Education in Social Care

Current Awareness Bulletin

March 2025 – May 2025

This quarterly current awareness bulletin is produced by the NHS Education for Scotland (NES) Social Care & Communities Directorate. It aims to highlight relevant publications relating to education and professional development in social care and social work.

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Anna Katharina Korn. (2025) 'Informal Home Care in the Digital Transformation: Platform Design and Work Ethics of Care.' *Social Sciences 14*(4)
With the aging society in Germany, the demand for informal care in private households is rising. This has led to a growing market for digital platforms that broker informal care services. Research shows that workers in elderly care, as a sub-sector of care work, often embody a work ethic centered on caring and helpfulness. However, this strong ethic can result in self-exploitation. Despite prior insights, the mediating role of digital platforms and their repercussions on work ethics remain underexplored. Therefore, this article asks how workers' ethics of care unfold within the design of platforms in platform-mediated care. Ten narrative-oriented, in-depth interviews with platform workers on two platforms were conducted. Findings reveal that care workers in this field of platform work have a work ethic of care strongly oriented towards identification with the role of caregiver and the needs of the client. The open and unstructured design of these platforms—where worker qualifications are rarely verified to attract large numbers—devalues and informalizes care work. The lack of recognition as a legitimate profession perpetuates the perception of care work as unskilled, diminishing its professional status and fostering feelings of unprofessionalism and self-exploitation.
Access the article

Aquino, S. (2025) 'Harnessing Virtual Reality for Training Care Home Staff in Remote Telehealth Assessments: A Digital Health Innovation.' *Studies in Health Technology and Informatics 327*, 1079.
The rise of digital health technologies offers innovative solutions to address the growing demands in healthcare. Within long-term care settings, the shortage of trained staff in essential areas such as swallowing, nutrition, and medication management has been exacerbated by the increasing complexity of care needs. Virtual Reality (VR) is an emerging technology that provides immersive, interactive environments that can enhance training in remote telehealth assessments, reducing gaps in care delivery while meeting the requirements of health professionals.

This study investigates the requirements for implementing a Virtual Reality training program tailored for care home staff. The focus is on using VR to improve competencies in remote telehealth assessments in key areas such as swallowing, nutrition, and medication management.

A mixed-methods approach was used, combining surveys and focus groups with care home staff, Generic Therapy Associate Practitioners (GTAPs), and Allied Health Professionals (AHPs). The Technology Acceptance Model (TAM) framework was employed to understand factors influencing the adoption of VR in telehealth training, focusing on perceived usefulness, ease of use, and the integration of digital technologies into clinical workflows.

The findings revealed three key areas: (1) the need for realistic and clinically relevant content in VR training simulations, (2) the importance of ease of use and accessibility to ensure broader adoption of VR, and (3) the role of organizational support, including technological infrastructure and funding, in successful deployment. Participants indicated that VR could bridge training gaps by providing scalable, risk-free simulations that enhance staff confidence in delivering remote telehealth assessments.

Virtual Reality presents a transformative opportunity in digital health education, particularly in equipping care home staff to conduct remote telehealth assessments. By leveraging VR's immersive capabilities, integrated health and social care can advance towards more efficient, scalable, and effective training solutions. The successful integration of this digital tool will depend on addressing both technological and organizational barriers, paving the way for broader implementation across healthcare systems.

Access the article

Barber, S., et al. (2025) 'Drivers and Barriers to Promoting Self-Care in Individuals Living with Multiple Long-Term Health Conditions: A Cross-Sectional Online Survey of Health and Care Professionals.' *BMC Public Health 25*(1), 884–13.

Self-care is an important part of preventing unwarranted decline in poor health linked to multimorbidity and in maintaining or improving health. Health and social care professionals provide support for self-care, which can positively influence health and care outcomes. It is important to understand the extent to which they perceive their support to be effective and what barriers to its uptake and desired outcomes exist. This study investigated the knowledge, attitudes, and perceptions of front-line staff in England concerning drivers and barriers to promoting self-care in service users with multimorbidity.

A cross-sectional online survey was administered via the Imperial College Qualtrics platform. Questions were asked about perceived drivers and barriers to promoting self-care in individuals with multimorbidity, including mental health. The quality of the survey was assessed by completing the Checklist for Reporting Results of internet E-Surveys (CHERRIES).

Extant barriers associated with service-users' ability and opportunity for self-care identified by seventy H&SCPs in England were feelings of loneliness and social isolation (18.9%; n = 54) and mobility and access issues (14.3%; n = 41). The methods most commonly used to support self-care were social prescribing (18%; n = 55), helping service users monitor their symptoms (15.4%;n = 47), and referring to recognised programmes to support self-management (14.1%; n = 43). The factors most identified as positively affecting service users to self-care included knowledge and understanding about the benefits of self-care (92.5%; n = 62), support to improve limitations caused by a health condition (92.5% n = 62), and support to improve mental health and wellbeing (91% n = 61). Gaps in H&SCPs knowledge were reported, including how to improve practical interactions to sustain health seeking behaviours by service users (32.2%; n = 48), health coaching (21.5%; n = 32), and knowledge about effective self-care interventions (20.1%; n = 30). Most respondents (92.9%; n = 64) reported that the COVID-19 pandemic highlighted the need for self-care, and 44.9%(n = 31) agreed that the pandemic had a positive impact on their ability to promote self-care among service users.

Self-care is important for service users who live with multimorbidity. H&SCPs identified loneliness, social isolation, mobility and access to services, and support in understanding or complying with a medical regimen as key obstacles to self-care for service users. Extant barriers identified by H&SCPs were associated with service users' ability and opportunity to sustain self-care, especially relating to feelings of loneliness and experiences of social isolation, mobility and access issues.

