Education in Social Care

Current Awareness Bulletin

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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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References

Adaranijo, E. T., et al. (2025) 'Social Workers' Collaborative Role in Addressing Social Determinants of Health in Healthcare Settings: A Systematic Review.' ***Health & Social Work***

Social workers are essential to both preventive and responsive care measures in various healthcare settings. The current study identifies what social workers specifically contribute to interprofessional collaboration (IPC) in healthcare settings, and the organizational, professional, and contextual factors that influence their contributions in addressing social determinants of health (SDOH). This systematic review was designed to follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Research articles were retrieved from PubMed, Social Services Abstracts, Social Work Abstracts, and PsycINFO. Analysis was reported following a thematic synthesis approach. The findings highlighted social workers' essential roles in psychosocial care and addressing SDOH, the organizational barriers influencing their roles in IPC, and leadership and training needs for their effectiveness within IPC teams. Social workers are essential within IPC teams, and several structural and systemic factors influence the integration and effectiveness of social workers within collaborative care teams.

https://libkey.io/libraries/3071/10.1093/hsw/hlaf014

Annabelle Long, Garry Meakin, Paul Leighton, Adam L Gordon, Caroline Rick. (2025) 'Learning Lessons in the Design and Delivery of Care Home Research.'

Care homes for older adults pose a unique set of challenges for research. Despite having high healthcare needs, this population are often excluded from clinical research, in part due to the challenges of this care context. This study identifies barriers, facilitators and potential solutions to performing research in care homes for older adults and reaches a consensus on the relative importance of these approaches.

The study consisted of three parts: a survey, qualitative interviews and Delphi exercise. The survey was designed to gather views from a wide range of stakeholders including care home staff, managers and researchers alongside residents and family members. It was initially distributed in the East Midlands and then the wider UK, A purposive sample of those who took part in the survey were interviewed to explore challenges surrounding research in care homes in greater depth. Finally, an e-Delphi was conducted with statements constructed by the study team using themes gathered from the first two stages.

63 participants responded to the survey. Most rated resident characteristics including cognitive and physical abilities as important considerations when running studies. They

thought it less important that care staff had experience in research, but did have experience of the tasks that may be involved in conducting research.

Eight people were included in qualitative interviews which identified 5 key themes including barriers and facilitators to research involvement, the need for care home research, reasons for participation and some potential solutions.

From these themes 24 statements were developed including: facilitators to care home research; inclusion in research and potential solutions.19 participants took part in Round One of the Delphi with 15 continuing to Round Two. Consensus was reached on 23 out of the 24 statements.

Care home research is different to that conducted in hospitals and other community settings. Researchers need to be flexible, fit in with the routines of the homes and value contributions from care home staff, with a specific focus on developing relationships with staff and managers. Time is needed to develop these relationships and may need to be a focus even before project commencement.

https://www.researchsquare.com/article/rs-6844598/v1

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.

https://libkey.io/libraries/3071/10.3233/SHTI250549

Blumenthal, S., et al. (2025) 'Exploring Confidence Development in Interprofessional Teams: A Pre-Post Analysis of a Health and Social Care Education Module.' *PloS One 20*(7), e0327640.

Confidence can be defined as a strong belief, firm trust, or sure expectation in relation to achieving an outcome. The study aimed to examine change in confidence to collaborate in teams in undergraduate health and social care students undertaking a mandatory 6-week IPE module using the Team Observed Professional Encounter (TOSPE).

A pre-test post-test study was undertaken. Confidence was measured using the validated Interprofessional Education Academic Behavioural Confidence Scale. Independent t-tests and Analysis of Variance were used to establish differences between groups at the commencement of the study. To compare pre and post confidence scores paired t-tests were used for normally distributed data, and Wilcoxon signed rank test were undertaken for non-normally distributed data. Cohen's d and Pearson r were produced as measures of effect size. A mixed design Analysis of Variance was conducted to examine the influence of categorical variables on changes in confidence scores.

