Ulster University

Health and Social Care

Post Qualifying
Research Methods Programme provided by Ulster University and employer organisations

Systematic Narrative Reviews
Undertaken 2018-2019 as part of the
"Evidence Informed Practitioner and
Organisation" SWK 751 Module
&
"Using Evidence to Inform Professionals
And Organisations" SWK 753 Module

Abstracts
2019

Preface

Social Work Research Methods Programme

The Research Methods Programme provides two postgraduate, post qualifying modules for social workers approved by the Northern Ireland Social Care Council as part of the Professional in Practice Framework:

- The Evidence–Informed Professional and Organisation (SWK 751)
- Research and Evaluation Methods in Social Work (SWK 752)

The programme provides three modules for users of social care services and their families:

- Using Evidence to Inform Professionals and Organisations (SWK 753)
- Research and Evaluation Methods to Inform Social Work (SWK 754)
- Innovation and Co-Production in Social Care Research (SWK755)

The modules for social workers are accredited by the professional regulatory body, the Northern Ireland Social Care Council, and enable candidates to gain Requirements of the Professional in Practice Framework as detailed below. They require employer support and post-qualifying practice experience for entry. They are designed particularly for Senior Practitioners, training officers and other experienced Social Workers to gain knowledge and skills in using evidence to inform their practice and service development in their organisation. These modules achieve credit towards the Postgraduate Certificate/Postgraduate Diploma/MSc in *Professional Development in Social Work*.

The modules for service users and carers equip them to carry out roles in developing social care research, such as membership of research committees and grant awarding panels. These modules achieve credit towards the Postgraduate Certificate/Postgraduate Diploma/MSc in *Development and Co-Production of Social Care Research*.

All modules are 60-credit Level 7 (postgraduate) modules and are designed to develop knowledge and skills relevant to social work research-related activity and culture in Northern Ireland in support of the *Social Work Research and Continuous Improvement Strategy 2015-2020* (Health & Social Care Board, 2015).

The Evidence Informed Professional and Organisation (SWK 751) Using Evidence to Inform Professionals and Organisations (SWK 753)

These two modules are taught in the same class together. Candidates undertake a review of empirical research on a topic agreed with employer representatives as well as their tutor. Candidates learn to use web-based sources of evidence; shape an answerable question; identify research and appraise its quality; synthesize research into clear recommendations for practice; and present this evidence to an audience of professionals and service users.

They are designed to contribute to improving our Social Work Services to individuals and families by improving knowledge and skills, service quality and the effectiveness of organisations delivering social care services. The modules run for one academic year from September to June each year.

This report provides full abstracts and contact details for those who undertook systematic narrative reviews of evidence as part of the post qualifying course between 2018-2019.To obtain copies of the full evidence review please contact the reviewer. Contact details are included on each abstract. Electronic versions of the abstracts are also available on the University website http://www.ulster.ac.uk/dare.

Abstracts from the academic year 2016 onwards are also available on this website. See page 22-27 of this document for a list of names, titles of reviews and contact details.

This report will also be placed on the Northern Ireland SCIE page under Evidence, innovation and Quality Improvement.

Learning Objectives

- Demonstrate competence in negotiating, collaborating with a range of stakeholders and fostering reciprocal relationships in undertaking a systematic narrative review.
- Applying advanced systematic approaches to retrieving research literature from electronic academic and professional databases and web resources in relation to a social work and social care topic relevant to their role
- Analyse and evaluate a body of research exercising judgement to determine its quality and relevance to complex practice issues
- Create an innovative synthesis of empirical research by writing a postgraduate dissertation which makes worthwhile recommendations for service improvement in line with organisational and social work principles

- Influence change through delivering an oral presentation to managers, professionals and service users which critically appraises and applies knowledge from research to inform practice

The Research and Evaluation Methods in Social Work module (SWK 752)

Research Evaluation Methods to Inform Social Work module (SWK 754)

These two modules are also part of the Research Model Programme. These require the Evidence-Informed Professional and Organisation Module (or equivalent) as a pre-requisite for entry. Candidates build on the literature review undertaken during that module (or equivalent) to undertake a work-based research, service evaluation or professional audit project agreed with line management. Candidates develop knowledge and skills in designing and managing a project that will support robust, evidence-based development of professional practice and services. An additional booklet on the outcomes from these modules are produced and placed on http://www.ulster.ac.uk/dare.

