Education in Social Care

Current Awareness Bulletin

December 2024 – February 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.

The search strategy and sources included are based on our understanding of the sector and its context and may not be exhaustive or complete. Please also be aware that the sources listed have not been through a quality assurance process.

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If you would like to contact us with feedback, comments or questions then please email maria.cordero2@nhs.scot or nes.socialcare@nhs.scot

Armstrong, T., and Kettle, M. (2024) '"My Decision Making is Much More Deliberate… I'm Still Energised by it": Lessons Learned from the Design and Delivery of a Module on Judgement and Decision Making for Senior Social Work Managers.' *Social Work Education* , 1–17.
This paper describes the design, delivery and evaluation of a module on decision making for senior managers as part of a master's programme for current and aspiring Chief Social Work Officers (CSWO). Scotland is unique in having a statutory duty that requires local authorities to appoint a CSWO to provide strategic and professional leadership in the delivery of social work services. The CSWO also has certain statutory decision-making responsibilities and as a key decision maker is responsible for decisions that affect individual rights and liberties to an extent that other services do not. This paper describes the key decisions CSWO's are required to undertake before describing the pedagogical approach to developing and delivering the module. Rather than seeking to teach decision making the focus of the module is on raising awareness of factors that impact decision making, shifting from intuitive to active decision making and reflecting on the decision-making process. Results are presented from a thematic analysis of a post-completion survey of participants about their learning. The results highlight the isolation and vulnerability of the role, the weight of responsibility, the complexity and challenges of decision making and how the module supports managers to engage in analytical decision making.
Access the article

Bateson, K., et al. (2024) 'P-215 Collaborative Improvement in Adult Residential Care, through the Development of ECHO Communities of Practice (Poster Presentation).' *BMJ Supportive & Palliative Care*
Introduction
The Project ECHO model improves knowledge and understanding of multiple topics across care settings, taking a collaborative 'all teacher - all learner' approach. The Scottish Government healthcare framework – 'My health, my care, my home' (2022) - recommended development and embedding of ECHO hubs in every health and social care area in Scotland. Highland Hospice, a super hub, received government funding and launched Project ECHO Care Homes in May 2023 with four ECHO hubs being established including Highland Hospice and East Ayrshire - The Ayrshire Hospice. The University of the Highlands and Islands (UHI) evaluated this using the TiDieR framework.

Background
'My health, my care, my home' discusses that 72% of care home managers believed new skills needs will develop over the next five years that existing qualifications won't address.
Over three quarters (79%) of our online survey responses from care home team members highlighted a lack of protected time for staff to undertake training and practice development.

Method

Collaboration with Highland Hospice enabled facilitation training of Ayrshire Project lead and two educators.

ECHO sessions devised with collaborative decisions on topics.

Social care staff attend and contribute case–based questions.

University of the Highlands and Islands post programme evaluation.

Results

46 individual attendees. 70 views of recordings. 81 instances attendance. Clear indications of benefits to care home residents.

Conclusion

Increasing complexity of residents and reduced staffing availability in care homes necessitate new ways of educating and supporting care home staff. Project ECHO Care Homes was launched in May 2023 with the aim of strengthening and building practice in care homes in Scotland. Whilst too early to determine whether this aim has been achieved, this evaluation indicates that the care home staff reports of ECHO so far suggest clear benefits for care home staff, and ultimately residents.

Access the article

Blythe, N., and Bottery, S. (2024) *'I Can't See Myself Doing this Forever': Younger Peoples' Experiences of Working in Adult Social Care*. The King's Fund.

Summary

-Young people tended to fall into care work by accident rather than by design. The abundance of care worker roles coupled with a 'light-touch' application and recruitment process and some young people's priority to find paid work of any kind meant that getting a job in care work initially was not a significant problem.

- Interview participants found care work an extremely tough yet highly rewarding role. The first couple of weeks in particular was described as a 'baptism of fire' during which young people needed practical and emotional support from their managers and colleagues. More often, however, they found that they were left to sink or swim. While some young people found a way to thrive as care workers and find enjoyment in the role over time, we heard that many others leave the sector within a matter of weeks.
- Almost across the board, we heard about some appalling experiences of unfavourable treatment of young care workers on the basis of their age. This behaviour among their managers and colleagues was attributed to pressures within the sector that place a great strain on staffing, resources and time for those managing or working in social care. It was also, more commonly, associated with prejudices about what young people are capable of and what they bring to the role and deliberate efforts to undermine newcomers to the sector until they had 'proven themselves' and 'earned' respect.
- Very few young people envisaged they will remain in care worker roles indefinitely but they also struggled to identify a trajectory for the next leg of their working lives. In

general, they were looking for work that was fulfilling, offered a better work–life balance, and where they felt valued for what they do – both personally and financially.

Access the article

De Paiva, A. F., et al. (2025) 'Implementing Dementia Care Mapping in Dementia Care: A Narrative Realist Literature Review.' ***Journal of Long-Term Care***
Context: Dementia care mapping (DCM) is a multicomponent intervention to deliver person-centred care (PCC) for people with dementia. While the research has demonstrated the positive impact of DCM in care homes, more needs to be understood about the contexts and underlying mechanisms that may affect its implementation and uptake.