Data were included from 80 matched pairs. Pre-test self-perceived scores for Total Confidence and the subscales for Interprofessional Team Working, Interprofessional Communication and Behaviours Underpinning Collaboration increased significantly ($p = < .001$) post module completion. Changes in scores demonstrated large effect sizes for total confidence ($d = .888$), Interprofessional Team Working ($d = .872$), Interprofessional Communication ($d = .945$) and a medium effect size for Behaviours Underpinning Collaboration ($r = .534$). Time was found to be the only categorical variable that had a significant effect on confidence ($p < 0.05$).

Post-intervention student confidence increased significantly for total confidence and all subscales of the IPE ABC scale. When considering between subject effects only time was found to demonstrate significant results indicating an association between the IPE intervention and increased self-perceived confidence. However, it should be noted that other factors such as small subgroup sample size, social desirability response bias and potential overconfidence bias may impact the results observed, so caution in interpretation of the results considering these limitations are advised. This study adds to the body of literature that suggests IPE interventions impact positively on behaviours that underpin collaborative practice.

https://libkey.io/libraries/3071/10.1371/journal.pone.0327640

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.

https://libkey.io/libraries/3071/10.1111/cfs.13306

Campbell, P. e. a. (May 21, 2025) Research Engagement and Activity within Social Work and Social Care: A Research Culture Building Programme

Practice-based research activity and engagement has demonstrated improvements to service delivery and service user outcomes (evidenced based and informed practice). The National Institute for Health and Care Research (NIHR) supports such practice-based research activity. However, the NIHR also recognise that whilst well established within medicine, there is currently lower activity within other sectors; notably within social care which has been prioritised for upscale nationally. In recognition of this national priority, Midlands Partnership University NHS Foundation Trust (MPFT) with Keele University brought together a group of practitioners and academics to initiate a research engagement strategy. This initiative called SCREEN (Social Care Research EngagEmeNt) received pump priming funding from our local Clinical Research Network with the aim to "establish research interest and activity" within the social care workforce at MPFT who provide all adult social care services across the Staffordshire region.

https://keele-repository.worktribe.com/output/1240237

Cemal, Ö.'Older Adults Care Program Students' Thoughts on the "1 Concept - 1 Minute Game": A Qualitative Research.' *Teaching and Learning in Nursing*

•Educational games help students retain concepts and make learning engaging.

•"1 Concept - 1 Minute Game" boosts confidence and supports lasting learning.

•The game enhances participation and peer interaction in terminal care courses.

Educational games are widely used to promote active student participation and support long-term retention of knowledge. This study aimed to explore the opinions and experiences of students enrolled in the Older Adults Care Program regarding the "1 Concept - 1 Minute Game."

A phenomenological design was used with a qualitative research approach. The population of the study consisted of 33 students studying in the Older Adults Care Program at a state university's Vocational School and taking the Terminal Period Care course. The Introductory Information Form and Semi-Structured Interview Form were used in the collection of data.

The main themes of the study were emotions during the game, having fun and permanent learning, and social relationships. It was found that emotions such as self-confidence, courage, comfort, mind-opening, fun learning, happiness, and exciting and enjoyable learning were experienced during the game.
Students feel positive emotions during the game, and the 1 concept - 1 minute game provides permanent learning and improves social relationships.

https://libkey.io/libraries/3071/10.1016/j.teln.2025.07.013

Deslauriers, J., and Kiselica, M. (2025) 'Training Mental Health and Social Services Professionals for Gender-Sensitive Work with Men: Results of a Promising Continuing Education Initiative.' *International Journal of Men's Social and Community Health 8*(1), 5–22.

OBJECTIVES: To report on the impact of a training program for mental health and social service professionals designed to foster gender-sensitive work with at-risk and underserved men.

METHODS: A mixed-method study consisting of qualitative and quantitative components was conducted. A phenomenological thematic method was employed in the qualitative component to identify changes in the participants' perceptions about men. The quantitative component consisted of an analysis of the impact of the training on the participants' knowledge, skills, and self-awareness regarding the process of working with men.

RESULTS: Qualitative findings revealed a positive shift in the participants' attitudes about working with men. Quantitative findings indicated significant improvements in the participants' knowledge ($p < .001$), skills ($p < .001$), and self-awareness ($p < .001$) related to men and their issues.