Contents

Evidence Informed Practitioner and Organisation Social Work Module (SWK 751)	
Title of Systematic Narrative Review	**Vicarious Trauma: Associated Impacts on Practitioners Working with Young Victims of Trauma.**

Abstract

Context:

The reaction and impact on practitioners who provide therapeutic intervention to young people who have experienced trauma has been noted in the literature since the term ‘vicarious trauma’ was first mentioned in the professional literature in the 1990’s. Many studies consider vicarious trauma to be an occupational hazard to practitioners who are exposed to the trauma of others. Despite vicarious trauma and related impact issues having been the subject of research studies for over two decades there is a shortage of trauma informed supports and interventions for practitioners. This review focused on the discussion on the findings from the selected studies and draws attention to issues such as the reported effects of vicarious trauma on practitioners who work with young people, who have suffered sexual abuse and young people who sexually harm others. The review also examined the factors that increase or decrease the likelihood of vicarious trauma. The positive aspects of working with young victims of trauma are discussed through the concept of vicarious post traumatic growth. The aim of the study is to add to the evidence about vicarious trauma and highlight factors such as the influential role of support, supervision and the climate and culture of organisations.

Methods employed in the review:

In December 2018 three electronic databases were searched for primary research articles that were peer reviewed. The databases were:

- PsychINFO
- Medline
- Social Care Online.

A search strategy was developed using the following concepts groups:

Vicarious Trauma* **OR** Compassion Fatigue **OR** Secondary Traumatic Stress

AND

Sexual Abuse **OR** Sexual Offending

AND

Therapist **OR** Clinician **OR** Social worker **OR** Psychologist

AND

Young People.

Each study was screened by title and abstract to examine its relevance and suitability. The full text of the selected studies was read to determine final selection. Thirteen studies were selected from a larger group of studies and included in this review.

Findings

The main findings were that studies reflected the inevitability of the impact on practitioners of vicarious trauma when working with young people who have suffered trauma. Some authors indicated that it was almost an occupational hazard.

Some areas of work appear to provoke stronger impact reactions than others. The areas of work highlighted in the studies associated with greater impact were sexual abuse recovery work and working with young people with harmful sexual behaviour.

The positive aspects of working with young victims of trauma were also highlighted within some studies. This was closely linked with organisational support, both formal and informal. Managers who were aware of counter transference and vicarious trauma and who had relevant experience in their field of work were highly valued as a source of knowledge and support.

Conclusions:

The review provides the reader an overview and perspective as to how vicarious trauma impacts on practitioners working with young victims of trauma.

The key findings were that vicarious trauma existed within the participants and therefore should be a concern to both practitioners and organisations who offer services to young victims of trauma. The type of support to themselves and by practitioners was crucial to limit the impact of vicarious trauma both at an organisational level. In addition the type of support offered through supervision was also seen as being important.

The type of support that was valued ranged from informal support within teams to supervision (both formal and informal). There was also a need expressed across studies for a clinical reflective style of supervision and appropriate training on vicarious trauma both for experienced practitioners and those new to trauma work. The importance of practitioners feeling supported by an organisation that embraces and supports their work was clearly identified as a recurring theme in the studies.

The studies reflected the need for a general understanding of vicarious trauma as service users are potentially at risk of harm from practitioners who do not understand their own responses to the impact of the work.

Finally, studies also showed the intrinsic rewards of working with young victims of trauma and how many practitioners can reflect on this with pride and accomplishment.

A gap in the evidence as articulated by the studies explored was evidence of what works well for practitioners. Authors called for additional research in terms of vicarious post traumatic growth.