Access the article

Boath, S., and Purcell, M. E. (2025) '‘We’re Not just Behind the Scenes, We’re Visible and Upfront.’ Amplifying Young Carers’ Voice using a Community Development Approach in a UK City.' *Journal of Youth Studies*

This paper reports on research into a community development approach to supporting young carers, adopted in one city in Scotland (UK) to increase the numbers of ‘identified’ young carers, and to inform an assets-based approach to addressing their needs. A research team of twelve young carers and four practitioners, led by a senior practitioner, co-designed and conducted the research. Secondary data was co-analysed to identify gaps and inform the design of an online questionnaire, completed by 243 young people and 43 practitioners. Additionally, 23 people participated in semi-structured interviews, and 13 young carers participated in creative workshops. We found that the community development approach generated an increase in numbers of young carers identified and supported (through targeted and universal services and informally). Embedding community development values in practice contributed to this by reducing stigma, and empowering young carers to lead in awareness raising and provision of support. The community development approach demonstrated how embedding a non-deficit culture and a genuine commitment to ‘making it work’ (through awareness-raising and collaboration on complementary practices) offers the potential to mobilise assets and encourage positive, and meaningful joint endeavours between young carers, families, schools and agencies.

Access the article

Bostock, L., et al. (2025) 'What Knowledge and Skills do Early Career Social Workers Need to Practice Effectively with Children and Families?' *Child & Family Social Work*

There is an extensive literature base about the knowledge and skills required by social workers to work effectively with children and their families. However, making sense of how best to translate this into direct practice can be challenging, particularly when newly qualified. The paper is based on a wider rapid evidence assessment (REA) of the post-qualifying knowledge and skills required by early career social workers (ECSWs) to

practice effectively with children and their families. The REA involved searching for relevant English language literature (2012–2023) in ASSIA, Social Care Online, SocINDEX and PsycInfo and specialist journals. However, it was soon apparent that the literature was not segmented by career stage and wider searches relating to knowledge and skills needed to be undertaken. In total, 51 papers were included for review. Studies identified were largely qualitative, exploring the knowledge and skills required through observations of direct practice and self-report studies from the perspectives of social workers and children and families themselves. Where knowledge and skills were identified, relationship building and good authority skills were associated with some improved outcomes for family members. The review presents findings through practice-near descriptions of what works to build early career expertise with children and their families.
Access the article

Cassidy, L., et al. (2025) 'Co-Design and Feasibility Testing of the HEart faiLure Carer Support Programme (HELP): A Convergent, Mixed-Method Study.' *Patient Education and Counseling* , 108760.
This study co-designed and feasibility tested a novel psychoeducational intervention delivered online to carers of patients with heart failure (HF) and examined the potential impact on carer-related outcomes.
The HEart faiLure carer support Programme (HELP) was co-designed with carers and healthcare professionals at a large University hospital. This intervention comprises an information booklet and six psychoeducational support group sessions delivered online by a multidisciplinary team. A convergent mixed-method design examined the feasibility, acceptability, and potential impact of HELP. Carers of patients with HF were recruited in the United Kingdom (UK) via clinical teams along with printed and online advertisements. Quantitative measurements included carer-related outcomes (carer burden, carer preparedness, quality of life, anxiety, depression, stress, and social support) and feasibility assessments (recruitment rates, attrition, and intervention usefulness). Focus groups conducted post-intervention qualitatively investigated the acceptability of HELP. Data was collected at baseline, 6 weeks post-intervention, and 3 months post-intervention. Quantitative and qualitative data were analyzed with descriptive and thematic analysis, respectively. The results were integrated to generate a holistic understanding of the findings.
51 carers were eligible and 22 (43%) provided consent. Of those 22, 18 (89%) participated and 12 (67%) completed all intervention sessions. Participants highly rated the usefulness of the intervention via a feedback questionnaire (4.7 ± 0.59 out of 5, overall) and positive changes were found across the following carer-related outcomes: anxiety, depression, caregiver burden, stress, preparedness, and social support. Data integration generated three key findings: 1) Improved carer preparedness and knowledge, 2) Support from group environment, and 3) Emotional support and personal

wellbeing.
HELP delivery to carers of patients with HF is feasible and potentially provides emotional support and empowerment in their caring role.
HELP will advance to implementation testing across the UK to inform large-scale adoption in routine clinical practice.
•Relevant stakeholders co-designed the HEart faiLure carer support Programme (HELP).

•HELP provides psychoeducational support to carers of patients with heart failure.

•The online delivery of HELP to carers was feasible and highly rated by participants.

•HELP may emotionally support carers and potentially empower them in their caring role.

•HELP will undergo implementation testing to inform large-scale, routine adoption.
Access the article

Faraday, J., et al. (2025) 'Co-Development of a Mealtime Care Training Programme to Support People Living with Dementia in Care Homes.' *Journal of Long-Term Care* , 127–141.

Context: People living with dementia are at risk of mealtime difficulties which may impact health and quality of life. In care homes, interaction between carer and resident is key to mealtime care. However, training on mealtime care is variable.

Objective: The aim of this study was to co-develop with stakeholders an evidence-based training intervention for care home staff and to support delivery of mealtime care.

Methods: Three online workshops informed the development of a prototype training intervention. Across the workshops, 17 people participated including a dietitian, speech and language therapists, community nurses, an educationalist, care home staff, and family carers.

Findings: The content of the intervention was distilled into five modules: empowerment and respect; facilitating independence; social interaction; being safe; and careful encouragement, with two cross-cutting themes: tailored care and working as a team. The agreed principles for intervention mode of delivery included ensuring a collaborative two-way experience for trainees and making training applicable to everyday practice. Training outcomes identified as important were staff knowledge, skill and confidence, improved mealtime care, and improved quality of life for residents.

Limitations: Although family carers of people with dementia participated in the workshops, people with dementia did not. However, this population did contribute to the evidence base for the study in different ways. In addition, constraints of time and resources had a bearing on some decisions made in the workshops.