CONCLUSIONS: Continuing education about the socialization of men and their needs enhances practitioners' understanding and empathy for men and efforts to help at-risk and underserved men.

https://libkey.io/libraries/3071/10.3138/ijmsch.2024.0001

Diána Gizella Sipőcz, Katalin Hegedűs, Eva Zsák. (2025) 'Spirituality from the Perspective of End-of-Life Care Professionals.' ***Palliative Medicine in Practice***
Introduction: Spirituality at the end of life is a fundamental aspect of holistic care but often remains underrecognized in clinical practice. Addressing the spiritual dimension is crucial for the quality of life of both patients and caregivers. This study explores the understanding of spirituality and the possibilities of providing spiritual care from the perspective of end-of-life care professionals.

Methods: A qualitative study was conducted using interpretative phenomenological analysis (IPA) based on three online focus groups (n = 19) including healthcare, social care, and volunteer sector professionals. Data were coded and analyzed manually and with the NVivo software, involving two independent coders to ensure validity.

Results: Professionals associated spirituality primarily with existential questions, culturally mediated symbolic elements, and experiences of connectedness. They distinguished spirituality from religion, perceiving it as a broader, inclusive phenomenon. Participants emphasized that spiritual care should be a shared responsibility among all members of the care team to enhance the quality of life of dying patients. The integration of spiritual care training into professional education was also highlighted as a priority.

Conclusions: Spirituality is not an optional component in end-of-life care but forms the foundation of dignity-conserving care. Strengthening the structural support for spiritual care through protocols and targeted training could significantly improve the well-being of patients and caregivers.

https://libkey.io/libraries/3071/10.5603/pmp.106112

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.

https://libkey.io/libraries/3071/10.31389/jltc.362

Flanagan, K. J., et al. (2025) 'It Depends on what the Meaning of the Word 'Person' is: Using a Human Rights-Based Approach to Training Aged-Care Workers in Person-Centred Care.' *Journal of Ageing and Longevity* 5(3), 24.

Aged-care services are in crisis through a combination of rising demand and increasing costs. Quality of care is often reported to be insufficient. Medical science has increased lifespans but the overmedicalisation of aged care may affect the financial sustainability and quality of care. Person-centred care was developed as a solution and is generally interpreted as being concerned with consumer choice. This study presents a human rights-based approach to a code of conduct for aged-care consumers and workers to ensure autonomy and participation in aged-care communities, which are fundamental to person-centred care. A test–retest cohort study was used to investigate the impact of a training module about a human rights-based code of conduct on the perspectives of new aged-care workers (n = 11) on a case scenario involving conflicting care priorities.

Qualitative content analysis was used to categorise and count the participants' responses. The analysis found that prior to training the majority of participants were focused on a medical and risk reduction model of care. After the training participants had a more expansive understanding of care needs and recognised the importance of client empowerment to enable clients to participate in decisions affecting their care. The results support the implementation of a human rights-based approach to worker training and client care; such an approach is consistent with person-centred care.

https://libkey.io/libraries/3071/10.3390/jal5030024

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.

https://libkey.io/libraries/3071/10.1016/j.chipro.2025.100177

Iacono, G., et al. (2025) 'Towards a Socially Engaged Mindfulness Pedagogical Approach to Anti-Racist and Anti-Oppressive Social Work Education.' *Social Work Education* , 1–20.

This paper explores the potential of a socially engaged mindfulness (SEM) pedagogical approach in anti-racist and anti-oppressive social work education. The authors examine mindfulness steeped in a socially engaged and critical consciousness-raising context among social work graduate students in the US enrolled in a course on oppression. Qualitative data was gathered through feedback surveys across three years. Reflexive thematic analysis revealed four key themes: 1) mindfulness can enhance student self-awareness to support them in taking time and space for themselves; 2) mindfulness can support knowledge building and engaging with difficult course dialogue and content; 3) mindfulness can support engaging with clients and social justice work; 4) mindfulness can support student biopsychosocial well-being. Integrating mindfulness into courses focused on systemic oppression can create a space for students to process challenging material constructively, enhance engagement with critical decolonial perspectives, and build resilience against the emotional demands of their academic and future professional environments. Developing a mindfulness practice may support students navigating the complexities of the profession. Mindfulness is not only beneficial for personal well-being but may also be a tool for cultivating a deeper level of critical consciousness. SEM can be a valuable pedagogical approach in anti-racist and anti-oppressive social work education.