Name of Reviewer	**Bill Vail**
Organisation	**Western Health & Social Care Trust**
Contact Details	**Bill.Vail@westerntrust.hscni.net**

Title of Systematic Narrative Review	**“The outcomes of older people ready to leave hospital and discharged with unresolved delirium”- A systematic narrative review**
Abstract	

Context
Employed as a Hospital Social worker in a large regional acute facility. My primary role is to effect safe and efficient discharge for service users who are ready to leave the hospital. Hospital social workers are located within assigned base wards, working with patients, carers and other multidisciplinary team members. The team works with newly referred service users and those known to community-based teams. The Hospital Social Worker plays an integral role in planning and coordinating the discharge from the acute hospital to the community or otherwise. Much of the work could be characterised as multi-disciplinary working across other allied health care professionals. Hospital social work tends to follow the broad theoretical basis of crisis or tasked centred work. The assessment and planning phases of these tend to be the primary focus of the role.

To date options available for people suffering from delirium in hospital have been very limited. Patients with un-resolving delirium have been transferred to a variety of local services or indeed none at all. The regulations around nursing care placements have made it difficult for patients to meet standardised criteria and they often remain waiting in hospital whilst they become less confused or given a new diagnosis. Some work has gone into specific Delirium Units (Lam et al., 2014) and supported discharge programs (Delirium Recovery Program, NHS, 2015-19). Managing the implications, dilemmas and safety of the discharge has increasingly been left to the social work profession. There is a gap in the current service provision that adequately addresses or meets the needs of this group of people.

Methods employed in the review
Appraising the Ovid Platforms of four databases

- Psych info
- Medline
- Social Care online
- Social Services Abstracts (SSA)

Medline addressed the topic of delirium in hospital more thoroughly. A prerequisite of this review involves the exploration of Social Care Online, recognised widely as the primary resource for Social Work Research. After early deliberation and exploration around concepts groups, Social Services Abstracts (SSA) proved to be a useful platform. Key data was extracted systematically and taken from the 15 identified articles. The information is organised into headings that helped identify some of the key themes.

Findings

There is evidence to suggest that delirium is an independent predictor of hospital and post hospital mortality regardless if it is superimposed upon an existing dementia or subsyndromal in nature. Our current model of hospital care that focuses predominately upon acute medical needs is unlikely to provide well for patients with delirium. Recognition can improve outcomes as well as the experience and understanding for those involved. Future models need to include anticipatory and crisis avoidance care, and most importantly follow-up after an acute hospital admission.

The evidence suggested that delirium motor subtypes could potentially be an important element in affecting patient mortality to ensure the correct treatment is targeted to patients who are at high risk for poor clinical outcomes. The prevalence of poor recovery is compounded as cognitively-impaired hospital older adults tend to present with greater impairments in delirium symptoms than any other group. Certain characteristics, that present early in the course of hospitalisation, are predictive of poor recovery
Evidence suggests that elderly patients with dementia recovering from delirium in specialist units had equal potential for functional recovery as those who had no background cognition history. The treatment and management of delirious patients represents a high cost both financially and to the patients overall well- being. This includes greater length of stay, hospital readmissions and institutionalisation. Like many other complex aspects within health care the cost for this group remain high yet the outcomes still tend to be poor.

Conclusions

The outcomes of older adults hospitalised and subsequently discharged with unresolving delirium are poor. Recovery is slow and at times not reversible. Specialist delirium facilities offer alternatives into improving outcome trajectories as does an informed understanding of delirium subtypes. The economic and patient costs are significant, yet delirium is overshadowed by other health care conditions. Implementing better recognition preventative and post hospital measures could help to influence better outcomes for older people.

Name of Reviewer	**Brian Crossan**
Organisation	**Western Health & Social Care Trust**
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Title of Systematic Narrative Review	**The social work contribution to providing psychosocial palliative and end of life care in adult services.**
Abstract	

Context

Good palliative and end of life care matters to everyone; people are living longer than ever before, often with more complex needs and services must be equipped to respond. Palliative and end of life care seeks to address various domains of need including physical and psychosocial well-being. It is delivered by a range of professionals including social workers, operating mainly within generalist services. However, limited research evidence exists around the dimensions of psychosocial need in palliative and end of life care and the social work response to it. This review therefore sought to add to the current evidence base by exploring the nature and impact of psychosocial concerns in palliative and end of life care and examines the social work contribution in responding to such need.