Objective: This review aims to develop a theoretical understanding of what influences the successful implementation of PCC, specifically DCM in care homes.

Method: A realist review was conducted using an iterative, stakeholder-driven, two-stage approach. Several databases were searched to identify studies published in English from 2000 to 2022. Seven DCM expert mappers took part in the focus group. We followed a descriptive, narrative approach to explain the results.

Findings: We found that an individual's knowledge and skills of DCM can either be a barrier or a facilitator. Limited managerial support and communication among staff and high staff turnover rates were identified as significant barriers to implementing DCM. Leadership support, open communication channels and supportive relationships between staff members facilitated implementation.

Limitations: There may be documents used in practice in diverse care settings that provide information to build on the review. Literature from other countries could have been missed.

Implications: A successful intervention in care homes requires facilitating mechanisms that can support the staff and wider care team to engage with the intervention. Long-term care policies should prioritise evidence-based practices, leadership development, effective communication, and a deep understanding of staff motivations and organisational culture to successfully implement DCM and other PCC interventions.
Access the article

Doucet, H. B., et al. (2024) 'Assembling the Pediatric Emergency Medicine Social Care Toolkit: A Modified Delphi Study.' ***Academic Pediatrics*** **, 102599.**
The pediatric emergency department is a high-value site for screening and resource referral for health-related social needs. However, best practices for this unique environment remain unclear. This study's objective was to introduce a consensus-based social care training toolkit for the pediatric emergency medicine (PEM) setting. We conducted a modified Delphi study to establish consensus on social care practice

and develop a user-friendly toolkit. Initially, five priority areas (sections) were identified. Participants reviewed literature and shared their expertise to draft preliminary sections of the toolkit. Two rounds of the modified Delphi process were conducted, involving a ranking system, significant qualitative feedback, and a final approval stage, resulting in the finalized toolkit.

Seventeen participants were included in the Delphi process, including pediatric and general EM faculty and trainees, as well as a social worker and public health professor. Forty-two content items were ranked in the first Delphi round. Based on a combination of score cut-off and extensiveness of qualitative comments, items were either minorly edited and kept (29%) or sent back to their section for review (71%). The second Delphi round integrated further suggested edits, and all participants in this final round approved the publicly available version of the toolkit.

By utilizing diverse sources of information and a consensus-driven process of the modified Delphi, we generated best practice recommendations for the design, implementation, and training of social care programs in the PEM setting.

Access the article

Ellicott, C., et al. (2025) 'Young Carers in Early Childhood-how are Young Carers Represented in Broader Literature and what Factors Influence Dominant Representations of Young Carers in Early Childhood in the UK?' *Healthcare (Basel) 13*(3), 280.

Contextualization of young carers in early childhood is complex. Biopsychosocial impacts of young caregiving are receiving growing interest, yet the voice and experience of society's youngest carers (0-5 years) remain absent from the literature. This scoping review explores representation of young carers in their early years (0-5 years), presented as part of a broader program of PhD research undertaken by the lead author. Aiming to influence systematic change in the way young carers are perceived and supported in society, further research is recommended. This will serve to better inform whole family support strategies in the context of young carer policy and practice. This review has been undertaken following JBI guidance for scoping reviews. A comprehensive literature search included publications dated 2014-2024 in Scopus, PubMed, PsycINFO, Eric, Web of Science, and Carers Trust and NSPCC websites. The overall search yielded no studies which met the inclusion criteria. Results were discussed with knowledge users, and content experts with lived experience of caring in early childhood, at all stages of the review process. The absence of relevant research highlights a significant gap in knowledge regarding the way in which the lived experiences of young carers in early childhood are represented and understood.

Access the article

Fisher, D. U. (2025) 'Young Adults as Paid Care Workers: Gendered and Classed Transitions, Trajectories, and Experiences.' *Journal of Youth Studies* , 1–17.

This article brings a youth lens to the study of care by empirically examining the accounts of young adults who pursue paid adult social care employment. The youth lens includes drawing on youth studies – particularly youth transitions – literature, which is combined with paid care work scholarship in a novel way. Young adults' experiences as paid care workers are peripheral in youth studies and care work scholarship, despite this work's increasing prevalence. The article examines the experiences of young adults pursuing, starting out and doing this work, through qualitative empirical research in Teesside, north-east England.

A key finding of young people's unpaid caring for adults influencing their pursuit of paid adult social care work is identified. The article contributes to understanding of youth transitions, particularly in relation to care work, and offers insights regarding the reproduction and sustainability of the paid adult social care workforce. It augments the growing sociological literature of Teesside [Shildrick, T., R. MacDonald, C. Webster, and K. Garthwaite. 2012. Poverty and Insecurity: Life in Low-Pay, No-Pay Britain. Bristol: Policy Press], and converses with work that foregrounds care work's gendered and classed dimensions [Skeggs, B. 1997. Formations of Class and Gender: Becoming Respectable. London: Sage; Stacey, C. L. 2011. The Caring Self: The Work Experiences of Home Care Aides. Ithaca: Cornell University Press].