https://libkey.io/libraries/3071/10.1080/02615479.2025.2531864

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.

https://libkey.io/libraries/3071/10.1002/gps.70101

Jones, M., et al. (2025) 'Connecting Evidence with Decision-Making in Adult Social Care: A Cross-Sectional Staff Survey.' ***Journal of Social Work : JSW***

• Summary: For adult social care organizations faced with growing challenges, an increasingly important issue is how best to make use of relevant research. This article reports on a survey that sought to assess the views, experiences, and use of research among adult social care staff in three neighboring local authorities in England.
• Findings: In total, 250 staff (30% response rate) across all grades and areas of practice responded to the survey. Staff expressed positive views about the role of research in practice and 36% of respondents could think of changes to their practice that were informed by research findings. Staff with personal experience of doing research, on more senior grades, and in receipt of relevant training reported more positive views, knowledge, skills, and application of research. Elements of research engagement were reported more frequently by occupational therapist staff compared to those in social work. There were no significant differences based upon duration of service or recency of professional qualification. Staff trained in literature searching and critical appraisal were generally not confident to apply their learning. Inadequate time was a leading barrier to research engagement.
• Applications: This study highlights the need for an organization-wide perspective on promoting greater use of research evidence in adult social care decision-making. From this stance, our research indicates the importance of attending to the interests and capacities of diverse staff groups alongside a focus on specific staff-informed opportunities and leverage points through which to disseminate the use of research evidence in complex organizations.

https://libkey.io/libraries/3071/10.1177/14680173251336107

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***

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.

https://sure.sunderland.ac.uk/id/eprint/19054/1/FPR%20PRACTICE%20REPORT%20-%20Neurodiversity%20in%20Social%20Care%20May%202025.pdf

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.

https://libkey.io/libraries/3071/10.3310/nihropenres.13890.1

O' Brien, C., et al. (2025) 'Suicide Prevention Curriculum Development for Health and Social Care Students: A Scoping Review.' *PloS One 20*(7), e0328776.

Suicide is a widely recognised public health concern. International evidence indicates that many individuals who die by suicide have had contact with a healthcare professional in the year preceding their death. Moreover, the evidence regarding the training of healthcare professionals is concerning and points to gaps in the provision of training to adequately prepare health professionals in responding to and assisting individuals in a state of suicidal crisis. There is a recognised opportunity to ensure that all health and social care students, regardless of their discipline, receive formal suicide prevention training. Despite this imperative need, there is a notable absence of literature summarising the current state of such training across healthcare disciplines. This scoping review aimed to identify literature describing the design, development, implementation, and/or evaluation of suicide prevention training for healthcare and/or social care students in higher education settings.

Following a predetermined protocol, we conducted a scoping review adhering to PRISMA guidelines for Scoping Reviews (PRISMA-ScR). The author team formulated a search strategy incorporating variations of keywords such as "student," "suicide prevention," and "education." The search spanned six databases-PubMed, ERIC (Education Resources Information Center), CINAHL, Embase, PsycInfo (EBSCO), and Web of Science. Additionally, grey literature sources were explored, alongside forward and backward citation searches of the included articles. Two reviewers independently carried out title and abstract screening, as well as full-text screening. Data extraction from the included studies was also conducted independently by two reviewers, with any discrepancies resolved through group consensus. A narrative summary of key findings was developed.

In total 58 articles were included which detailed several programmes conducted mostly in the United States of America and Australia and were targeted at a variety of healthcare students. When specified, learning outcomes were associated with improving attitudes and developing knowledge. The programmes employed diverse teaching strategies, including lectures, role-playing, and patient simulations. While student evaluations generally showed improvements in knowledge, confidence, and preparedness, the evidence on the effectiveness of different instructional approaches remains inconsistent.