Implications: Future research will test the implementation and impact of the training intervention on care home staff involved in mealtime care.
Access the article

Glajchen, M., et al. (2025) 'Advancing the Primary Palliative Workforce: Pilot Results of the Educating Social Workers in Palliative and End-of-Life Care (ESPEC) Self-Study Program.' ***Journal of Palliative Medicine***

Background:
Health social workers caring for the seriously ill may lack preparation in the primary palliative skills needed for this complex task. Workforce shortages underscore the urgency of improving clinicians' confidence and competence in caring for the growing number of people living with serious illnesses.

Objective:
An evidence-based, nationally scalable, multimodality training program—Educating Social Workers in Palliative and End-of-Life Care (ESPEC)—was developed to address the training needs of health social workers. The initial program launch included a pilot of the core self-study component, based on the eight domains of quality palliative care. Results helped guide the program's national expansion.

Design:
ESPEC self-study modules were evaluated using a pretest-posttest design. Participants rated their confidence in 17 clinical and professional skills.

Setting/Subjects:
In total, 102 social workers in the United States, about half identifying as palliative social workers in hospital or hospice settings, completed the pre- and post-training survey.

Results:
Prior to completing the online training, 21.6%–50.0% of participants rated themselves as "very confident" in the clinical practice skills central to the role of the social worker in serious illness care. Fewer than 53.0% rated themselves as "very confident" in key professional skills, including communicating with colleagues. After completing the modules, 58.8%–81.4% rated themselves as "very confident" in both clinical and professional skills, with significant changes in nine clinical practices and four professional practices.

Conclusions:
This pilot supports the feasibility, acceptability, and educational potential of the ESPEC self-study training in increasing confidence in key practices of primary palliative care for

health social workers.
Access the article

Harrison, A. (2025) 'Bringing Solutions Focused Practice to Frontline Social Care in England.' *Child Protection and Practice* , 100177.
The Essex Solution Focused Centre (ESFC) was tasked with providing a wraparound Solution Focused (SF) training and support provision to a cohort of Newly Qualified social workers in Essex County Council Children's Social Care, UK. The project was led by experienced social work practitioner and solution focused trainer Allegra Harrison, who designed and implemented a robust programme in which weekly SF training and support was provided throughout the year to 20 Newly Qualified Social Workers (NQSW's) in frontline social care teams across Essex. Ongoing Solution Focused Supervision training and support was also provided to their Practice Educators and Team Managers. Ongoing review and evaluation of the SF provision was also implemented to ensure it was meeting the needs of the service, as well as to measure its impact on NQSW's practice and on the service as a whole. In this article we are given a tour of how this project came to be, what it looked like, how it was evaluated, the difference it made, and ponders the question of what it might lead to.
Access the article

James, T., et al. (2025) 'Conceptualising the Role of Dementia Champions Across Health and Social Care: A Qualitative Study Informed by Theory of Change (the DemChamp Study).' *International Journal of Geriatric Psychiatry 40*(5), e70101–n/a.

Objectives
People who work in health and social care frequently come into contact with people living with dementia, highlighting the need for a dementia aware and competent workforce. Some health and care services have implemented ‘Dementia Champions’ (DCs) to address this, but the role is rarely seen in domiciliary homecare services. We aim to conceptualise the DC role across health and social care to learn how it is implemented in practice and consider how it can be applied to homecare.

Methods
We conducted 30 semi-structured interviews with health and social care workers who either work as DCs or have experience/knowledge of working with them. We used framework analysis to analyse the data, informed by a Theory of Change (ToC) approach which involved identifying the ‘inputs’ involved in the role (tasks and responsibilities); and the short, medium, and long-term mechanisms required to implement, embed, and maintain the role.

Results
We identified key tasks and responsibilities of a DC which varied between and within sectors and services. The was a lack of role clarity and rarely a role description, which

was considered a barrier to the role's success. The DC role is typically voluntary with no remuneration and performed on top of existing roles with no protected time for specific DC tasks. DCs typically take on the role due to a passion for good dementia care and a desire to make a difference, meaning feedback and feeling valued were important. The DC role provides an opportunity for career development, which was considered essential to retaining DCs, and health and social care workers generally. We present these findings as five themes which map onto our ToC framework to explore how the DC role is implemented, embedded, and maintained in practice.

Conclusions
Across all services, there is need for role clarity, with a DC role description at the outset to set out the tasks, responsibilities, and boundaries of the role. The DC role needs protected time for workers to implement it and undertake training. We will use these findings to develop and refine our ToC framework to reflect its applicability for the homecare sector.
Access the article

Jen Lyttleton-Smith, et al. (2025) 'Better than Therapy: Exploring Hedonic Joy and its Relationship to Well-being for Unpaid Carers in Wales.' *The British Journal of Social Work*
The conditions of COVID-19 revealed inadequacies in well-being support for unpaid carers in Wales. We explore qualitative data, generated in 2021, regarding the importance of joy, pleasure, and satisfaction in unpaid carers' lives; both for carers' individual well-being and for their relationship with the person cared for. Discussions of activities restricted or prohibited during the pandemic were revealing about the nature and significance of pleasure within caring relationships. We distinguish between hedonia—transient moments of fun, amusement, or sensory pleasure—and eudaimonia—activities that align with and enact a person's ethical or personal values—to explore what helps to make caring arrangements sustainable. Unlike Aristotle's conception of hedonia as vulgar and shallow, we recognize that moments of shared joy play an essential role in supporting the dyadic relationship of carer and person cared for, and that moments of enjoyment away from caring can also uphold the carer's sense of identity. An absence of 'joy' in life is therefore likely to be detrimental to carers' well-being, also creating barriers to eudaimonic well-being. For practice, it is important that strengths-based approaches recognize the importance of hedonic opportunities to support well-being and prevent carer burn-out.
Access the article