Methods employed in the review

Three databases were used:

- Medline,
- Social Care Online and
- Social Services Abstracts

All were accessed on 21st December 2018.

Three concept groups were used: “palliative care” and “social work” and “psychosocial”. Index and text terms included:

Palliative Care **OR** End of life care **OR** Terminal care **OR** Hospice care **OR** Terminal* ill* **OR** Advanced cancer **OR** Advanced illness **OR** Dying patient
AND
Case worker **OR** Social casework **OR** Social work* **OR** Social services
AND
Psychosocial support systems **OR** psychosocial

Limits included: Year 2000-current, peer-reviewed, journal article and English language.
Rigorous database searching returned 10 relevant research articles. A further 3 articles were retrieved from citation searching, expert contact and hand-searching.

Findings

Psychosocial need arises from patient and carer adjustment to illness, the success of which is dependent on a number of factors including: access to and quality of formal and informal support, type of disease and trajectory of illness

and personal resources including attitudes and beliefs towards illness. Unmet psychosocial need impacts on the patient physical symptom experience and their involvement in decision making. The interface between generalist and specialist palliative care services is generally poor, especially in relation to those living with non-malignant conditions. The multi-disciplinary approach to delivering psychosocial care is particularly complicated within palliative and end of life care services and the social work profession is under-represented and under-valued. Social workers have a key role in providing psychosocial care to people affected by a palliative diagnosis but are hampered by personal, professional and organisational barriers.
Conclusions The findings presented and discussed in this review will help to develop further understanding of the social work role with those affected by a palliative diagnosis. Key recommendations for future research regarding the patient symptom experience and effective ways for multi-disciplinary working have been highlighted. Suggestions for strengthening social work practice through education programmes and mentorship models of learning and development have been outlined. Such measures will help to promote, authenticate and defend the invaluable social work contribution to delivering psychosocial palliative and end of life care.

Name of Reviewer	**Gillian Thomas**
Organisation	**Western Health & Social Care Trust**
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Title of Systematic Narrative Review	**Beyond UNOCINI - The use of decision making models in children's services intake teams.**
Abstract	

Context

Social work intake teams face the challenge of effectively responding to an increasing volume of referrals into children's services. Social workers have to classify cases as they enter the child protection system, prioritising high risk cases to safeguard children, while ensuring medium and low risk cases receive appropriate family support services. Several studies have highlighted the weakness of clinical judgement in social work decision making. Taking these critiques into account, this review asks if formal decision making models can help to improve decision making in social work and thereby enhance social work practice.

Methods employed in the review

The search strategy used the following concept groups: ***social work and associated terms***; children, families and associated terms; child protection/child abuse and associated terms; and the names of 'Actuarial' or 'Structured Decision Making'. Search terms were developed and searches run on

- PsycInfo
- Social Services Abstracts
- Social Care Online.

Studies were limited from the year 2000 - present. One hundred and thirty five results were initially returned. An inclusion criterion was applied, which led to 11 studies reviewed. The results were extracted for analysis. Research quality was appraised and the results of these studies were subject to a narrative synthesis. The main themes of the synthesis were: the effectiveness of consensus and actuarial based models; the view of front line practitioners; implications for child welfare organisations; and suggestions for service improvement.

Findings

The evidence suggests that actuarial models outperform consensus based models and are more effective in predicting risk. The synthesis highlighted some concerns such as the impact on staff development and the absence of the voice of the child in these models.

Conclusions

The review concludes with a discussion on the findings and a recommendation that a pilot study should be implemented within an intake team in Northern Ireland, in order to validate whether an actuarial tool should be developed that is

appropriate in this jurisdiction. The conclusion contends that a well-developed actuarial model could be an effective tool in improving decision making in children's services intake teams.