By integrating comprehensive suicide prevention training into health and social care curricula, there is an opportunity to instil the knowledge, skills, and attitudes necessary to effectively address suicide risk. Further research is warranted to elucidate the most effective delivery methods and teaching modalities for suicide prevention training programmes in health and social care students, with scope for further exploration of interprofessional learning opportunities in this area. The development of internationally recognised core competencies and learning outcomes for health and social care students in this area is also critical to ensure a consistent, effective approach to suicide prevention across healthcare and social care settings.

https://libkey.io/libraries/3071/10.1371/journal.pone.0328776

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.

https://libkey.io/libraries/3071/10.1080/09503153.2025.2505436

Pryce et al. (2025) 'Impact of Simulation on Social Work Students' Attunement and Self-Awareness Skills.' *Studies in Clinical Social Work: Transforming Practice, Education and Research* , 1–19.

Simulation as a pedagogical tool has been well-established in health care yet, it is emerging as a means for educating social work students. This multi-method exploratory study examines the impact of a simulation experience in an MSW program in a large Midwestern city. Students participated in an asynchronous screen-based simulation with an avatar and a synchronous remote client session with a trained actor. Before participating, students received a one-hour recorded training on interpersonal attunement skills using the Facilitating Attuned Interactions (FAN) tool. They were instructed to use interviewing skills and attunement as they interacted with the actor in the remote simulation. Qualitative findings from student reflection papers (n = 180) included themes around improving attunement and self-awareness, the importance of using a strengths perspective, and the value of simulation in providing a low-stakes environment in which to develop skills. Quantitative results demonstrate significant improvement in attunement by students after the simulation experiences (n = 57, p = .003). Implications of these findings for the use of simulation in social work education and for future research are discussed.

https://libkey.io/libraries/3071/10.1080/28376811.2025.2528770

Pui Lum Tse, P., et al. (2025) 'Improving Carer Recognition and Understanding of Constipation for People with Intellectual Disability: Quality Assurance of an Online Learning Resource.' *BJPsych Open 11*(S1), S110.

Aims: People with Intellectual Disability (PwID) have a reduced life expectancy in comparison to the general population, and constipation has been identified as a contributing factor to mortality by the Learning Disability Mortality Review. As part of a broader Quality Improvement project seeking out ways to reduce the rate of constipation for PwID it was recognised that robust and long-term education of carers was lacking.

An online learning resource was created ‘Constipation in PwID for Social Carers’ to support those caring for PwID to recognise and appropriately signpost constipation-related issues.

The learning resource was created by healthcare professionals, and it was therefore deemed necessary to undertake Quality Assurance of the module to ensure it was appropriate in both content and tone for support workers working in the social care sector. The final module was developed therefore with the input of those it was aiming to teach.

Methods: Focus groups and feedback forms collected information regarding carer’s role, experience working with PwID, understanding and relevance of learning outcomes, overall quality, and suggested improvements of the learning resource. This was undertaken in focus groups, or on a one-to-one basis. Feedback forms were completed by 12 individual participants. Focus groups involved 20 participants total including community nurses, supported living managers, support workers, social workers, and occupational therapists.

Results: Overall, the quality of the draft learning resource was rated ‘excellent’ and the general feedback was that it was appropriately pitched for carers. Aspects of the draft that helped with understanding content involved the use of scenario based interactive questions and visual aids. The information which was considered most useful included the Bristol Stool Chart, red light signs of constipation, and statistics on the prevalence of constipation in PwID.

Suggested improvements for language were consistent terminology for PwID, and avoiding medical jargon to keep advice applicable in different settings. Participants asked for clear communication of the responsibility of support workers to escalate information to supported living management, GP, and NHS 111.

Conclusion: Undertaking a robust Quality Assurance exercise for this online learning resource has ensured that language and terminology is appropriate for the target audience. Participants requested a clear message about how to escalate concerns. The next step will be to publish the resource online and evaluate its effectiveness in improving knowledge of constipation for carers of PwID.

https://libkey.io/libraries/3071/10.1192/bjo.2025.10319

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.

https://libkey.io/libraries/3071/10.1016/j.evalprogplan.2025.102605

Runacres, J., et al. (2025) 'Supporting Carers in Higher Education: A Qualitative Longitudinal Study.' ***International Journal of Inclusive Education*** **, 1–18.**