Kate Aspray, Natalie Bell, Louise Colley, Lesley Deacon, Lucy Mortimer, Colette Rankin, and Andrew Robson, Chantahl Rodwell, Lindsey Salkeld and Anna Yoxall. (2025) '"It's about Adapting to the Person Not the Label": Exploring Social Care Practitioners'

Understanding of Neurodiversity.' ***NIHR Research Delivery Network***
EXECUTIVE SUMMARY: The purpose of the report is to share findings from a small-scale exploratory qualitative research study conducted by a group of Social Care Research Ambassadors who participated in a Facilitated Practice-based Research project. The aim of the inductive exploratory study is to understand social care workers' current knowledge and practice experiences concerning neurodiversity. The +tle for the study emerged through a group of social care workers (including social workers and occupational therapists) participating in the 2024/5 Facilitated Practice-based Research cohort which is funded by the Regional Research Delivery Network NENC.

Conclusion: The analysis reveals inconsistencies in practitioners' understanding of neurodiversity terminology, with confusion between terms like 'neurodiverse' and 'neurodivergent'. Despite this, there is a positive perception of neurodiversity as an identity. Practitioners observe various forms of neurodivergence and note challenges in accessing services due to misdiagnosis and long waiting lists. Strategies for supporting neurodivergent individuals include tailored communication and more time for processing information. However, there are concerns about time constraints and a significant gap in formal training. Addressing these issues is crucial for improving support in social care settings. Further research and training initiatives are recommended.
Access the article

Keemink, J. R., et al. (2025) 'Increasing Research Capacity in Adult Social Care: A Research Capacity-Building Partnership in Kent and its Theory of Change.' ***NIHR Open Research*** **5, 45.**
This paper describes the development of an adult social care (ASC) research capacity-building partnership and the corresponding theory of change that underpins this work. In 2021, the National Institute for Health and Care Research (NIHR) funded six social care capacity building partnerships across England to improve the quality and quantity of social care research. These partnerships facilitate collaborative working between universities, local authorities, practitioners, providers, and people with lived experience. The Kent Research Partnership (KRP) was established as one of the partnerships. Taking a co-produced approach, the KRP is a four-year partnership that aims to improve care quality by investing in and valuing the social care workforce and developing a culture of research and evidence-based practice and innovation. The KRP includes four interlinked streams of work- Communities of Practice, Researcher in Residence, Fellowships, and Access to Research. In addition, a fifth, cross-cutting workstream is dedicated to involving those with lived experience of ASC. To ensure robust programme planning and evaluation, we developed Theory of Change (ToC) models for the overall partnership and each workstream. Within these models, we also how the KRP intends to change behaviour using the Behaviour Change Wheel as the

underpinning model.
Access the article

Kelly, S., et al. (2023) ''Not the Last Resort': The Impact of an Interprofessional Training Care Home Initiative on Students, Staff, and Residents.' *Journal of Interprofessional Care 37*(5), 774–782.
This paper reports on an innovative interprofessional education (IPE) initiative conducted in three care homes across Greater Manchester in the United Kingdom (UK). Students from a variety of professions including nursing, physiotherapy, social work, podiatry, counselling, and sports rehabilitation worked collaboratively in the homes to address the residents' individual goals. We found that care homes provided students with many opportunities for interprofessional working and learning. Through better understanding the dimensions of different perspectives and approaches, students improved their education and transformed their perceptions of aged care. Having a diverse range of professionals allowed staff to gain insight into the latest evidence-based practice and address the multiple needs of the residents more holistically. Residents gained an enriched sense of meaning and purpose in their daily life by engaging in fulfilling and meaningful activities. The complexities of undertaking an IPE initiative in this setting are also considered and we conclude by proposing important avenues for future research.
Access the article

Langston, A., and Henderson, K. (2025) 'Issues Related to the Care of Transgender and Gender Diverse Individuals with Dementia.' *Archives of Physical Medicine and Rehabilitation 106*(4), e120–e121.
To explore the health and social care needs of transgender and gender diverse (TGD) individuals with dementia. This growing population has historically been understudied, resulting in a gap in knowledge of their unique needs.
The literature search encompassed 8 databases: EBSCOhost CINAHL Plus with Full Text, Wiley Journals, ProQuest Central, Taylor & Francis Ejournals, SAGE Journals, JSTOR, Wiley-Blackwell, EBSCOhost eBook Community College Collection, and PubMed Central. Search terms were “transgender dementia” and “gender dysphoria dementia.” Additional information was sourced directly from the US Census, Population Reference Bureau, Alzheimer's Disease International, and The World Professional Association for Transgender Health Standards of Care Version 8. References cited within relevant articles were screened to identify additional studies.
Studies selected were limited to those published in English between 2013 and 2024 that focused on older TGD individuals with dementia. A total of 18 studies were selected based on these criteria.
Data quality was assessed by considering the specific age range of the included population, how individuals were identified as TGD, stage of dementia, the country in which the study took place, and the year of publication.

The populations of older individuals, individuals with dementia, and individuals who identify as TGD are growing. TGD individuals are at an increased risk for developing dementia due to higher rates of risk factors associated with dementia including depression, social isolation, tobacco use, and hypertension. Additionally, TGD individuals commonly experience transphobia within the health care system and their families, which limits their ability to access necessary services including gender affirmative care. Individuals with dementia may experience “living in the past” and for those who are TGD, this can result in confusion, dysphoria, and a decreased sense of safety. There is limited research available about the unique needs of the intersection of older TGD individuals with dementia.

The lack of education and understanding for care needs specific to older TGD individuals with dementia leaves an already vulnerable population without needed protections, support systems, access to care, or security of a dignified existence. Focused academic research is needed to build a robust understanding of the needs of this population and develop an encompassing set of standards of care. Additionally, consistent information disseminated to care professionals through ethical education, training, and broad improvements throughout systems of care is critical.

none.