Name of Reviewer	**James Draper**
Organisation	**South Eastern Health & Social Care Trust**
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Title of Systematic Narrative Review	**Home from Home - Interventions for anxiety driven behaviours in service users with a diagnosis of dementia living in long term care**
Abstract	

Context

Dementia care is a growing global challenge. More than 90% of people with dementia will experience at some stage of their illness, behavioural and psychological symptoms of dementia (BPSD), including distress, agitation, and aggression. NICE dementia guidelines recommend psychosocial interventions as the first line approach rather than pharmacological interventions.

The aim of this review was to look at the effectiveness of different non pharmacological interventions directed at anxiety driven behaviours in service users with dementia living in long term care facilities.

Methods employed in the review

This is a systematic narrative review of the empirical research which has been carried out on the topic “interventions for anxiety driven behaviours in service users with a diagnosis of dementia in long term care”.

Robust searching was completed on three databases which included:

- Medline
- Social Care Online
- Social Services Abstracts

The search was limited by year 2013-2019, English language and limited to peer reviewed journals. Detailed search concepts were used for each of the databases:

A systematic narrative review of relevant literature was conducted on studies identified.

Findings

Twelve international studies were included in this review. The majority of studies were conducted as randomised control studies while only one study used a qualitative design, also having quantitative supportive data. Due to the heterogeneity of the twelve different interventions, the tools used for measuring outcomes as well as the outcomes themselves, direct comparison was difficult.

A thematic analysis was completed. Themes included Effects, Length of Effect, Cost-effectiveness and Feasibility and Diversity (Sociodemographic Factors). There were further sub themes within these main themes and findings of studies were grouped within these.

Conclusions

Studies of the interventions found useful components and small effect in behaviours although the results of some studies approached statistical significance.

There were positive trends in a number of outcomes which it can be argued impact greatly on the overall health and well-being of service users within this group. Improving practice across professions and stakeholders does not simply involve a reduction in these behaviours. Instead of only looking at the symptoms, there is a critical need to address the causal factors relating to unmet needs of people living within long term care facilities.

Further robust and empirical research is required to build on the pool of effective interventions. In addition consideration of sociodemographic factors e.g gender and culture specifically; also modification of, for example, theory of attachment in terms of specific behaviours that present, with this vulnerable group.

More qualitative direct research with service users required to inform person centered practice and service development.

Name of Reviewer	**Julie Doherty**
Organisation	**Western Health & Social Care Trust**
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Title of Systematic Narrative Review	**The impact of social factors for older people in the discharge process from hospital**
Abstract	

Context

In the current economic climate of spiralling costs and decreased resources, health care is required to develop innovative and cost effective measures to meet the needs of the growing aging population.

Social factors are often associated with delayed discharges and increased readmission rates within Hospitals. Social Work, as a profession, is in a prime position to develop effective methods in bridging medical and social health models.

This review considers the impact social factors have on the discharge process for older people. The themes have been drawn from twelve studies which have tested the effectiveness of assessment tools, interventions and supports used during the discharge planning and post discharge support process.

Methods employed in the review

In January 2019 three electronic databases were searched for peer reviewed research articles. The databases were:

- Medline
- Social Care Online
- CINHAL

A defined search strategy was developed; four concept groups and associated terms were employed with all three databases.

Social factors* **OR** 'quality of life' **OR** 'social isolation' **OR'** social support' **OR** 'loneliness' **OR** 'social relationships' **OR** 'social environment' **OR** 'community networks' **OR** 'biopsychosocial'

AND
older people* **OR** 'older adult' **OR** 'aged' **OR** 'aged 80 and over' **OR** 'frail elderly' **OR** 'elderly' **OR** 'geriatric'
AND
hospital discharge* **OR** 'patient discharge' **OR** ‘discharge planning**'** **OR** 'discharge planning' **OR** 'patient readmission' **OR** 'readmission'
`AND
social work role **OR** ‘social work’ **OR** ‘social casework’ **OR** 'social work' **OR** **'**social’

From the three data base searches twelve pieces of empirical research were included, based on relevance to the review focus. The twelve studies were analysed and recorded in a data extraction table. The QAT-E critical appraisal tool was completed on two of the studies. A ‘Narrative Synthesis’ was applied to analyse and present the key finding of the studies.