Those students at university who have a commitment to providing unpaid support to a family member and/or friend who could not manage without their care are termed student carers. They are identified as a disadvantaged and under-represented group in higher education and therefore miss out on opportunities for educational attainment and the development of broader life skills. Yet little is known about the strategies that would best facilitate their inclusion in higher education. To address this, this research explored the experiences and support needs of student carers to establish how they can be better supported to engage in higher education and maintain their caring responsibilities. Qualitative longitudinal research in which twelve student carers were interviewed approximately eight weeks apart was undertaken informed by a steering group. Findings from a reflexive thematic analysis revealed friction between caring responsibilities and being a student, that student carers have an atypical university experience, and, as a result, flexible and formalised support is needed. Student carers' views, steering group guidance, and existing literature were synthesised to develop recommendations for fostering student carers' inclusion in higher education.

https://libkey.io/libraries/3071/10.1080/13603116.2025.2518405

Urra-Canales, M., et al. (2025) 'Development of the "Green Social Work". an Approach from Curricula and Degree Projects.' ***Social Work Education*** **, 1–20.**

Social work has historically paid little attention to environmental issues. However, current social challenges and the United Nations Sustainable Development Goals (SDGs) demand a greater commitment from the profession to environmental justice. This study analyzes the presence of environmental content in the curricula and final degree projects of two Social Work programs, one in Spain and one in Colombia. Through a documentary analysis, we examine how Green Social Work is addressed in study plans, professional competencies, graduation profiles, and student research projects. The findings reveal that while there are some references to environmental issues, they are not yet integrated transversally into social work education. Based on these results, we propose three key strategies for strengthening the environmental perspective in social work training: (1) incorporating sustainability-related courses, (2) expanding fieldwork opportunities in environmental contexts, and (3) promoting an intersectional approach in research and practice that includes environmental concerns. Additionally, we highlight the importance of integrating environmental ethics into national and international social work codes. This study contributes to ongoing discussions on the future of social work education and its role in addressing global environmental challenges.

https://libkey.io/libraries/3071/10.1080/02615479.2025.2531861

Van Dullemen, C., et al. (2025) 'Unlocking Potential: The Potential Impact of 'Happymakers' in Alleviating the Labor Shortage in Dementia Care Work: The Paradigm Shift from Care to Well-being at an Amsterdam-Based Long-Term Care Facility.' ***International Journal of Integrated Care 25*****(3), 17.**

This study aims to identify success factors and challenges of an integrated care model, with an underlying goal of addressing the labor shortage in dementia care. The research investigates the interdisciplinary communication in a long-term care facility in Amsterdam, focusing on the collaboration between the so-called 'Happymakers' (non-medically trained staff) and qualified personnel. The Relational Coordination Theory serves as theoretical framework, emphasizing the need for shared goals, knowledge, and mutual respect for effective communication.

Using qualitative methods, the research involved interviews with thirty staff members in 2022.

Work satisfaction was rated very positively. The collaboration between the 'Happymakers' and qualified care workers was generally positive, perspectives on risk perception and task alignment varied. Trust and a culture allowing mistakes were deemed crucial.

Overall, the findings suggest that the integration model which includes the paradigm shift from care to well-being, positively influences care quality as well as job satisfaction potentially alleviating the labor market shortage. The study suggests further research on strategies for integrating formal with informal care work and comparative research between integrated dementia care and more traditional, medical oriented types of care.

https://libkey.io/libraries/3071/10.5334/ijic.8579

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.

https://libkey.io/libraries/3071/10.1080/02643944.2025.2491353

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.

Digital Innovation in Social Care : Priorities and Opportunities for Scotland - Strathprints

Woolham, J., et al. (2025) 'Practitioners as Researchers – Experiences of Four People Working in Hybrid Roles in Two Local Authorities and a University.' *Social Work Education* , 1–19.

This paper focuses on experiences of four professionals working in Adult Social Care Departments (ASCDs) and university researchers. Objectives were to explore research capacity building using a Community of Practice (CoP) model, for CoP Associates to promote research in workplace settings and for practitioner/researchers to produce actionable findings. Data were obtained from semi structured interviews, conducted twice, fully transcribed and analyzed using Framework Analysis. Research training was provided before commencement, and academic supervision throughout. CoP Associates included local authority professionals, and experts by experience. Training was not phased to support hybrid workers with sequential stages of the research process, who also felt more guidance was needed with ethical review. A 'disconnect' remained between ASCD staff and research, evidenced by a lack of interest among front-line staff, of support for fieldwork, and non-attendance of professionals at CoP meetings. Spontaneously created meetings between hybrid workers did resemble a CoP model. Combining research and practice roles was challenging. Suggestions are offered for the optimization of hybrid roles, including the need for universities to maintain links with ASCDs and offer short, focused training to help staff interested in research

https://libkey.io/libraries/3071/10.1080/02615479.2025.2531860

Woolrych, R., and Hasan, S. (2025) *Unpaid, Unseen and Unheard: Addressing the Needs of BME Carers in Scotland*. Heriot-Watt University.

