#)

UCC would like to hear from CORU registered social workers who are interested in supervising a student on placement during 2026 - placement cycles are usually from January - April, Summer, and September - December.

UCC pays a placement fee, for further information please contact swfieldwork@ucc.ie or you can register your interest [Practice Teaching Expression of Interest](#)





IASW NEWS



Fitness to Practise Insurance



The IASW is offering superior insurance coverage

- 
A Legal Binding Contract
 That is enforceable in a court of law, the same as any other insurance policy.
- 
Specified Amount
 We specify the amount the insurance provider is prepared to make available to a member to defend an FTP situation.
- 
Experienced Insurers
 IASW insurers are very experienced in this area both here and in the UK.
- 
Policy Per Member
 The IASW policy is per member on an individual basis. Each member has a ring fenced legal expense limit of €250,000 that is unique to them and is not being provided on a discretionary basis.

How to Make a Claim

As soon as you have a legal problem that may require assistance with this insurance (FTP Letter of Complaint only) call the IASW office on 0860241055 or email officemanager@iasw.ie

Did you know?

Fitness to Practice Legal Cover is not provided by your employer.

76% of CORU complaints are against Social Workers

Complaints can be costly. Without insurance, all legal expenses fall on you



Annual General Meeting

Save the Date

Wednesday 20 May
4.30pm - 6.30pm



CONTINUING PROFESSIONAL DEVELOPMENT



The Alders Unit
Conference 2026



THE ALDERS UNIT CHILDREN'S HEALTH IRELAND CONFERENCE MAY 2026 CHILD SEXUAL ABUSE - PREVENTABLE NOT INEVITABLE

The aim of the conference is to bring together a range of international and national speakers who will guide us through what 'prevention through intervention' looks like and how prevention is a part of the solution when supporting children and families and preventing secondary traumatisation.

The Alders Unit is a Child Sexual Abuse Service based in Children's Health Ireland at Tallaght University Hospital and at Connolly Hospital, Blanchardstown. The service provided includes assessment and therapy. The catchment areas for the Alders Units encompass Dublin, Wicklow, Kildare, Louth, Meath, Cavan and Monaghan. The Unit also provide training to services nationally as well as informing policy and service development in child sexual abuse trauma. Thursday, 21st May 2026, The Davis Theatre Arts Building, Trinity College Dublin, 9:00 am - 5:00 pm

SPEAKERS

The Kavanagh Sisters and Youth Survivors

The Kavanagh sisters will share their experiences of childhood sexual abuse, the impact on the family, and what as a society we need to learn about bringing awareness to childhood sexual abuse and breaking the cycle of abuse

Parallel Sessions presented by the Alders Unit and Laurels Clinic Staff

Five workshops consisting of the diverse work being done by the Alders Unit and Laurels Clinic including interventions, case presentations and case discussions that illustrates the importance of these interventions in working towards secondary prevention.

Dr Rosaleen McElvaney, PhD will reflect on a career of working with children and families and adults affected by childhood sexual abuse and her research on how children tell about and recover from sexual abuse.

Dr Karen Hand, PhD will present her research Irish Attitudes to Tackling Child Sexual Abuse. The research provides critical insights into the necessary shifts in how we approach child sexual abuse in Ireland drawing from interviews with expert's focus groups with children and adult survivors and results from the Red C poll examining attitudes.

Elizabeth Letourneau, PhD Director, Moore institute, and Aengus Ó Dochartaigh - Preventing Child Sexual Abuse Johns Hopkins Bloomberg School of Public Health

The Moore Institute was founded by Dr Elizabeth Letourneau in 2012. The Moore Institute established the need for perpetration and prevention research and a public health approach to preventing child sexual abuse.

[Click here](#) for further information and registration.