Access the article

Gratrix, L., et al.'Supporting Health and Social Care Practitioners to Transition to Academia: A Systematic Review.' *Nurse Education Today*
•Novice health and social care academics need support to transition from clinical practice.

•Robust mentorship is needed to facilitate a transition to academia

•The challenges for novice academics must be recognised and strategies put in place

•Solutions to pre-employment gaps would enhance transition into academic roles
Access the article

Hanlon, N. (2024) 'Relational Pedagogy in Social Care Education: A Model for Relational Justice.' *Social Work Education* , 1–17.
Given that social justice is now central to Social Care Work it is vital that educators develop critical perspectives, research and educational pedagogies that advance the principles, policies, and practices of social justice in the profession. This presentation outlines a critical perspective on social care that integrates four interrelating social justice principles: redistribution, recognition, representation, and relational justice. It argues that the principle of relational justice should be central to social care work and education. In developing this principle the paper outlines the features of a relational pedagogy for social care education that nurtures four interrelated elements: (i) caring practice; (ii) critical practice; (iii); creative practice , and (iv) emancipatory practice.

Relational pedagogy is a value-based approach to social care education that emphasises an ethic of care and social justice practice over a proficiency perspective on practice.
Access the article

Johanna Schütz & Annika Hudelmayer. (2025) 'A Mobile App for Informal Care: Challenges and Opportunities in the Context of Complex Tasks and Networks.' *SocArXiv Papers*
Informal caregivers play a vital role in long-term care, often facing significant challenges in planning, organising, and coordinating tasks across complex care networks. While digital technologies offer substantial potential to support these activities, their adoption remains limited. This study explores the usability and acceptance of a market-ready mobile app designed to support informal caregivers in real-life settings. Eighteen caregivers used the app without formal training over several months, followed by semi-structured qualitative interviews analysed using content analysis by Kuckartz.

Results revealed that while the app's features, such as shared calendars and professional support forums, were perceived as useful, they were underutilised due to established offline routines, data privacy concerns, and limited interoperability with care services. Participants valued the app for its potential to streamline communication and coordination, particularly for geographically dispersed caregivers. However, structural barriers, including the complexity of care systems and digital mistrust, hindered broader implementation. This study highlights the need for user-centred app design and improved digital infrastructure to unlock the full potential of mobile technologies in informal care. Findings provide valuable insights into how digital solutions can bridge gaps in care networks and support the integration of informal and professional care.
Access the article

Keemink, J. R., et al. (2025) 'Recruitment and Retention of Social Workers as Research Participants: Lessons from a Randomized Controlled Trial.' *Social Work Research*
Social work research in the UK has significant challenges in building research capacity due to a lack of funding, austerity policies, and the quality of research training within social work degrees. As a result, the workforce has limited understanding of the value and relevance of research to practice. Indeed, previous studies report a substantial lack of social workers as research participants. Although healthcare research includes a wealth of literature providing guidance on recruitment and retention of participants, these suggestions are not automatically applicable to social work research due to the distinct nature of the sector and the differential understanding and valuation of research. Based on the authors' experiences from a randomized controlled trial, for which they recruited 614 social workers, this article is the first to offer

recommendations for the recruitment and retention of social workers as research participants. The authors describe valuable lessons for future research, including advice on meaningful stakeholder involvement, social media strategies, and emphasizing the value of participation for the advancement of the field and the personal experience of the social worker. The authors conclude with a summary list of actionable recommendations that will improve the research involvement of the social work workforce.
Access the article

Killett, A., et al. (2025) 'Public Involvement to Enhance Care Home Research; Collaboration on a Minimum Data Set for Care Homes.' ***Health Expectations : An International Journal of Public Participation in Health Care and Health Policy 28*****(1), e70140.**
Information on care home residents in England is captured in numerous data sets (care home records, General Practitioner records, community nursing, etc.) but little of this information is currently analysed in a way that is useful for care providers, current or future residents and families or that realises the potential of data to enhance care provision. The DACHA study aimed to develop and test a minimum data set (MDS) which would bring together data that is useful to support and improve care and facilitate research. It is that utility that underscores the importance of meaningful public involvement (PI) with the range of groups of people affected. This paper analyses the involvement of family members of care home residents and care home staff through a PI Panel.
The objective for the PI activities was to consistently bring the knowledge and perspectives of family members and care home staff to influence the ongoing design and conduct of the DACHA study.
The bespoke methods of PI included a dedicated PI team and a PI Panel of public contributors. Meetings were recorded and minutes agreed, resulting actions were tracked and reflections on the PI recorded. A democratic, social relations approach was used to frame the analysis.
A PI panel met 17 times. All meetings included both family members and care home staff. Analysis of the records and reflections developed the following themes about the operation of the PI: deepened understanding of the data environment in care homes; Influence on the pilot MDS; aiming for best research practices with care homes; personal/professional development for PI members; expectations of the project. Learning points for future research projects are developed.
PI shaped the design and conduct of the DACHA study, grounding it in the needs and perspectives of people using and providing social care. Data research has a huge responsibility to accurately incorporate relevant public perspectives. There is an implicit assumption that records and data are objective and 'speak for themselves' however there can be unintended consequences from introduction of new data

requirements in practice.