Access the article

Lynch, M., and Morrow, E. (2025) 'A Scoping Review Investigating the International Economic Evidence to Inform the Development of a Career Pathway for Home Support Workers.' *Public Health Reviews 46*, 1607091.

The aim of this scoping review is to explore the international evidence to identify the potential costs and gains of the development of a career pathway for Health Support Worker's (HSW's), the economic gains and benefits connected with continual professional development (CPD) and value for money.

Scoping review following JBI methodology was conducted of peer-reviewed international literature using structured searches of electronic databases and grey literature (September 2013-November 2023) applying economic methodological terms to capture economic evidence and perspectives on the issues.

Seventeen papers were critically appraised and during the process of data extraction four key themes emerged: 1) Cost-benefits of employment and training 2) Organisational economic perspectives 3) Service economic perspectives and 4) Sector economic perspectives. This scoping review revealed a scarcity of economic evidence contributing to critical educational approaches, costs and benefits in development of career pathways for HSWs.

Limited evidence was available on benefits of specific training programmes, and considerable gaps in the evidence to inform future investment. Recommendation is that future research should incorporate economic theory within evaluations to inform policy

and practice.
Access the article

Mallesham, C., et al. (2025) 'Trauma-Informed Social Work: Emerging Pedagogy and Practices for Navigating Empowerment among Trauma Survivors.' ***Journal of Evidence-Based Social Work (2019)*** **, 1.**
Trauma is an extreme stress associated with overwhelming experiences resulting in a lack of safety, power and freedom among the survivors. The individuals' lifetime exposure to traumatic events accounts between 70% to 80.7%. Consequently, Trauma-Informed Care (TIC) is promulgated in human service delivery to resist re-traumatisation and foster empowerment among trauma survivors. Social work professionals often experience vicarious and secondary trauma due to prolonged empathetic exposure to client's trauma narratives. Recently, the lack of self-care practice among the service providers has become public health burden. Therefore, it is essential to incorporate self-care as part of learning and practice in social work.
The authors find TIC framework to be emphasising on service seekers' care perspective which indirectly shadows the 'self-care' of service providers. Trauma-informed approach in educational and training curriculum at educational institutions are just emerging. As a result, in this editorial, authors propose Self-Care Based guidelines and framework making trauma-informed approach more accessible for budding social work professionals.
In this article, the guidelines and framework (S-GPS) for Self-Care Based Trauma-Informed Social Work (TISW) pedagogy and practices are discussed. Firstly, the Self-Care domain addresses the essence of trauma-proofing social work practitioners by nurturing self-regulation, self-compassion, resilience and overall well-being. Secondly, the General Pedagogy domain addresses trauma and its impact through education and training with implications for self-care skill acquisition for service providers during field works. Thirdly, the Specific Practices domain targets redressal of highly challenging experiences and ethical issues encountered during social work practice by embodying self-care. Finally, the Ongoing Supervision domain emphasises on the essence of continued support and collaboration of individuals and organisations to foster learning and competency among the budding social work professionals whilst giving due consideration to Self-Care.
The Self-Care Based TISW framework (S-GPS) lays foundation for embodying 'Self-Care is Social-Care' in education and training of budding social work professionals, wherein self-care acts as trauma (secondary and vicarious) buffer while efficiently engaging in empowerment of trauma survivors.
Access the article

Mason, C., et al. (2025) 'People Living with Dementia and their Families as Educators for Social Justice.' ***Health Expectations : An International Journal of Public Participation in Health Care and Health Policy 28*****(2), e70244.**

It is increasingly recognised that dementia education and training should include the direct voices of Experts by Experience (people living with dementia and their families). Good practice in facilitating teaching roles for people living with dementia needs to be identified to maximise inclusion and promote social justice.
This study aims to discuss the co-creation of a suite of learning modules on dementia, whose predetermined content was consistent with the three tiers of the UK Dementia Training Standards (DTS), which include filmed interviews with people living with dementia and family members.
Experts by Experience advised on content and took part in filmed interviews contributing to the development of 14 interactive learning modules based on the DTS curriculum. The process was evaluated using (1) participant and facilitator reflection on the film-making process and (2) independent researcher analysis of the films' content.
Seven people living with dementia and 10 family members took part. Four key points are identified regarding good practice in the co-creation of film-based learning materials with people living with dementia and their families. Five key themes are identified from the films' content, highlighting Experts by Experience spontaneous reference to experiences of perceived injustice related to their diagnosis, independently of the intended content of the module.
The active involvement of people living with dementia and their families in practitioner and professional education requires us to pay close attention to what they say. Learning materials should be Expert by Experience-led rather than curriculum-led.
People living with dementia and their families were involved in the design, conduct and evaluation of the study and in the preparation of the manuscript.
Access the article

McGloin, S., and Korea, D. (2025) 'Developing a Research and Education Programme to Enhance the Lives of People with Learning Disabilities.' *Learning Disability Practice*

Why you should read this article:

- To acknowledge the significant health inequalities experienced by people with learning disabilities and how these affect their life expectancy and quality of life

- To learn about the RCN Foundation’s Inclusive Health programme, which aims to support learning disability nurses in addressing these inequalities through research and education

- To recognise how co-production with people with lived experience of learning disabilities is central to shaping research and education initiatives

People with learning disabilities experience significant health inequalities, leading to reduced life expectancy and poorer health-related quality of life outcomes. The RCN Foundation, an independent charity supporting nursing and midwifery, has launched

the Inclusive Health programme to address these disparities. This initiative supports learning disability nursing through research, education and advanced practice scholarships. The programme includes nine research projects, focusing on workforce challenges, access to healthcare, the effect of annual health checks and the role of learning disability nurses in social care. Co-production is central, ensuring people with lived experience of learning disabilities contribute to shaping initiatives. This article explores the literature on health inequalities, the declining learning disability nursing workforce and the importance of evidence-based, person-centred care. It also outlines the RCN Foundation's commitment to reducing health disparities through research, innovation and education, ultimately aiming to improve health-related quality of life outcomes for people with learning disabilities across the UK.
Access the article

Mitchell, G., et al. (2025) 'Educational Interventions on Parkinson's Disease for Staff in Care Home Settings: A Scoping Review.' *Parkinsonism & Related Disorders 134*, 107562.