Findings

The findings of the review were explored through four key themes-

1. Defining Social Factors
2. The impact of using assessment tools
3. The impact of Intervention Programmes
4. The role of Social Workers

The review found that when social factors were targeted in discharge planning there were positive impacts on delayed discharge and readmission rates, as well as patient satisfaction.

Strong social relationships and networks were associated with overall improved outcomes for patients. Developing transition programmes that have capacity to establish and promote social relationships and networks is therefore a matter of concern for improving the health and wellbeing of older people. The review highlights the opportunity that hospital social workers and discharge processes have in effectively beginning this patient journey.

Conclusions

The review evidenced that social factors play an important role in predicting patients at risk of delayed discharge, readmission and need for post discharge support. The review highlights the complex interplay between physical, psychological and social factors. This suggests that while social factors play an important role in discharge planning, it must be considered in context.

A number of research gaps were identified from the review, firstly in the need to better define specific social factors, in order to build on how specific factors interact with interventions and outcomes. Secondly, in the need for a level of reform in services, through the development of more effective transitions from hospital to community care. Thirdly, the opportunity to develop the role of the social worker in relation to enhanced assessments, educational roles and in the development of evidence based healthcare intervention programmes.

Name of Reviewer	**Pamela Fillis**
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Evidence to Inform Professionals & Organisations Social Work Module **(SWK 753)**	
Title of Systematic Narrative Review	**The Apex of Involvement? Emergent themes in research into Co-production in Adult Recovery Colleges**
Abstract	

Context

‘Co-production’ is a current popular buzzword within health and social care (HSC) circles. The term refers to a personal and public involvement process and relationship wherein users of a service, HSC staff, policy-makers, carers and other stakeholders work together in a position of equity to design, commission, improve or operate a service or initiative.

Recovery Colleges (RCs) are a relatively recent innovation in mental health services that provide mental health and wellbeing education. Their unique selling point is that courses are jointly designed and delivered by peer and practitioner educators – i.e.This is individual with lived experience of mental health difficulties, and someone with qualifications/experience in mental health, respectively. RCs are therefore regarded as examples of co-productive working in practice.

Although research into Recovery Colleges, efficacy generally is growing, to date there had been no explicit examination of whether or not co-production in this context is as genuine as it seems. This review therefore sought to identify emergent trends in the literature surrounding co-production in RCs and understand if the mechanism was functioning meaningfully.

Methods employed in the review

A search strategy was established to identify robust peer-reviewed primary research relating to co-production in Recovery Colleges. Three concept groups were developed (expanded upon or refined as appropriate through the use of Boolean algebra). The overarching concept groups were:

- Recovery College(s)
- Co-production
- Effectiveness

The concept group searches were run through three key databases in January 2019. These were:

- Medline
- Social Care Online
- Scopus

Citation searching and author contact methods were also employed. After the application of quality assurance measures and exclusion criteria, nine articles were deemed appropriate to synthesise as part of the systematic narrative review. These were mainly qualitative studies. An inductive thematic analysis identifying emergent trends was conducted on the nine articles, which were then narratively synthesised.

Findings

Three overarching themes relating to Recovery Colleges co-production were identified:

- Power dynamics
    - The synthesis found that the peer and practitioner model used in RCs had the power to alter real and perceived power imbalances between 'service users' and 'professionals'. A sub-theme was the impact of peer trainers; their role as an educational professional was seen by practitioner and peer students alike as transformative and inspiring.
- Practitioner attitudes
    - The review observed a paradigm shift in the way mental health practitioners (both trainers and students of Recovery Colleges) observed their patients and the recovery ethos. This led to changes towards increased person-centred practice and a willingness to challenge non-recovery-focused practice. Practitioners were more willing to disclose their own experiences of mental health challenges.
- Relationships with host organisations
    - Recovery Colleges can potentially influence their hosts (usually NHS Trusts or equivalent) into greater adoption of co-production. However, this is not always the case, and even the opposite may be true (that a resistance to co-production in a host may impact on its efficacy in a Recovery Colleges). Whilst intra-College co-production may be well-established, the impact of macro organisational influences on Recovery Colleges was important.