Public contributors to this manuscript include family members of older people living in care homes and staff of care homes. The wider study also involved as the public, older people living in care homes. Public contributors helped develop the project, contributed throughout the conduct of the study and some chose to be involved in preparing this manuscript.

Access the article

Kozák, A., et al. (2025) 'The Mediating Role of Workplace Milieu Resources on the Relationship between Emotional Intelligence and Burnout among Leaders in Social Care.' *PloS One 20*(1), e0317280.

This study investigated the connection between emotional intelligence and burnout through the mediating role of workplace milieu resources (a sense of community and mutual trust between employees) among social care leaders in Hungary utilizing the Job Demand-Resources model as a reference. The study evaluated emotional intelligence across three dimensions: understanding our emotions, understanding others' emotions, and positive emotional appraisal.

A cross-sectional and quantitative study was conducted from 11th April to 30th November 2019 targeting Hungarian social care leaders. Participants (N = 547) were recruited non-randomly trough a training organized for them. Data collection involved sociodemographic questions, the Assessing Emotions Scale and the Copenhagen Psychosocial Questionnaire. Descriptive statistics, Pearson's correlation, and three saturated serial mediations (ML with percentile bootstrap) were implemented. During the mediations, one dimension of emotional intelligence was used as a predictor in each model with the sense of community and mutual trust as serial mediators, and burnout as the outcome.

The results confirmed the role of the leader's emotional intelligence in creating a supportive workplace atmosphere and its indirect effect on burnout through these workplace milieu resources, while its direct effect was found not to be substantial. Among the three aspects of emotional intelligence, positive appraisal had the largest effect on burnout.

This study suggests that emotional intelligence' influence on burnout is mediated by workplace milieu resources. Therefore, it is crucial to encourage leaders to use their emotional intelligence to create a positive emotional atmosphere rather than solely concentrating on emotional comprehension.

Access the article

Lotty, M., et al. (2024) 'Transforming the Child Welfare System from the Inside Out: Integrating Trauma-Informed Practices into Foster Care Services.'

The Dublin South Central Area of Tusla identified the integration of trauma-informed practices as a service need, in the current significantly challenging practice climate. In response a research based collaborative project, the TARA Project, was developed that

aims
to embed trauma-informed practices through an area-wide approach. This article provides a background to the project, key findings of Phase One, which involved participants undertaking a university-based programme to support implementing trauma-informed practices through the TARA practice Model. Concrete practice changes were developed during the project. The article focuses on two new practice changes being implemented by the fostering team in the research site: The TARA Case Review, and the TARA Toolkit. These new practice initiatives are outlined, the rationale and application and implications for practice are discussed, reflecting changing child welfare practice from the inside. Future directions for practice and research are also highlighted.
Access the article

Madden, R., and Coffey, L. (2025) 'Experiences of Empathy-Based Stress among Care Staff Supporting Children and Adolescents with Intellectual Disabilities and/Or Autism in Residential and Respite Services: A Qualitative Exploration.' ***Health & Social Care in the Community 2025*****(1)**
Background: Care staff in the disability sector experience high levels of work-related stress and burnout, which contribute to high staff turnover and limited residential service capacity and affect both staff well-being and the quality of care provided. Little is currently known about the impact that exposure to secondary trauma has on care staff, which could put them at risk of experiencing empathy-based stress. This qualitative study aimed to explore how empathy-based stress is experienced by care staff supporting children and adolescents with intellectual disabilities and/or autism in residential and respite services, and the factors they perceive as contributing towards or protecting them from experiencing empathy-based stress.
Methods: Twelve care staff from four different community-based organisations in Ireland (two residential care and two overnight respite) took part in online semistructured interviews, which were recorded and transcribed verbatim. Reflexive thematic analysis was used to analyse the data.
Results: Four themes were identified, which had two to three subthemes each: (i) Challenging Periods (exposure to distress and trauma, empathy and feeling powerless), (ii) Organisational Factors (lack of support from management, training and staff cohesion), (iii) Personal Resilience (awareness, focussing on the positives) and (iv) Impact of Empathy-Based Stress (negative work affect, adverse impact on health and well-being).
Conclusion: Staff were exposed to service user distress or trauma, which at times initiated an empathy-based stress process. A build-up of factors, both individual and contextual, led to adverse physical and psychological outcomes and negative work affect. These findings have implications for policy and practice within disability care settings and suggest that interventions at a personal and organisational level and the

adoption of a trauma-informed approach may help to reduce empathy-based stress in care staff and improve quality of care for service users.
Access the article