CONTINUING PROFESSIONAL DEVELOPMENT

HSE SOUTH-WEST ADDICTION SERVICES LAUNCHES NEW GAMBLING AND GAMING ADDICTION TREATMENT SERVICE

The HSE South-West is pleased to announce the launch of a dedicated Gambling and Gaming Addiction treatment service. This service aims to provide specialised support to individuals and families affected by Gambling and Gaming related harms across Cork City and County.

This new service offers screening brief interventions, assessments of Gambling/Gaming related harm, evidence-based therapeutic interventions including individual counselling, group therapy (Cognitive behavioural Coping Skills/ Motivational Interviewing), relapse prevention, dual recovery programme and continuing care. Interventions are tailored to meet the complex needs of those experiencing harm from Gambling and Gaming behaviour. The initiative reflects the HSE Social Inclusion's commitment to addressing all forms of addiction with accessible, equitable, and person-centred care.

Referrals can be made through GPs, community health professionals, or self-referral by individuals or family members seeking help. Early intervention is encouraged to support recovery and to prevent further harm. The service also includes family support and education components to assist those impacted indirectly.

The Gambling / Gaming services offer a holistic, accessible response to Gambling and Gaming addiction harms in Cork City and County aligning with HSE's Social Inclusion objectives and evidence-based standards for care provision.

For more information or to make a referral, please contact the HSE South-West Gambling and Gaming Addiction Services on [022-42559] or email catherineocallaghan9@hse.ie or robert.odriscoll@hse.ie.

Confidentiality and professional care are assured.



12TH WORLD SUMMIT ON MEDIATION WITH AGE-RELATED ISSUES (ELDER MEDIATION)

Western Gateway Building - University College Cork, Cork, Ireland, May 20-22, 2026

The 12th World Summit on Mediation with Age-Related Issues will be held at University College Cork in Cork, Ireland from May 20 to May 22, 2026. Previous Summits have been held onsite in England, Australia, Scotland, Switzerland, Austria, the United States, Ireland and Canada (Ottawa & Halifax). In addition, virtual world summits were held online via AirMeet in 2021 and 2023.

The Summit will host a selection of national and international speakers on Elder Mediation, and the conveners now invite Elder Mediators, Elder Mediation trainers, practitioners, specialists and other individuals who will be attending the Summit and are interested in this field to consider submitting an expression of interest. Visit the [**conference website**](#) for further information.



CONTINUING PROFESSIONAL DEVELOPMENT



UNIVERSITY COLLEGE CORK (UCC) OFFERS A CERTIFICATE IN CONTINUING PROFESSIONAL DEVELOPMENT (CPD) IN RESPONDING TO PROBLEM GAMBLING

This is a Level 8 NFQ Special Purpose Award on the National Framework of Qualifications, awarded by the National University of Ireland.

The HSE South-West Gambling and Gaming Addiction service collaborates closely with UCC's Certificate in Responding to Problem Gambling, a specialised program equipping professionals with skills in screening, intervention, and recovery support for gambling harms. This Level 8 (NFQ) Certificate in Professional Development, delivered part-time online, covers evidence-based approaches like CBT and motivational interviewing, aligning perfectly with the HSE Gambling and Gaming Addiction Service's therapeutic offerings. Practitioners completing the UCC's Certificate in Responding to Problem Gambling can more accurately respond to their client's needs and refer clients directly to the most appropriate services.

Course Overview

The 12-week part-time online program equips health and social workers, social care workers, psychotherapists, mental health professionals, and volunteers with skills to support those affected by problem gambling in Ireland. It covers gambling markets, policy, societal influences, assessment, and interventions through two modules: SS5808 (Understanding Problem Gambling, Harmful Gambling and Gambling Disorders) and SS5809 (Assessing and Responding to Problem Gambling)

It fulfils annual CPD requirements for ACI and IACP members (30 points) and enhances specialist interventions in problem gambling. Contact Patricia McGrath (patriciamcgrath@ucc.ie) or Dr. Rebekah Brennan (rebekah.brennan@ucc.ie) for queries.