With a few notable caveats, the nature of the emergent trends and the commentary provided in the included studies strongly suggests that co-production within RC settings is in most ways meaningful and genuine.

Conclusions

The review, whilst reaching positive conclusions, comes with some recommendations: ongoing Recovery Colleges primary research, including into co-production specifically; mandatory study of co-production from the start of mental health training; consistency of banding across NHS/HSC Recovery Colleges and between practitioner and peer staff; greater application of meaningful co-production in other domains within organisations; and ongoing powerful promotion of Recovery Colleges.

It should be noted that all but one of the synthesised studies were conducted in England (the other being in Australia), and that therefore generalisability to the local

HSC setting cannot necessarily be assumed. Local primary research is thus required.

Overall, the synthesis found that co-production within Recovery Colleges is operating at a functional, and potentially transformative, level. Recovery Colleges should, going forward, aim to consolidate their considerable successes by developing even further.

Name of Reviewer	**Karen Bester**
Organisation	**Service User**
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Systematic Narrative Reviews 2018

Title	Reviewer	Organisation	Email address
Service user involvement and co-production In social work practice development and education.	**Patricia Burns**	**Belfast Health & Social Care Trust**	**patriciam.burns@belfasttrust.hscni.net**
Decision making influences in identifying an alternative to hospital admission in mental health assessments.	**Ian Burnside**	**Nothern Health & Social Care Trust**	**ian.burnside@northerntrust.hscni.net**
The influence of personal support systems on the capacity of foster carers to sustain the role long term.	**Laura Butler**	**Nothern Health & Social Care Trust**	**laura.butler@northerntrust.hscni.net**
What is the evidence for improved outcomes for patients who have had social work intervention in the emergency department?	**Kerry Cullen**	**Nothern Health & Social Care Trust**	**kerry.cullen@northerntrust.hscni.net**
Supporting families of children with a disability.	**Janet Johnstone**	**Southern Health & Social Care Trust**	**janet.johnstone@southerntrust.hscni.net**
Family/Carer experience of advance care planning.	**Deirdre McKenna**	**Southern Health & Social Care Trust**	**deirdre.mckenna@southerntrust.hscni.net**
Factors influencing the reporting of financial abuse of older people.	**Eamonn Neeson**	**South Eastern Health & Social Care Trust**	**eamonn.neeson@setrust.hscni.net**
What does the literature tell us about if and how informal networks work for young people transitioning from care.	**Philip Teer**	**Belfast Health & Social Care Trust**	**philip.teer@belfasttrust.hscni.net**

What does the literature tell us about if and how informal networks work for young people transitioning from care.	**Jillian Martin**	**Department of Health NI**	Jillian.Martin@health-ni.gov.uk
Adoptive families experiences of disruption.	**Elizabeth Lyttle**	**Service User**	elizabethlyttle65@gmail.com
The experience of adopted children in school.	**Fiona Templeton**	**Service User**	fionatempleton@hotmail.com
Parental alienation in children of divorce and separation.	**Mairead Steward**	**Service User**	mairead741@btinternet.com

