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From individualised to collective action: the role of community social work in supporting carers

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ABSTRACT

This article explores the role of Community Social Work (CSW) in supporting unpaid carers through Carer Community Group Activities (CCGA), funded under the preventative duties of the English Care Act 2014 (CA14). Drawing on two empirical studies with carers and commissioners, it examines how CCGA can enhance carers' resilience, wellbeing, and sense of belonging while identifying barriers created by structural inequalities and commissioning constraints. The analysis shows that while CSW is not yet widely implemented, it aligns strongly with social work values of justice, equality, and social action. Effective CSW requires inclusivity, excellent facilitation, and adaptability to meet carers' diverse needs in community spaces. Limited CSW training and misallocated resources often restrict CCGA's potential, particularly in rigid, cost-driven environments. This article advocates for embedding CSW within UK social work education to prepare students for placements and roles fostering community engagement. By integrating CSW skills and core values into the curriculum, social work education can better equip future practitioners to support carers and other marginalized groups. This commitment to CSW reinforces a pathway for social workers to be agents of social action and change through skilled, value-driven facilitation.

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1. Introduction

Contemporary UK social work education and practice has been dominated by individualism and system-oriented approaches. This has often overshadowed community-focused work that prioritizes collective action and flexible support for marginalized groups. Irrespective of the prevailing culture, this article examines Community Social Work (CSW) as an approach essential for social workers to understand and apply in practice, exploring primary research conducted with unpaid carers and the relationship between CSW and UK legal frameworks.

Community-oriented placements for social work students in not-for-profit organizations play a significant role in training (O'Brien et al., 2024). However, the dominant educational mind-set continues to prioritize individual-centered practices (Garrett,

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2010) and the theory and knowledge needed for such placements are consequently largely absent (O'Brien et al., 2024). By contrast, CSW presents opportunities for collective support and action, aligning more closely with the universal preventative duties outlined in the Care Act 2014 (CA14) and with many of the not-for-profit placements available for social work students. These legal duties make resources available for community spaces where carers come together, though the terminology describing such groups is varied and often lacks clarity. Terms like 'peer support' are used variably, encompassing everything from formal programmes managed by health professionals to informal, volunteer-driven networks, among other formats (Penney, 2018). In this article, the acronym CCGA (Carer Community Group Activities) will be used to specify carers' activities in community spaces, whether initiated by carers themselves or facilitated by practitioners, with or without personal experience of caring.

Drawing on empirical studies, this article argues that skilled support for communities should be a resourced and necessary element of contemporary social work practice, particularly as legal frameworks within the UK afford room for approaches that go beyond the dominant individualistic models. These community-oriented approaches have received limited attention from researchers, policymakers, and practitioners alike.

Despite UK statutory work's strong emphasis on individualistic approaches, CSW remains a persistent, if understated, element in social work theory. For instance, the Routledge Handbook of Social Work theory edited by Payne and Reith-Hall (2019) maintains a community development and CSW theme throughout the contributed articles, and Teater (2020) continues to explore practical community work skills in her analysis of social work theories (p. 241). No consensus exists in the academic literature about the distinctions between community development and CSW (Turbett, 2024). Teater (2020) describes community development as focusing collective action toward shared goals, whereas, she argues, CSW centers identifying problems or issues for individuals or groups accessing Social Services and deploying its resources to support community strengths. This article contends that the main distinction lies in CSW's connection with social work legislative parameters. It situates this claim within the international context, where community-oriented social work models are sustained outside of individualistic European and North American traditions (Manion, 2019). Calls to revitalize CSW within the UK continue to emerge from various voices (including Mackle & O'Brien, 2023; Pascoe et al., 2023; Turbett, 2024) and organizations like the British Association of Social Workers (BASW, 2023).

Intersectionality is essential to CSW, including addressing structural inequalities among unpaid carers (Mackle & O'Brien, 2023). Intersectionality highlights the overlapping experiences of discrimination that carers may face based on characteristics such as race, gender, and sexuality with the marginalization they experience as carers, creating unique forms of oppression (Crenshaw, 1991). This article integrates these concepts into an exploration of CSW's practical applications and the ways in which the legal framework of the CA14 supports or inhibits work that addresses these forms of oppression.

The discussion around alternatives to individual-centered practice cannot ignore the global impact of neoliberalism on social work (Brockmann & Garrett, 2022; Fraser, 1997; Hudson, 2021). In England, neoliberal ideals are embedded in the CA14's emphasis on individualised support through commodified care packages and the outsourcing of services to private and not-for-profit

organisations (Fraser, 1997; Hudson, 2021). Managerialism and cost-efficiency imperatives also shape the practice landscape worldwide (Brockmann & Garrett, 2022; Hendrix et al., 2021; Turbett, 2024), and social work students must learn to navigate this environment (Herrero & Charnley, 2022). Empirical research on carer support within the CA14 framework suggests that a CSW approach may better serve carers' needs. To avoid being subsumed by managerialist and system-oriented practices, the Social Work profession must remain loyal to its core values of justice, equality, and social action, and find compatible practices and approaches that are sustainable (Weiss-Gal & Gal, 2014).