Visit the [programme website](#) for further information.



CONTINUING PROFESSIONAL DEVELOPMENT

NATIONAL PROGRAMME FOR SCREENING AND BRIEF INTERVENTIONS (SBI) FOR PROBLEM ALCOHOL & DRUG USE

One Day Course

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:

- Apply the theory from the SAOR online module to their practice
- Identify opportunities to conduct a brief intervention
- Demonstrate appropriate brief intervention skills using the SAOR model
- Identify appropriate alcohol and other drugs care pathways

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.

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.

Contact Amy Roche for 2026 Training Dates in Cork and Kerry Amy.Roche@hse.ie

Contact Nicola Corrigan for other locations nationally nicola.corrigan@hse.ie



CONTINUING PROFESSIONAL DEVELOPMENT



UCD School of
Social and Leisure Studies



GRADUATE CERTIFICATE IN GROUP ANALYTIC STUDIES

Have you ever sat in a group and wondered what was going on?

This course will be of interest to professionals interested in deepening their understanding of group dynamics and learning about the potential applications of group analysis in clinical and/or organisational contexts.

The course consists of four modules which aim to support students to:

- recognise the effect of group dynamics upon the self and others
- provide the opportunity to reflect on current work practice
- increase skills in working with groups
- give an understanding of the theory of group unconscious processes and their influence on group dynamics.

This is a one-year, stand-alone course but is also the first step on the pathway towards clinical training in Group Analytic Psychotherapy. The course is delivered over 9 weekends from September to June.

The next course starts in September 2026. More information is available on [our website](#)

ORAL HISTORY NETWORK OF IRELAND

Oral History Network of Ireland's event:

'Oral History and Movement', being held in Tralee Co. Kerry, 18-19 June 2026.

Further information on the network's [website](#)



ADDICTION WORKERS

PROFESSIONAL ACCREDITATION FOR ADDICTION WORKERS

RECOGNISING THE VALUE OF ADDICTION WORKERS

Addiction Counsellors of Ireland (ACI) has updated its Addiction Worker accreditation criteria, making professional recognition more accessible than ever. As the only organisation in Ireland that accredits Addiction Workers, ACI ensures your expertise is formally recognised and valued.

WHAT YOU'LL GAIN

Professional Recognition - Official acknowledgment of your studies, training, and experience.

Sense of Belonging - Join a supportive community that understands your work and its challenges.

Professional Development - Access CPD, training, and networking tailored to your role.

Support from ACI - Backing from Ireland's only accrediting body dedicated to addiction professionals.

WHO IT'S FOR

This accreditation is for those who hold a QQI Level 5 (or higher) in Addiction Studies and work directly with people affected by addiction. Suitable roles include:

Addiction Support Worker

Community Drug Worker

Recovery Support Worker

Key Worker



FIND OUT MORE

Contact info@addictioncounsellors.ie or **01 797 9187** or visit www.addictioncounsellors.ie



ADDICTION
COUNSELLORS
IRELAND

Ireland's Leading Accrediting
Body for Addiction Professionals

www.addictioncounsellors.ie



Love it or hate it, **artificial intelligence** has barged into modern life like an overachieving intern who somehow runs the whole office by day three. It writes emails, recommends your next binge, and occasionally makes you wonder if it's quietly judging your search history. On the plus side, it saves time, boosts productivity, and handles dull tasks with zero complaints or coffee breaks.

But there's a catch. Jobs shift, privacy feels negotiable, and sometimes the "smart" in smart tech feels a bit optimistic. AI can amplify bias as easily as efficiency, and it's not always clear who's in charge.

At the end of the day, it is a powerful tool—just one that needs a firm human hand on the wheel.