Systematic Narrative Reviews 2017

Title	Reviewer	Organisation	Email address
Community forensic provision for adults with a learning disability who offend	**Denis Maguire**	**Southern HSCT**	denis.maguire@southerntrust.hscni.net
Risk factors for self-harm in adolescence	**Elaine Pollock**	**South Eastern HSCT**	elaine.pollock@setrust.hscni.net
What is effective at reducing ante natal maternal stress associated with foetal developmental risk?	**Jane Hindes**	**South Eastern HSCT**	jane.hindes@setrust.hscni.net
Contribution of professional regulation on the Health and Social Care workforce	**Caroline McGonigle**	**Northern HSCT**	caroline.mcgonigle@northerntrust.hscni.net
Does a person centred approach enhance the self-reported quality of life for people living in residential or nursing home care?	**Kathryn Carmichael**	**Northern HSCT**	kathryn.carmichael@northerntrust.hscni.net
The effectiveness of structured learning in the development of emotional intelligence in social work education	**Robby Nelson**	**South Eastern HSCT**	robby.nelson@setrust.hscni.net
Service user involvement in 'best interest' decisions during discharge from hospital	**Robyn Lennox**	**Northern HSCT**	robyn.lennox@northerntrust.hscni.net
Interventions to improve communication between children and their birth parents about the reasons they are in care	**Lynda McGill**	**Northern HSCT**	lynda.mcgill@northerntrust.hscni.net

The regulation of adult Health and Social Care establishments in the community	**Suzanne Cunningham**	**RQIA**	suzanne.cunningham@rqia.org.uk
Community based interventions with disengaged adolescents and their families	**Gerard Gorman**	**Barnardo's**	gerry.gorman@barnardos.org.uk
Delivering together - service users and social workers in partnership as co-producers in research and continuous improvement	**Sonia Patton**	**Service User and Carer**	sjpatton924@gmail.com

Systematic Narrative Reviews 2016

Title	Reviewer	Organisation	Email address
Family preservation: What is effective in preventing older adolescents coming into state care?	**Laura Doyle**	**Action for Children**	Laura.doyle@actionforchildren.org.uk
Ageing out from Foster Care, the support and experience of young people.	**Francis Kavanagh**	**South Eastern HSCT**	francis.kavanagh@setrust.hscni.net
The Emotionally Intelligent Parent - should we consider this in our assessment process?	**Ruth Kingston**	**Belfast HSCT**	ruth.kingston@belfasttrust.hscni.net
Implementing Evidence Based Parenting Programmes. Barriers and enablers to recruitment and retention.	**Martina McCooey**	**Southern HSCT**	martina.mccooey@southerntrust.hscni.net
The impact of relationship factors between Looked After Children and Young People and the people who look after them.	**Jennifer Rice**	**South Eastern HSCT**	jennifer.rice@setrust.hscni.net
Physical activity and teenager and young adult cancer survivors.	**Simon Darby**	**Belfast HSCT and CLIC Sergeant**	simon.darby@belfasttrust.hscni.net
Can effective interaction be enhanced when working with individuals who are deaf blind?	**Liz Tanner**	**Southern HSCT**	Liz.Tanner@southerntrust.hscni.net
Working with families where older people have experienced abuse.	**Carole Kirk**	**Northern HSCT**	Carole.Kirk@northerntrust.hscni.net

Developing team resilience as a strategy to prevent burnout and compassion in a statutory residential child setting implementing therapeutic practices.	**Adrian Graham**	**South Eastern HSCT**	adrian.graham@setrust.hscni.net

Evidence Informed Professional and Organisation Social Work

Module 751 & Using Evidence to Inform Professionals and Organisations Social Work Module 753

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Improving and Safeguarding Social Wellbeing : A Strategy for Social Work 2012-2022 **Strategic Priority 3** adding value, delivering outcomes places a focus on continuous improvement and a focus on demonstrating outcomes and learning from practice.

The Social Work Research and Continuous Improvement Strategy 2015-2020

Priority 4 placed importance on recognising, valuing and maintaining the skill base of those social work practitioners who have already acquired academic credit for research.

Priority 6 is to ensure the experience and knowledge of social workers, service users and carers are used in research evaluation and audit.

Strategic Priority 7 is to ensure that research related activity promotes the principles and practice of personal and public involvement, equality and human rights. The Research Methods Programme utilises these skills through the provision of mentoring, supervision and the provision of teaching inputs on recognised courses for the benefit of other practitioners, service users and carers wishing to engage in research activity.

The Strategy is available at http://www.hscboard.hscni.net/swresearch/

The module supports the vision of the: Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in NI 2010 - 2022) available at https://www.health-ni.gov.uk/publications/improving-and-safeguarding-social-wellbeing-strategy-social-work-northern-ireland