BME unpaid carers play a crucial role in Scotland's health and social care system. This is true more than ever before, with the number of BME carers more than doubling between the 2011 census to the 2022 census to 35,3742.
Yet, we know from the work MECOPP carry out daily that BME unpaid carers face significant challenges in Scotland. These challenges have had scant attention in recent years. MECOPP's new report 'Where are we now' seeks to address this. A first of its kind in over 25 years, this landmark research – carried out by academics at Heriot Watt University with support from Oxfam Scotland – evidences a range of significant and entrenched barriers to personal and financial wellbeing for unpaid carers from Scotland's BME communities.
The findings are stark. BME unpaid carers in Scotland are likely to face significantly worse health outcomes, are more likely to be in poverty and often less likely to access the key support services available for unpaid carers from non-BME communities. But recognising these lived realities isn't enough. These findings must now result in the deep and sustained action required to ensure BME carers get the support they need

https://libkey.io/libraries/3071/10.17861/y8v3-9f03

Yao, H., et al. (2025) 'E-CARE as Core Competencies for Palliative Social Workers: A Systematic Review.' *BMC Palliative Care 24*(1), 163–18.

To identify the core competencies of social workers in palliative care. A systematic review of 19 high-quality studies published in English and Chinese up to February 2025 was conducted. The study identified five core competencies-Ethics, Coordination, Assessment, Resource Allocation, and Education-establishing the core competencies of social workers. They serve as interdisciplinary coordinators, communication facilitators, and educators, addressing psychosocial, emotional, and environmental challenges while navigating systemic resource constraints. The framework emphasizes ongoing assessment, resource allocation, and educational interventions, positioning social workers as system navigators and existential educators essential to compassionate, patient- and family-centered care.

E-CARE framework equips social workers to navigate complex care ecosystems, foster team cohesion, mediate conflicts, advocate for patient autonomy, destigmatize end-of-life discussions, and promote resilience through ongoing training, particularly in resource-constrained settings.

https://libkey.io/libraries/3071/10.1186/s12904-025-01735-0

Åvik Persson, H., et al. (2025) 'Collaboration and Communication in Care at the Nursing Home: The Next of Kin's Experiences of Participation Following Educational Intervention for Staff.' *Nursing Reports (Pavia, Italy) 15*(7), 255.

Background: After an older person moves into a nursing home, the next of kin often continues to participate in the care provided there. This participation in care may contribute valuable knowledge of the preferences and wishes of the older person, thereby helping nursing staff deliver personalised care.

Objectives: The aim of this study was to explore how next of kin experience their participation in the care of older persons residing in nursing homes after educating nursing staff about participation in palliative care.

Methods: This follow-up study used a qualitative design based on semi-structured interviews with 37 next of kin. A thematic analysis was applied.

Results: Participation of the next of kin involved active communication and collaboration with nursing staff, expressed in three themes: striving to achieve co-created care, navigating involvement through presence, and building commitment through communication and information. The dual role of being an emotionally close next of kin and a participant in the relative's care was challenging and became increasingly burdensome and often overwhelming when the older person's health deteriorated.

Conclusions: This study reveals the need to develop and implement a policy for the participation of next of kin in the care of older people living in nursing homes. In addition, support groups can increase well-being through dialogue with other next of kin, thereby alleviating emotional strain. Increased implementation of life stories and the use of digital communication would keep the next of kin informed about the older person's condition, especially when they cannot be present in person. Life story is a valuable tool for person-centred care and strengthens the relationships between the next of kin, the older person, and the nursing staff.

https://libkey.io/libraries/3071/10.3390/nursrep15070255

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