(Generated by Chat GPT using the prompt "write 120 words on the pros and cons of artificial intelligence starting 'love it or hate it' in contemporary witty style" – not bad but not brilliant either! (LMcC)

VIDEOS

AI Expert Tells Bernie: "The Humans will be Discarded"

Bernie Sanders hears from AI experts in Silicon Valley and asks: Will AI become smarter than humans? If so, is humanity in danger? Here's what they had to say:



How to Use AI at Work for Beginners (2025)

Feeling stuck on how to actually use AI in your day-to-day job? This video walks you through practical, beginner-friendly ways to use AI at work.



Adopting Generative AI in Clinical Practice | AI Tools for NHS & Healthcare 2025

Clinical documentation and administrative burdens continue to overwhelm clinicians

13.5 hours
per week (a third of working hours) is spent on clinical documentation.¹

25%
more time is spent on clinical documentation than 7 years ago.¹

3.2 hours
per week spent out of hours on clinical documentation.¹

62 minutes
per day is spent searching for missing information.¹

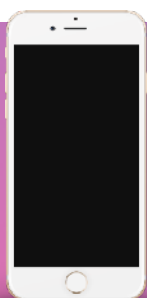
£57k
per annum - the value of time for a Consultant Doctor generating clinical documentation and searching for missing information.¹

68%
of clinicians felt it was likely or very likely their notes would be more complete with more time.¹

85%
of NHS healthcare professionals felt the burden of clinical documentation is a significant contributor to burnout.²



Generative AI in clinical practice takes centre stage in this BMJ Future Health webinar on adopting generative AI in healthcare for day-to-day use. Learn how ambient AI and large language models (LLMs) are changing clinical documentation, clinician workload, and patient experience across the NHS and beyond.



APPS & SOCIAL MEDIA



AI Tools and National Guidance

Tusla's 2025–2027 strategy launches a 3-year "Digital Transformation" programme, leveraging AI and advanced ICT to automate administration and enhance data-driven decision-making.

Key Aspects of AI and Data Use at Tusla:

- **Strategic Digital Transformation:** The [Tusla People Strategy 2025-2027](#) highlights integrating AI to free up staff for frontline work and streamline internal processes.
- **Pilot Projects:** The [Tusla Business Plan 2025](#) outlines piloting AI for service delivery, alongside developing policies for risks associated with emerging technologies.
- **Ethical Oversight:** The [Tusla Data Management and Digital Transformation Strategy](#) aims to balance technological advancement with privacy and robust data governance.

The **Department of Health** has developed a national framework [AI for Care: AI Strategy for Healthcare in Ireland 2026-2030](#) outlining how AI will be integrated into health and social care to improve outcomes and support staff.

HIQA was commissioned by the Department of Health to develop national guidance to promote and drive the responsible and safe use of Artificial Intelligence (AI) in health and social care services in Ireland, and have conducted an [evidence review](#) to inform this.

EU AI Act 2024: HIQA's work aligns with the EU Artificial Intelligence Act, which sets mandatory requirements for high-risk AI systems in healthcare.

AI Apps and platforms

AI Assistants

Microsoft 365 Copilot—AI assistant integrated with Microsoft Office tools for documentation and productivity.

[App Store](#) | [Google Play](#)

ChatGPT by OpenAI—Popular AI chatbot for conversational AI and productivity. [App Store](#) | [Google Play](#)

Google Gemini—Brainstorm ideas, simplify complex topics, and rehearse for important moments.

[App Store](#) | [Google Play](#)

Genspark AI Workspace—All-in-One AI workspace that puts busywork on autopilot. [App Store](#) | [Google Play](#)

Otter—AI Notetaker that builds your knowledge base and powers your workflow with transcription, automated summaries, AI Chat, and more. [App Store](#) | [Google Play](#)

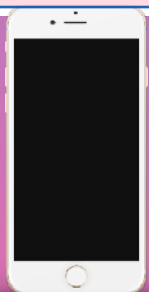
Claude by Anthropic—AI assistant for healthcare and enterprise use which can process volumes of information, brainstorm ideas, generate text and code, coach you through difficult situations and simplify your busywork.