Background: Parkinson's Disease (PD) is a complex neurodegenerative disorder that presents significant challenges for care home residents and staff. This scoping review aimed to synthesize evidence on PD education and training available to care home staff, examine existing programs and their effectiveness, and identify gaps in current educational approaches.

Methods: A scoping review (ScR) was conducted and guided by the Preferred Reporting Items for Systematic Reviews and Meta-analysis extension for ScR (PRISMA-ScR) checklist. A comprehensive search of six electronic databases was conducted in September 2024. Studies focusing on PD education and training for care home staff were included. Data extraction and quality appraisal were performed, followed by thematic analysis to identify key patterns and themes.

Results: Seven studies met the inclusion criteria. Thematic analysis revealed four main themes: improvements in PD knowledge and confidence, improvements in care practice and outcomes, the need for increased specialist education, and the incorporation of communication training. Educational interventions led to significant improvements in staff knowledge, confidence, and care practices. However, the studies also highlighted a critical need for more specialized PD training among care home staff.

Conclusions: This review demonstrates the positive impact of PD-specific education on care home staff knowledge and practice. However, it also reveals a significant gap in specialized PD training for care home staff. Future research should focus on developing and evaluating comprehensive, tailored educational programs to enhance the quality of care for people with PD in care home settings.
Access the article

Naunton Morgan, B., Windle, G., Lamers, C. , and et al. (2025) 'iSupport for Rare Dementias: A Mixed-Methods Non-Randomised Feasibility Study of an Online Self-Help Programme for Carers.' ***BMC Pilot and Feasibility Studies 11***

Background
iSupport for dementia carers is an online education and self-care programme developed by the World Health Organisation for carers of people with the most common forms of dementia (Alzheimer’s disease and vascular dementia). iSupport for rare dementias (RDC) is the first adaptation designed specifically to address the challenges faced by carers of individuals with rare dementias (frontotemporal dementia, posterior cortical atrophy, primary progressive aphasia or Lewy body dementia).

Methods
A 12-week mixed-methods non-randomised feasibility study assessed the feasibility of recruitment and participant retention, the feasibility of outcome measures and the acceptability of iSupport RDC. Participants were recruited through the Rare Dementia Support Network (target N = 30). Data were collected through online interviews and self-report, including pre and post-intervention measures of depression, anxiety, burden and resilience. A modified version of the NoMAD questionnaire evaluated acceptability of implementation. Scores range from 0 to 4 with > / = 2.5 indicating acceptability. Usability was assessed through self-report and data from Blackboard.

Results
Thirty-four (13 males and 21 females) carers of people with frontotemporal dementia, posterior cortical atrophy, primary progressive aphasia or Lewy body dementia consented to the study and given access to iSupport RDC, hosted online by Blackboard Learn. Their ethnicity was reported as white and their mean age was 64.2 (range 35–86). N = 24 completed pre and post outcome measures, N = 10 completed pre-intervention and then withdrew, n = 4 reporting technical difficulties (70.6% completion rate). There were no missing responses. N = 20 completed 3 of the 5 iSupport RDC modules; n = 13 completed five. N = 4 could not access due to technical difficulties. Technical difficulties meant the data from Blackboard Learn were not obtained. The NoMAD total score (3.5) indicated iSupport RDC was acceptable. Qualitative analysis from n = 19 participants revealed themes of ‘technical difficulties’ (n = 10), ‘useful and informative’ (n = 7), and ‘provide at point of diagnosis’ (n = 5).

Conclusions
Recruitment targets were met but there were limitations in sample diversity. The extent of attrition warrants strategies to ensure retention to future studies, including testing online interventions on different internet browsers and operating systems. The favourable response to iSupport RDC from the participants indicates its potential as a valuable resource for supporting carers dealing with rare dementias.
Access the article

Pascoe, K. M., et al. (2025) 'From Rhetoric to Reality: Social Work Leading Change through Learning and Implementing Community Development Approaches.' ***Practice (Birmingham, England)*** **, 1–18.**
Despite a strong evidence base demonstrating the potential for community development approaches to promote positive social change in individuals, families and communities, the expansion of individualised casework in the UK in recent years, has led to the marginalisation of community development in social work practice and training. Drawing on an evaluation of a specialist community development training programme, the findings contribute to this evidence base, highlighting the key benefits of adopting a community development approach, as well as identifying challenges faced by social workers. Data from a synchronous survey of 39 social workers who successfully completed the programme indicates how their learning produced a mind-set shift, which enabled them to introduce new approaches, such as co-production and asset-based community development into their practice. This resulted in perceived community benefits such as grassroots leadership and empowerment. This paper makes recommendations to shift policy changes from rhetoric to reality.
Access the article

Robin Miller, et al. (2025) 'Leading by Example? Culture, Change, and Strength-Based Social Work.' ***The British Journal of Social Work***
Leaders play a central role in positive change through setting out a clear vision and inspiring others to commit their skills and resources. Leadership can also influence professional and organizational cultures to provide a more receptive environment for new ways of working. This article considers the interplay of leadership and culture within the context of strengths-based transformational programme within adult social work. Using theory of change, the research used mixed qualitative methods over a twenty-four-month period to understand assumptions of those tasked with leading change and experiences of those involved in implementation. Participants included senior managers, social workers, operational managers, health professionals and the voluntary and community sector. Underlying programme assumptions highlighted potential benefits of distributing leadership within and outside social work organizations to encourage practice innovations. In reality, senior leaders remained central to the process and communities often had limited influence. The need for culture change was recognized but how best to approach and sustain within local contexts was not sufficiently understood. Improving knowledge and practice of distributed leadership and culture change within social work will result in more effective transformation. Building stronger infrastructures to support co-production and skills in community development will enable more inclusive leadership contributions.
Access the article