Margaret Blake, Claire Lambert, Freddie Gregory, Mary-Clare Ridge, Laura, et al. 'The Adult Social Care Workforce and their Work-Related Quality of Life.'
This report presents findings from a research project undertaken by Ipsos in partnership with University of Kent and Skills for Care, on behalf of the Department of Health and Social Care (DHSC). The research involved an online survey with members of the adult social care (ASC) workforce in England between August and October 2023, to measure their wellbeing and work-related quality of life (WRQoL). This executive summary provides an overview of the key findings from analysis of weighted data for 7,233 survey participants. The analysis is based on overall results for all participants as well as comparing findings by individual characteristics such as job role, working hours and ethnicity. This provides a descriptive analysis of association and care should be taken to avoid assuming causation.
Access the article

McCusker, P., et al. (2024) 'Feeling Well, Feeling Cared for? using Participatory and Arts-Engaged Research to Improve Understanding and Professional Responses to the Mental Health Needs of Care-Experienced Young People.' *Educational Action Research* , 1–19.
Care-experienced young people face significant levels of mental distress yet the nature and lived reality of this is poorly understood and undermines the degree to which professional caregivers can provide effective support. This is exacerbated by the lack of ‘voice’ and control care-experienced young people have as active producers of knowledge through research. Using a small-scale, knowledge exchange project, we sought to address these concerns by employing coproduction and participatory action research with care-experienced young people to articulate their experiences of mental distress and the kind of supports they need. Their insights were used to develop and co-deliver an online training programme to professional care givers. An arts-based methodology involving sound was utilised to enhance learning and emotional connection. The findings illustrate that: professional caregivers lack knowledge about mental health and need adequate training to support the mental health of care-experienced young people; communication and relationship-building skills are central to improving mental wellbeing; systemic change is also required; and hearing directly from young people in mental health training and amplifying their voice through the creative use of sound increases impact. These findings endorse creative, coproduced training as a valuable means of effecting the type of culture and systemic change required to significantly improve the support for care-experienced young people’s mental health and wellbeing.

Access the article

McKenzie Smith, M., et al. (2024) 'P-216 using ECHO for Palliative Care Training with the Adult Social Care Workforce Across South Yorkshire (Poster Presentation).' ***BMJ Supportive & Palliative Care***

Background
It is known that some people experience excellent care in hospitals, hospices, care homes and in their own homes but the reality is that many do not. It is recognised that health and social care professionals want to ensure that the best care is delivered wherever the patient is. St Luke’s Hospice delivers and continues to receive requests from Adult Social Care (ASC) providers for Specialist Palliative and End of Life education and has used Project ECHO to fulfil these learning needs previously. ECHO supports knowledge sharing between staff, facilitating exchange of specialist knowledge and best practice.

Aim
To establish and deliver a palliative/end of life care training program for staff working within care homes, supported living and domiciliary care across South Yorkshire who wish to improve their knowledge with the opportunity to meet other care staff and share good practice.

Method
A learning needs questionnaire was developed and disseminated across social care contacts to establish the learning priorities for the workforce. Project ECHO has been utilised across the world to develop communities of practice in remote areas. Utilising the novel ECHO Methodology, a programme of six ECHO sessions has been designed to be delivered to address the knowledge gaps identified by the workforce. The six sessions are: (1) Physical care of the dying; (2) Advance care planning; (3) Symptom management at end of life; (4) Recognising dying; (5) Palliative care emergencies; (6) Bereavement support and communication.
Pre and post programme self-efficacy confidence and knowledge evaluation questionnaires will be completed to measure learning and establish future needs.

Results
No results available as yet as delivery is mid-April to the end of June 2024.

Conclusion
We hope to show increased knowledge and confidence in palliative and end of life care in the ASC workforce following attendance with the hope to deliver a future rolling programme.
Access the article

O’Neill, A., et al. (2025) 'Social Care for Older Adults in the Criminal Justice System: A Brief Report from a Nominal Group.' ***The Journal of Forensic Psychiatry &***

***Psychology 36*(1), 37–49.**
In line with increasing numbers of older prisoners, demand for social care in prisons is also on the rise. However, social care provision for prisoners appears to be of variable quality and there is minimal research on how best to meet the social care needs of older people in this environment. This paper therefore aims to explore the views of experts involved in prison social care to identify challenges and improve understanding on how best to support prisoners with social care needs. A nominal group was conducted to explore the views of nine participants from private, public, and third sector organisations, including two heads of healthcare, three specialist nurses, an occupational therapist, a consultant forensic psychiatrist, a social care team leader, and a mental health coordinator. Seven key themes emerged: 1) unsuitable environment and regime; 2) varied models of social care; 3) peer support; 4) staff training, collaboration, and understanding; 5) alternative specialised facilities; 6) 'lower-level' needs; and 7) issues on release. Overall, these themes mirror findings in the wider literature. However, research is typically focused on male prisons, and is lacking on women. Research on peer support and lower-level social care needs is similarly limited. The findings of this paper can stimulate future research in these directions, as well as informing the national strategy for an ageing prison population, policy, and practice.
Access the article