Heidi claims to be the only AI medical scribe built for clinicians, by clinicians and trusted by hundreds of thousands of clinicians and healthcare staff across 50+ countries.

Creativity & Design

Canva is a user-friendly online graphic design platform that allows users to create social media graphics, presentations, videos, posters, and other visual content.

Figma helps you to create websites and a plethora of other design ideas in minutes.



APPS & SOCIAL MEDIA



**Campbell
Collaboration**

Reliability and Validity of Risk Assessment Tools for Violent Extremism: A Systematic Review

**SÉBASTIEN
BROUILLETTE-ALARIE,
GHAYDA HASSAN,
WYNNPAUL VARELA,
EMMANUEL DANIS,
SARAH OUSMAN,
PABLO MADRIAZA,
INGA LISA PAULS,
DENIZ KILINC, DAVID
PICKUP, ROBERT
PELZER, EUGENE
BOROKHOVSKI, THE
CPN-PREV TEAM**

Read the full review
[here](#)

1.1 The Review in Brief

This systematic review looks at the validation of tools used to assess the risk of violent extremism. It finds that none of these tools currently meet the standards expected in the field of correctional psychology.

1.2 What Is This Review About?

Risk assessment helps people in the justice system make decisions about supervision, early release, and who should get certain services. These tools have been used in prisons and probation systems around the world since the 1980s. But in the area of preventing violent extremism (PVE), the tools are newer, and it's unclear if they are accurate and consistent. This review brings together studies that tested whether these tools work as intended. We looked at how well they measure what they claim to measure (validity) and how consistently they give the same results (reliability).

1.3 What Is the Aim of This Review?

This Campbell systematic review examines the reliability and validity of risk tools for the assessment of violent extremism. It is based on 20 studies that tested these tools and looked at how strong the research evidence is.

1.4 What Are the Main Findings of This Review?

The 20 studies looked at six tools: the Terrorist Radicalization Assessment Protocol (TRAP-18), the Extremism Risk Guidance (ERG22+), the Multi-Level Guidelines (MLG-V2), the Identifying Vulnerable People guidance (IVP guidance), the Violent Extremism Risk Assessment (VERA), and *Der Screener–Islamismus*. Studies mostly comprised adult men who adhered to various extremist ideologies (far right, Islamist, nationalist, incel, etc.) and came from multiple countries and continents.

Many studies had major limitations. Some had very small samples or used publicly available data (like news articles, biographies, or databases). Many also used convenience outcome measures, like whether an attack was stopped or not. Importantly, none of the studies used a “prospective” design—meaning that none tested whether the tools could actually predict future violence based on an assessment done before anything happened. Instead, all the studies looked backward in time, after outcomes were already known. These are called postdictive studies.

There were, however, some positive results. In research settings, different experts often gave similar scores when using the same tool (inter-rater agreement), though this was not always true in real-world settings. Studies on content validity found that most tools include risk factors linked to extremist violence. Discriminant validity results suggested that these tools might work for both individuals and groups, and for different types of ideologies. But while some tools showed strong results in postdictive validity studies, there was a lot of variation across studies, and none truly tested predictive validity.

1.5 What Do the Findings of This Review Mean?

Right now, we cannot say that one tool is better than another. These tools should not be used as the only source of information to make important security decisions. However, they can still help professionals think about relevant risk and protective factors and plan support or interventions. More high-quality research is needed to test how well these tools work in real-world situations.



Tailored interventions to address determinants of practice

SHEENA MCHUGH,
FIONA RIORDAN, AOIFE
O'MAHONY, LAURA-JANE
MCCARTHY, ANA
CONTRERAS NAVARRO,
CLAIRE KERINS, JANE
MURPHY, EIMEAR C
MORRISSEY, EILIS J
O'REILLY, SIOBHAN
O'CONNOR, DANIELLE R
ADAMS, ROSEMARY
MEZA, CARA C LEWIS,
BYRON J. POWELL,
MICHEL WENSING, SIGNE
A. FLOTTORP, LUKE
WOLFENDEN

Do strategies that address specific problems in healthcare improve professional practice in line with clinical guidelines?