Rottenberg, S., et al. (2025) 'A Mixed-Methods Evaluation of the Caregiving Essentials Course for Unpaid Caregivers of Older Adults in Canada.' ***Evaluation and***

***Program Planning 111*, 102605.**

Unpaid caregiving is a growing phenomenon, but many family members and friends fall into the role without any prior experience or training. Therefore, many individuals are unequipped with the necessary knowledge and skills needed to manage the demands of caregiving. The Caregiving Essentials course was created to meet the growing need for information and resources among unpaid caregivers of older adults in Ontario (Canada). The evaluation assessed whether the online knowledge intervention was effective in improving the following four areas from the experiences of the caregiver participants: 1) Knowledge, confidence, skills, abilities and self-efficacy; 2) Self-reported sense of personal health and well-being; 3) Perceptions of health and well-being of the care recipient; and 4) Understanding and access to the health and social service system. Using a convergent parallel mixed-methods approach, a total of 39 post-course survey responses were collected concurrently with 26 semi-structured interviews with participants who completed half or more (two or more modules). Survey responses were analyzed for descriptive statistics. Thematic coding of interview data was completed using NVivo software and triangulated with the descriptive statistics. Survey findings reveal that the course was not necessarily effective in improving caregivers' health and well-being because of external factors, but 91 percent of post-survey respondents reported being able to use the course content in their role as a caregiver. Thematic analysis of the interview data indicates participates recognize the course as being effective in improving participants' self-perceived knowledge, confidence, and access to resources.

- The Caregiving Essentials course is for informal caregivers of adult dependents.
- Most participants reported increased caregiver knowledge and access to resources.
- Course had minimal impact on health/wellbeing of participants and care recipients.
- Those with more caregiver burden reported higher intervention effectiveness.

Access the article

Shahbaz, R., et al. (2025) 'Transnational Caregiving: Experiences of Visible Minority Carer-Employees.' *Health & Social Care in the Community 2025*(1)

In Canada, approximately 35% of individuals in the workforce are carer employees (CEs). Workplaces lack support programs and initiatives resulting in CEs taking absences from work and opting for early retirement. These circumstances additionally decrease productivity and economic growth, and cause strains on the psychological, physical, and financial well-being of CEs. Many newcomers to Canada are providing care to those across transnational boundaries while being employed. These immigrants are known as transnational CEs (TCEs). The research questions this secondary analysis aims to answer are " What are the experiences of visible minority TCEs before and after the Covid-19 pandemic in London, Ontario, and what are the implications of these

experiences for policymakers and employers? ”. A qualitative thematic analysis by Braun & Clarke using the ATLAS.ti coding software was conducted to examine the dataset on South American, African, Pakistani, and Syrian descent TCEs. The philosophical orientation that underpins this study is constructivism and the theoretical framework that informs the findings is the intersectionality theory. Data analysis generated from the 29 participants in the study revealed three main themes: (1) the variations in gender-based transnational care, (2) cultural expectations of caregiving, and (3) recommendations to policymakers and employers. The results of the study suggest that male TCEs are more likely to provide financial caregiving, whereas female TCEs do more physical and emotional caring. Furthermore, culture influences caregiving as there are higher expectations from the only or eldest child in the family and those who live abroad. The findings also illustrate that there is a lack of caregiver-friendly workplace policies (CFWPs) in the workplaces (e.g., family responsibility leave) and TCEs lack knowledge about CFWPs. They recommended financial relief, employer support, and extended vacation/family leave to help them balance work and transnational caregiving. Study implications include employer engagement to promote and sustain visible minority TCEs’ health and well-being and educating TCEs and employers on the importance of CFWPs.
Access the article

Skills for Care, University of Strathclyde & LGBT Foundation. (2025) *The LGBTQ+ Learning Framework Toolkit: Developing Affirmative Services in Adult Social Care*
This toolkit complements the 'learning framework for working with LGBTQ+ people in later life' by providing further guidance and suggested learning activities for organisations wishing to get started or to strengthen their commitment to LGBTQ+ affirmative care. It draws on best practice examples from organisations active in this area which demonstrate how engagement with the learning framework is informing change. This toolkit provides suggested activities to support organisations in demonstrating evidence of how it is addressing the needs of LGBTQ+ people in its key activities. Benchmarking activities to the learning framework can be useful for case audits/quality assurance exercises and to demonstrate legal compliance during statutory regulation and inspections.
Access the article

Snowden, V. (2025) 'From Individualised to Collective Action: The Role of Community Social Work in Supporting Carers.' *Social Work Education* , 1–18.
This article explores the role of Community Social Work (CSW) in supporting unpaid carers through Carer Community Group Activities (CCGA), funded under the preventative duties of the English Care Act 2014 (CA14). Drawing on two empirical studies with carers and commissioners, it examines how CCGA can enhance carers’

resilience, wellbeing, and sense of belonging while identifying barriers created by structural inequalities and commissioning constraints. The analysis shows that while CSW is not yet widely implemented, it aligns strongly with social work values of justice, equality, and social action. Effective CSW requires inclusivity, excellent facilitation, and adaptability to meet carers' diverse needs in community spaces. Limited CSW training and misallocated resources often restrict CCGA's potential, particularly in rigid, cost-driven environments. This article advocates for embedding CSW within UK social work education to prepare students for placements and roles fostering community engagement. By integrating CSW skills and core values into the curriculum, social work education can better equip future practitioners to support carers and other marginalized groups. This commitment to CSW reinforces a pathway for social workers to be agents of social action and change through skilled, value-driven facilitation.
Access the article