Pascoe, K. M. (2025) ''I Don't Think they Look at this as an Issue'. Exploring the Training and Development Needs of Practice Educators in Social Work Field Education.' *The British Journal of Social Work*
Social work field education is central to qualifying social work degrees, whereby placements support students to explore the connection between theory and practice, gain frontline experience before entering the workforce, and socialize into the profession. While research has captured student learning experiences, the perspectives of social workers supervising student placements have received less attention. This article examines the training and development needs of practice educators (PEs), also known as field educators, from across Aotearoa New Zealand, reporting on findings from a national survey. Drawing attention to desired areas for development, gaps in provision, low levels of satisfaction, and challenges to accessing training including cost, time, and visibility of opportunities, the findings suggest the current level of professional development specific to this role is variable, and PEs are interested in accessing further training. These findings reiterate the importance of resourcing and highlight considerations for establishing partnerships across education institutions, the professional association, and potentially the regulation authority to support consistency, development, and delivery.
Access the article

Rose, S., et al. (2025) 'Self-Care in Social Work: An Imperative Or Beyond Reach?' *The British Journal of Social Work*

In recent years, the self-care of social workers has become a focus for research and practice in recognition of the demands of the social work role. As part of a research project to explore ways to embed self-care into a social work degree programme at a Scottish university, a narrative literature review was undertaken to examine existing research on self-care for social work students and practitioners. This article reports on the findings from this review, including the multiplicity of ways in which self-care is defined and conceptualized, how it is practised by social work students and practitioners, and the evidence base for identified approaches to self-care. Broader conceptualizations of self-care are explored, which encompass philosophical constructions of the 'self' and the impact of social and cultural norms on self-identity. It is argued that a cultural shift is required in the conceptualization and practice of self-care in social work to include collective and political approaches alongside individual strategies thereby promoting the social justice and anti-oppressive aims of the social work profession. Connections between self-care and ethical practice are highlighted, and further reinforce the need for self-care to be an imperative in social work.
Access the article

Semple, C. J., et al. (2024) 'An E-Learning Intervention for Professionals to Promote Family-Centered Cancer Care when a Significant Caregiver for Children is at End of Life: Mixed Methods Evaluation Study.' ***Journal of Medical Internet Research***
Background:
Families are often unsure how best to prepare dependent children for the death of a significant caregiver with a poor cancer prognosis and seek guidance and support from health care teams. Health and social care professionals (hereafter referred to as professionals) often lack educational opportunities to gain the desired knowledge, skills, and confidence to provide family-centered supportive cancer care. e-Learning has positively impacted access and reach, improving educational opportunities in health care.

Objective:
We aimed to evaluate the acceptability, usability, and effectiveness of an evidence-based, theory-driven e-learning intervention to equip and promote professionals' self-efficacy to deliver family-centered supportive cancer care when a significant caregiving member for dependent children is at the end of life.

Methods:
Guided by the "person-based approach," a mixed methods outcome evaluation was used. To determine the effect on self-efficacy, participants completed a validated pretest and posttest 12-item self-efficacy survey. The use of one-on-one, remote semistructured interviews and single-item questions determined the usability by professionals of the e-learning intervention and the acceptability of perceived learning

in clinical practice. To generate enhanced insights, quantitative and qualitative data were integrated through a 4-stage, modified pillar integration process.

Results:
Overall, 158 participants completed the pretest survey for the e-learning resource, with 99 (62.7%) completing the posttest survey. Semistructured interviews were conducted with 12 professionals at least 1 month after the intervention. Findings highlighted a statistically significant improvement in posttest self-efficacy (99/158, 62.7%; P<.001). Usability of the e-learning intervention was positive, with participants reporting that it was clear and organized (mean 4.84, SD 0.373), the layout was appealing (mean 4.71, SD 0.539), the language was easy to understand (mean 4.71, SD 0.407), and graphics and media were purposeful (mean 4.76, SD 0.495) and engaging (mean 4.67, SD 0.703). Determining acceptability, participants considered that the intervention would positively impact practice (mean 4.60, SD 0.589) and increase knowledge (mean 4.56, SD 0.677), with appropriate practical examples to support learning (mean 4.58, SD 0.610). Following engagement with the e-learning intervention, professionals reported preparedness to deliver supportive adult-professional end-of-life cancer care, when an adult with significant caregiving responsibilities is dying. Findings demonstrated transferable learning to additional contexts, such as other close adult-child relational bonds (grandparents) and to life-limiting conditions.

Conclusions:
The systematic and iterative person-based approach optimized the acceptability of a novel e-learning intervention, having the potential to promote family-centered supportive end-of-life cancer care. This accessible e-learning intervention makes an important contribution to the recognized global gap of educational interventions in this field. Equipping professionals with family-centered supportive end-of-life care improves self-efficacy and preparedness to engage in challenging conversations, with the potential to promote better outcomes for affected adults and children and mediate adverse outcomes for adults and children before and after bereavement.
Access the article

Social Care Institute for Excellence. (2025) *Tackling inequalities in care for people with learning disabilities and autistic people.* UK:
SCIE's 'Tackling inequalities in care for people with learning disabilities and autistic people' project explored the inequalities faced by people living with learning disabilities and autistic people, such as delays in diagnosis, lack of reasonable adjustments, and 'diagnostic overshadowing'.