Key messages

Tailored implementation strategies (activities designed to tackle specific challenges facing healthcare professionals trying to action a new practice or recommendation) likely lead to slight improvements in how well healthcare professionals follow clinical guidelines.

Very few studies tested the effectiveness of tailored strategies in low- and middle-income countries.

Future research should explore how and why tailored strategies work, for whom and in what circumstances. The impact of tailored strategies in low- and middle-income countries should also be studied in more detail.

What are tailored implementation strategies?

Healthcare professionals are encouraged to follow clinical guidelines to give people the best possible care. However, in real life, healthcare professionals often face barriers that make it difficult for them to follow these recommendations. These barriers might be lack of time, limited access to staff or equipment, unclear instructions, or beliefs about clinical guidelines that make change harder. Tailored implementation strategies are bundles of activities chosen to address the specific challenges faced by healthcare professionals in

a given setting. The aim is to make it easier for healthcare professionals to follow the guidelines consistently over time. For example, if nurses in a busy clinic find a guideline too long to use during short appointments, a tailored strategy might provide a short visual summary or electronic prompts to remind the nurse about which actions to take. In contrast, a non-tailored strategy might be simply to distribute the full guideline without any consideration of the challenges faced by the nurses.

What did we want to find out?

We wanted to know if tailored strategies work better than non-tailored strategies or no strategy in helping healthcare professionals follow clinical guidelines. We looked at changes in healthcare professionals' actions - for example, whether they prescribed appropriate medicines or delivered the type of care recommended in the guidelines.



Tailored interventions to address determinants of practice

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WOLFENDEN

What did we do?

We searched for studies that compared tailored strategies with non-tailored strategies or no strategy. We summarised the findings and assessed how confident we could be in the results, based on how the studies were designed and carried out.

What did we find?

We found 79 studies that tested tailored strategies in healthcare settings. Most studies were in high-income countries, for example, the USA (19 studies) and the Netherlands (13 studies). Only eight studies were in low-income countries. Studies took place in a variety of healthcare settings, such as pharmacies, doctors' surgeries, nursing homes or hospital inpatient or outpatient departments. The healthcare professionals were also mixed and included mixed groups in 47 studies, physicians in 22 studies, nurses in 5, pharmacists in 1, and 'other' in 4 studies.

Most tailored strategies involved several activities. The most common included providing educational materials designed for doctors or nurses, running training sessions or educational meetings, and giving feedback to professionals about their performance. The strategies selected were used to tackle common barriers identified in the studies, including characteristics of health professionals (such as familiarity with the guidelines), aspects of the setting where the intervention was being implemented (the number of resources or incentives available to

put best practice into action), and miscommunication between members of clinical teams (for example, from the lack of routine clinical meetings).

Overall, tailored strategies probably lead to small improvements in how well professionals follow clinical guidelines, compared to non-tailored strategies. The evidence indicates similar results for tailored strategies compared to no strategy.

What are the limitations of the evidence?

Our confidence in the evidence is moderate. Studies used different methods to measure the impact of tailored strategies on healthcare professional practice. Studies also applied tailoring in different ways. These differences make it difficult to say which tailoring approaches work best or under what circumstances. Most studies were done in high-income countries, so we cannot tell how well the findings apply in low- or middle-income countries.

Read the full review [here](#).



NEW PUBLICATIONS & REPORTS



Read the full report [here](#).