Soares, L., et al. (2025) 'Rethinking the Value of Care: A Case Study of Sub-Micro-Level Co-Design with Scottish Care Workers.' *CoDesign* , 1–29.
The social care sector in the UK is facing a crisis, as traditional public service management methods have proven ineffective in addressing the challenges of complex care systems. This paper presents a case study that investigates the process of critically reflecting on public service design, focusing on co-creating value with care workers at the individual level. By showcasing the case process and outcomes, this paper identifies three dimensions of sub-microlevel value co-creation – perceptibility, relationality, and vitality – and highlights key design characteristics: embracing contextual uniqueness, establishing flat relations in routine interactions, and sustaining small-scale interactions to foster long-term transformation. Building on these insights, the study argues that achieving meaningful change requires not only macro-level policy reforms but also sub-micro-level shifts that recognise, acknowledge, and value the vital contributions of individual care workers to society. For these statements, flexible and responsive co-design method plays an irreplaceable role
Access the article

Tucker, L., et al. (2025) 'Supporting Unpaid Carers during Section 17 Leave from Mental Health in-Patient Wards: Carer and Practitioner Perspectives.' *BJPsych Open 11*(2), e71.
Care planning for recovery and to work towards hospital discharge is integral to good practice in mental health in-patient settings. Authorised leave from hospital, especially for those who are detained, can be used to check readiness for discharge and to maintain social connections that support a patient's recovery journey. Leave therefore often involves friends and family, or 'carers'. However, carer involvement in planning leave is limited, and carers struggle with feeling unsupported during the leave.
This study aimed to explore carers' and mental health practitioners' subjective experiences of leave in the context of implementing a set of practice guidelines for

involving carers in planning and undertaking leave from hospital.
Nine wards in six National Health Service trusts were recruited to implement the guidelines. Interviews were undertaken with carers (= 6) and practitioners (= 3) from these implementation wards and with carers (= 7) from nine usual care wards. A further ten practitioners completed an anonymous online survey. Data were analysed thematically.
Carers' experiences on both implementation and usual care wards indicated variable levels of involvement, with carers positioned as partners in care, observers of care or outsiders to care. Practitioner perspectives highlighted practical, structural and conceptual challenges in working with carers, which precluded effective implementation of the guidelines.
The guidelines reflected what both carers and practitioners described as good practice, but resource limitations, unclear responsibilities and perceptions of carer roles limited engagement. Implementing approaches to working with carers in in-patient settings requires resourcing and clear role definition within staff-carer relationships.
Access the article

Warhurst, A., et al. (2025) 'Teachers' Experiences and Perceptions of Supporting Young Carers in Schools in England: Challenges and Barriers and Working with Outside Agencies.' *Pastoral Care in Education* , 1–25.
Despite recent improvements in approaches to supporting young carers, including legislative changes, schools continue to face challenges in supporting young carers' varied needs. This research aimed to understand the perceptions and experiences of teachers and school staff who support young carers in schools within England, through pastoral processes, and multi-agency working while addressing key challenges in identifying young carers and engaging them in available support. Reflexive thematic analysis was used to analyse interview data from 18 participants. Three main themes were identified: School Resources, School Processes, and Young Carer Identity. These highlighted a need to raise awareness of the core themes in the experiences of young carers, lobbying for improved statutory protection and promoting young carers' voices. Furthermore, whilst it is widely accepted that young carers are a 'hidden' group, teachers in this study also felt that those who provide care and support to young carers and their families can be both unknown and unacknowledged.
Access the article

Waters-Harvey, B., et al. (2025) 'The Development of the Person Attuned Musical Interactions - Modified Version (PAMI-M) for UK Care Home Staff Working with Residents with Dementia.' *Nordic Journal of Music Therapy*

Introduction
Dementia can profoundly affect verbal communication and cognition, but non-verbal communication and music can serve as a crucial and accessible means of connection

and self-expression. Person Attuned Musical Interaction (PAMI), originally developed in Denmark, is a music therapy skill-sharing staff training package to promote person-centred attuned non-verbal communication between care staff and residents. This manuscript reports the development of a modified version of PAMI training (PAMI-M) for UK care homes.

Method
The PAMI-M development process consisted of (a) a systematic review, (b) expert consultations with care staff and the original PAMI researchers, (c) translation of the PAMI manual and adaptation, and (d) testing the PAMI-M manual and online training format in UK care homes.

Results
PAMI-M provides a compact training package covering essential PAMI components. A staff manual and an interactive online training session were developed to facilitate PAMI-M training for care staff, supplemented by fortnightly reflective sessions with a music therapist for further PAMI-M skills development.

Discussion
PAMI-M was designed to be flexible enough to accommodate variations in staff experiences, attributes, and knowledge, ensuring equal opportunities for its adoption. Notably, PAMI-M shifted from training music therapists, who then train care staff, to training care staff directly. While significant changes were needed, PAMI-M still emphasises PAMI's core principles, promoting person-centred, attuned non-verbal communication in dementia care.
Access the article

Whoriskey, M., et al. (2025) ***Digital Innovation in Social Care : Priorities and Opportunities for Scotland.*** **Digital Health & Care Institute.**
In January 2024, DHI was commissioned by the Scottish Government to develop a Care and Wellbeing Innovation Portfolio, focusing, in particular, on social care innovation. Through engagement with over 20 national organizations, DHI identified key priorities for scaling digital innovation in social care and to lever research and innovation opportunities. The findings emphasise the need for a supportive infrastructure, an innovation pathway, a framework for evaluating impacts, and alignment of ongoing projects. The report outlines steps to advance digital social care innovation across Scotland and shares insight on creating the conditions to foster social care innovation and collaboration across sectors.
Access the article

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