SCIE worked with 'The SCIE Fliers' a co-production group of people with learning disabilities and autistic people, to understand people's experiences of the COVID-19 pandemic to draw out lessons and opportunities for learning that could be shared to support the sector and ultimately support improvements in care and support. This led to the development of the ‘Am I invisible’ materials which feature on the SCIE website.

During this project, SCIE worked alongside people with learning disabilities and autistic people to understand their experiences and views on what needs to be different. SCIE also facilitated a series of events with different sector partners, to showcase the work developed by the co-production group, and develop the conversation further.

This guidance document brings together learning from our discussions and work with commissioners, service providers and people with learning disabilities. We recognise that some of the challenges that people with learning disabilities and autistic people experienced during and after the pandemic are not new. Many of those challenges were prevalent before the COVID-19 pandemic, an example of this is the winter pressures on the wider system.

We aim to create an understanding of the inequalities and the areas that health and social care services can act upon to address them, and to close the gap in skills and knowledge in the health and social care workforce.

This guidance is not exhaustive and builds on the tools available across the health and social care sector to support people with learning disabilities and autistic people. While reference has been made to specific documents throughout, feedback from people with learning disabilities and autistic people has been paramount in developing this guidance.
Access the article

Svensson, M., et al. (2025) 'Associations between Caring Activities and Perceived Health among Adolescent Young Carers.' ***International Journal of Adolescence and Youth 30*****(1)**
Adolescent young carers (AYCs) face the challenges of adolescence while also having care responsibilities. Caring can negatively affect an adult carer's health, but there is less evidence on how caring affects AYCs, of whom there is little awareness among professionals. The aim of this survey study was to describe the AYCs' characteristics and investigate factors associated with their perceived health. School pupils aged 15-17 from 11 Swedish municipalities completed a questionnaire addressing caring activities, received support and perceived health. Of the 3,015 participants, 702 (23%) were AYCs. Female gender, having a parent with a health-related condition, mental illness in a family or non-family member, and addiction problems in a non-family member were associated with poorer perceived health, while receiving support with caring was associated with better perceived health. Identifying the factors associated with AYCs' perceived health can lead to appropriate support, but there also needs to be better

representation of AYCs in policy.
Access the article

van Roosmalen, M., et al. (2025) 'A Pilot Study of the Usefulness of a Strength-Based, Systemic and Trauma-Informed Training Programme for Early Help Practitioners.' ***Child & Family Social Work***
There is limited evidence for strength-based early help (EH) frameworks within the UK, despite multiple government funded reviews highlighting the need for them. Van Roosmalen developed a practice framework grounded in systemic, trauma-informed and resilience principles, which comprises of three dimensions: resilient families, resilient practitioners and resilient multiagency systems. Nineteen EH practitioners were interviewed in focus groups about their perception of how the training programme affected their practice with families. Thematic analysis of focus group transcriptions established that it produced improvements in all three dimensions. Overarching themes highlighted a shift in understanding the relational and interactional nature of difficulties within families. The participants identified the training to have a positive effect on their resilience and ability to manage the service pressures when working with families with complex needs. Finally, participants reported the need for the wider professional network to be familiar with the practice framework for an effective and resilient system, the third dimension of the model. This study provides new evidence to support a strengths-based model of EH training and practice.
Access the article

Wallcook, S., et al. (2025) '"'Health" is just One Piece in the Puzzle of Wellbeing': Shifting from Preventing Health Deterioration to Improving Wellbeing in a Participatory Action Research Project with Care-Experienced Older People.' ***Health Expectations : An International Journal of Public Participation in Health Care and Health Policy 28*****(1), e70171–n/a.**

Introduction
Prevention of health deterioration is a key policy objective in Sweden informed by active and healthy ageing initiatives. However, the perspectives of older people with mobility and health limitations on current prevention initiatives are seldom gained meaning these initiatives may fail to align to with the priorities of people whose health has ostensibly already deteriorated. We aimed to explore older care-experienced people's perspectives on the topic of health deterioration prevention and highlight aspects that they think are important to prioritise.

Method
Eight older people with experience in giving or receiving formal or informal care were involved as lay co-researchers in a participatory action research project that involved recruiting 11 further older informants to participate in peer interviews or complete a

logbook. In a series of 13, 2-h workshops held over 1 year, we undertook data generation, training, reflection and analytic activities inspired by framework analysis.

Findings
The lay co-researchers found the topic of health deterioration to be negatively and narrowly focussed opting instead to pursue a focus on articulating aspects, or puzzle pieces, that influence the improvement of wellbeing. Six influential puzzle pieces (stigma, digitalisation, services, losses, meaning and interactions) were regarded as important to prioritise which together illustrated that wellbeing is continually shaped in an interplay with dominant, but manipulable, social norms.