Read the full report [here](#)



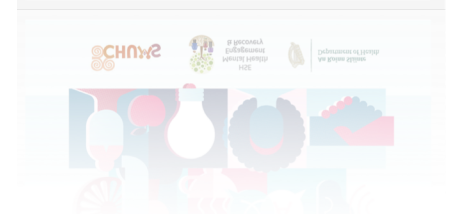
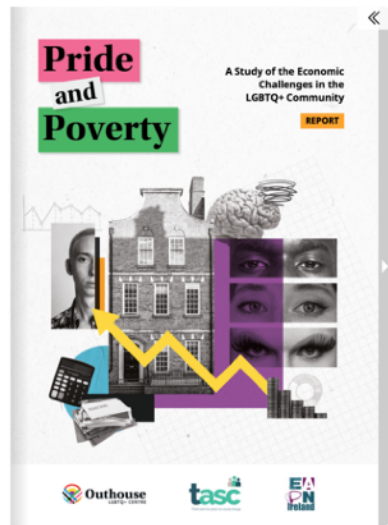
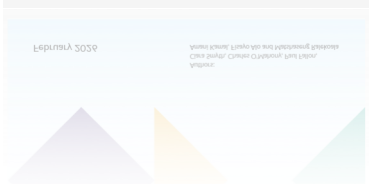
Read the full report [here](#).

Read the full report [here](#).



Read the full report [here](#).

Read the full report [here](#).





NEW PUBLICATIONS

Enabling family recovery in mental health - key messages from a scoping review

by Kerry Cuskelly, Michael Norton, Gina Delaney and Brendan Leen
For more information contact kerry.cuskelly@mu.ie

Key Enablers of Family Recovery

Individual and Internal Factors

Success depends on how families conceptualise mental health and use personal coping strategies.

Peer Support Groups

Shared lived experiences foster connection and understanding.

Models for Practice and Community Links

Utilizing frameworks like CHIME and connecting families to broader community level supports and services.

Specialist Training

Equipping families with knowledge and skills for their own wellbeing.

Peer and Professional Interventions

Recovery facilitated by social work services and clinical mental health programmes.



Advocacy and Social Inclusion

Enablers facilitate better access to rights-based care and reduce social isolation for families.



ENHANCED RELATIONAL AND EMOTIONAL GROWTH

Studies frequently showed improved family communication, stronger connections, and increased mutual emotional support.

Benefits and Outcomes of Family Recovery



EMPOWERMENT AND PERSONAL RECOVERY

Families gained self-efficacy, advocacy skills, and a renewed focus on their own wellbeing.

Find out more



5 top tips



Who wrote the review

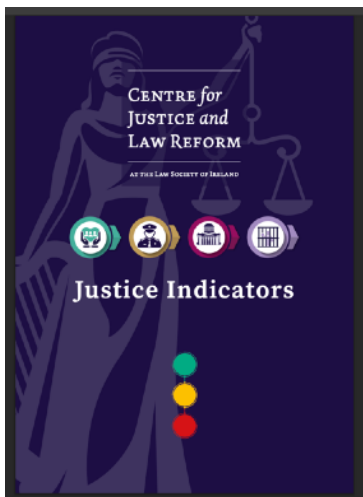


Why did we write the review

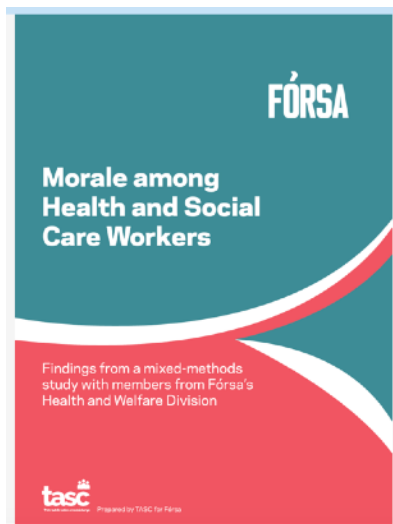


Full text of review

Read the full text of the open access article "Examining the existing knowledge base for enablers of family recovery in mental health: A scoping review" by Cuskelly et al., in the [British Journal of Social Work](#).



Read the full report [here](#).



Read the full report [here](#).



SUBSTACKS



Click on the images to access these two *Substacks*

Substack is a digital publishing platform that allows writers to send newsletters directly to subscribers via email. Writers can offer free or paid subscription tiers, retaining ownership of their content and subscriber lists. It combines blogging, email newsletters, and podcast hosting in one tool, enabling independent creators to build and, in some cases, to monetise an audience.

Welcome to Grounded Parenting

Understanding What's Beneath Your Child's Behaviour

[GROUNDEDPARENTING.SUBSTACK.COM](https://groundedparenting.substack.com)



Welcome to Caring in Connection

Understanding what's beneath the behaviour of traumatised children - head, heart and how we respond

[CARINGINCONNECTION.SUBSTACK.COM](https://caringinconnection.substack.com)





Practice signposts provide links to high-quality, research-informed databases and publications. Some of the databases at a quick glance may seem too medical/health orientated, but contain great resources to support social work and allied professionals' practice.

OPEN ACCESS RESEARCH DATABASES:

RIAN - Irish Open Access Research Archive - [click here](#)

Trinity Access Research Archive (TARA) - [click here](#)

Cork Open Research Archive (CORA) - [click here](#)

Galway Open Access Research Archive (ARAN) - [click here](#)

TU open access (Arrow) - [click here](#).

RESEARCH DATA ARCHIVES:

Irish Qualitative Data Archive - [click here](#)

Irish Social Science Data Archive (ISSDA) - [click here](#)

Irish Social Sciences Platform - [click here](#)

OPEN ACCESS (FREE) JOURNALS

Journal of Early and Intensive Behaviour

Intervention; International Journal of Child and

Adolescent Resilience (IJCAR; Journal of Global

Social Work Practice; International Journal of High

Risk Behaviours and Addictions; Journal of

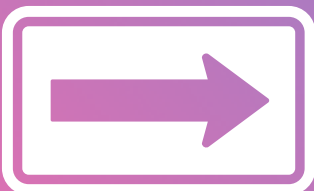
Indigenous Social Development; Critical Social

Work; International Journal of Child, Youth & Family

Studies; The Irish Journal of Applied Social Studies;

Comparative Migration Studies; Irish Social Worker.

SYSTEMATIC REVIEW DATABASES:



***Practice signposts: data sources
to support your practice***

PRACTICE GUIDANCE, DATABASES & PUBLICATIONS:

Addiction Technology Transfer Centre Network
(USA) - [click here](#)

CES - Centre for Effective Services - [click here](#)

Child and Family Agency Publications and Reports -
[click here](#)

Drug and Alcohol Information and Support
(drugs.ie) - [click here](#)

Growing Up in Ireland - national longitudinal study
of children. [Click here](#)

HSE Health Promotion Publications - [click here](#)

HSE Publications and Reports - [click here](#)

HRB National Drugs Library - [click here](#)

HUB na nÓg Young: Voices in Decision-Making -
[click here](#)

NICE - National Institute for Health and Clinical
Excellence (UK) - [click here](#)

Mindfulness Based Relapse Prevention Resources
(free audio tracks) - [click here](#)

North South Child Protection Hub - [click here](#)

Probation Service Publications - [click here](#)

Social Care Institute for Excellence (SCIE) - [click here](#)



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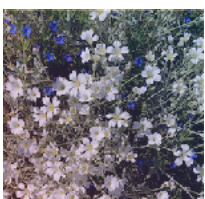
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Practice Links is a free publication from @UCCsocialwork, University College Cork for practitioners working in Irish social services, voluntary, community and non-governmental sectors. *Practice Links* supports practitioners to keep up-to-date with new publications, conferences, and continuing professional development opportunities. *Practice Links* is published every other month. Distribution is by email, social media and the [Practice Links](#) website.

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