Conclusion
This study highlights how the language of active and healthy ageing, which pervades policy and practice, is imbued with ageist and ableist subtexts that can influence older people's wellbeing and lead to exclusionary experiences in society. We highlight wider societal trends, particularly digitalisation and effectivisation, whose negative impact on older people's wellbeing could be mitigated through inclusive co-design and resistance to normative influences.

Public Contribution
This project was initiated in dialogue with stakeholder representatives from pensioner organisations in a larger scale participatory action research project. The care-experienced lay co-researchers collaborated in all phases of this project—gaining funding, formulating research questions, planning the study design, generating data in peer interviews, analysing and interpreting data, disseminating findings, prioritising future research and co-authoring articles.
Access the article

Welsh, S. (2024) 'Recognising and Reimagining Mature Students' Unpaid Care Work as a Form of Work-Based Learning.' ***Access: Critical Explorations of Equity in Higher Education 12*****(1), 9–28.**
This research paper explores how unpaid care work is positioned on mature students' undergraduate degrees in English further education (FE) colleges. It offers a new perspective by considering the impact of this form of labour on learning in the home during COVID-19 lockdowns, presenting both narrative data and I-poems created using the Listening Guide. The paper calls for care work to be reimagined as a legitimate type of work-based learning which can make valuable contributions to higher education (HE) degrees. The paper also adds to existing theoretical perspectives on mature students by exploring Gouthro's (2005; 2009) critical feminist theory of the homeplace. Her theory is applied to a mixed group of mature students in a range of family units and evaluated. Findings indicate that home-schooling became another form of care work in students' homes. Care work was gendered and existing scripts about the roles of 'proper mams' reinforced the expectation that women should prioritise their families. This affected the

female students' autonomy as learners. The article discusses why institutional recognition of unpaid work is necessary for gender equity and argues for the promotion of critical social literacy about gendered work to counter individualised deficit understandings. As hybrid work and study modes continue, the recommendations have ongoing implications for HE provision.
Access the article

Whitlock, K., et al. (2025) 'Work-Related Grief and Bereavement Experiences of Social and Community Service Workers Working with People Experiencing Social Disadvantage: A Rapid Scoping Review.' ***BMC Palliative Care 24*****(1), 25–12.**
While an extensive body of research in palliative care exists on the experiences of grief and bereavement among family caregivers, much of this research is based on normative assumptions of who family caregivers are - housed, financially stable, and with extended family and/or friends to draw on for support. Research shows that in contexts of social disadvantage (e.g., homelessness and poverty, mental health and substance use concerns, racism and discrimination), social and community workers can become 'defacto' family and provide caregiving support at the end of life. Yet, there is little known about the grief and bereavement experiences of this worker group.

This study aimed to review the available literature on the experiences of grief and bereavement among workers working with people experiencing social disadvantage. A rapid scoping review was conducted following the JBI scoping review methodology. Six sources (Medline, CINAHL, APA PsycInfo, Web of Science Core Collection, Sociological Abstracts, and Social Work Abstracts) were searched to identify relevant articles published until June 30th, 2023. From the systematic search and screening process, 9 studies met the eligibility criteria and were selected for the analysis.

Nine studies were included in this review that employed various qualitative approaches. Three main themes emerged from the narrative synthesis and thematic analysis: (1) Working in contexts of inequities, (2) Distress and its attributing factors, (3) Support needs and strategies.

Caring for socially disadvantaged individuals poses unique challenges, compounded by repeated loss, premature deaths, and societal stigma. Social and community service workers lack formal recognition for their pivotal palliative care role, necessitating organizational support, palliative education, and collective responses to address their unmet grief and bereavement needs. Further research is essential.
Access the article

Wilkins, D., et al. (2025) 'Implementing Schwartz Rounds in Children's Social Care: Enablers and Barriers.' ***Journal of Social Work : JSW 25*****(1), 61–82.**

Summary
Children's social care services can be a challenging place to work, with staff regularly

reporting higher stress levels relative to the general population and other public sector settings. Thus, it is important to provide staff with good support. Previously, we completed a randomised controlled trial (RCT) of Schwartz Rounds (SRs) and reported a series of non-statistically significant differences between intervention and comparison groups. We also undertook a process evaluation, to identify enablers and barriers to the successful implementation of SRs in children's social care.

Findings
Compared with studies of SRs in healthcare settings, we identified several similar enablers, such as senior management buy-in and effective administrative support, and some similar barriers, such as high workloads and poor publicity. We also identified specific enablers and barriers for social care settings, including the synergy between existing practice models and SRs, the nature of trauma in social care compared with healthcare, and some related to the different nature of organisational and workload pressures.

Applications
Understanding the differences between SRs in healthcare and social care will be useful for local authorities who may want to support their staff via the provision of SRs. They should also be useful in any future definitive evaluation of SRs for social care by helping to maximise the possibility for a successful implementation.
Access the article

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