Historically, pre-1990s, CSW was a respected approach in UK social work, and CSW and group work skills were frequently included within educational programmes (Turbett, 2024). CSW was recognized for advancing principles of justice and anti-oppression by addressing structural inequalities directly. Yet, during the 1990s, the rise of the 'third way' in the UK blended citizenship with private sector influence, shifting social work more firmly toward individualism (Garrett, 2010). This shift was compounded by the development of teaching partnerships, which prioritized statutory placements based on local authority needs, often at the expense of not-for-profit sector opportunities that encourage collectivist, community approaches (Baginsky et al., 2019). This meant that statutory placements took precedence over not-for-profit sector opportunities, even where these offered greater scope for collectivist, community-based practice (Berry-Lound et al., 2016; McLaughlin et al., 2015; Scholar et al., 2014). Despite practical challenges in securing enough statutory placements, policy discourse framed them as the ideal setting for social work students (Baginsky et al., 2019). With government funding for teaching partnerships ended, universities may now have greater scope to reevaluate what makes a 'good' placement. Even so, dominant employer expectations may still constrain programme design, reinforcing a statutory focus. That said, Turbett (2024) argues that CSW remains both possible and desirable within statutory local authority teams. It is hoped this article contributes to an expanded vision of what is possible in contemporary placements.

While neoliberalism has largely shaped current social work practices, the CA14 also contains preventative duties that places a legal responsibility on Social Services to meet the needs of whole populations by promoting wellbeing and providing information and advice (Department of Health and Social Care, 2024). These duties aim to prevent or delay future needs but are universal, suggesting their relevance to community-focused practices. This has led to some Social Services Departments resourcing the provision of CCGA under the CA14 (Snowden, 2023). Such community activities are usually outsourced to not-for-profit organizations through large contracts (Fernandez et al., 2021), creating challenges and the potential of CSW in this practice context.

The aim of this article is to illustrate, through two empirical studies, that CSW remains relevant to current UK practice. Given this, there is a strong case for embedding its associated skillset, knowledge, and theoretical foundations more explicitly within social work education (O'Brien et al., 2024). This integration would enhance opportunities for social work students, equipping them to be agents of social change while broadening their understanding of social work's possibilities.

2. Methodology/methods

This article analyses two original studies exploring how carers are supported under the preventative duties of the CA14. One study involved a focus group with commissioners of carer services, while the other involved carers who had received support from other carers within community spaces. By analyzing these datasets from different perspectives, the article offers a layered analysis of the potential for CSW and its implications for contemporary social work practice and education. The themes and quotes used in this article were part of a broader doctoral research project; they are reproduced here within a new interpretive framework focused specifically on CSW.

Both studies were guided by a constructionist epistemology and a critical realist ontology, recognizing the dynamic interaction between the social construction of knowledge and external realities. A critical realist ontology was essential for exploring how a legal framework is mediated through the distinct experiences, roles, and knowledge of carers and commissioners, while a constructionist epistemology enabled an exploration of the socio-political context shaping these perspectives. Situated within an interpretivist paradigm, the studies are fully qualitative and embedded in a congruent set of values and assumptions (Braun & Clarke, 2022).

The methods for each study differ but are aligned with the philosophical foundations underlying the research and outlined above. In the carers' study, photovoice was employed as a creative means for participants to express their lived experiences visually, enhancing qualitative depth (Rose, 2022). Although the photos themselves are not included in this article, they played a significant role in shaping the thematic insights relevant to participants' sense of community (Sutton-Brown, 2014). The visual elements are represented here textually to convey the constructed patterns within themes. The commissioners' study involved a focus group. Together, 26 participants contributed to these studies: 21 carers and 5 commissioners. Participants were recruited through the support of a network for commissioners of carers' services and their contracted organizations. Access to these 'gate-keepers' were through professional relationships in practice.

More participatory methods were considered for the carer study in recognition of the value of the 'carer voice' but, as other studies have found, even fully participatory photovoice approaches (e.g. collectively discussing and selecting photos) can be challenging due to the nature of caring (Topcu et al., 2021). My adaptation of photovoice preserved autonomy for carer participants by enabling them to creatively produce photos individually, avoiding the risk of high dropout associated with frequent group meetings. This would have been logistically difficult as participants were situated across various geographical locations in England. For a similar reason, a focus group was conducted online, as commissioners were also located in different parts of England and had demanding workloads. This decision was reinforced when only 5 of the 7 consenting commissioners were available on the day.

Fully participatory methods were also incompatible with Reflexive Thematic Analysis (Braun & Clarke, 2022) which prioritizes researcher interpretation. Techniques such as member checking would have been problematic, as participants may not have recognized the researcher's interpretative role in the final write-up (Braun & Clarke, 2019).

This article draws on a focused analysis of these studies to explore themes relevant to CSW (Snowden, 2025). The studies were conducted independently rather than as a comparative study. Even so, both studies developed themes that align with the article's aim and are interwoven throughout the discussion.

Both studies used Braun and Clarke's (2024) six phases within Reflexive Thematic Analysis (RTA) to generate themes. This involved anonymization of transcripts, coding the datasets, and crafting themes. Each theme contained multi-patterned sense-making based on the author's subjective interpretation. Trustworthiness in RTA is enhanced through ongoing reflexivity and deep engagement with the dataset (Braun & Clarke, 2024). The use of a reflexive journal allowed me to critically examine my own assumptions and how they shaped the analytic process. Braun and Clarke (2022) emphasize that researcher subjectivity is a strength rather than a limitation, as long as its influence on the analysis is acknowledged and made transparent. Braun and Clarke's (2024) reporting guidelines were used to ensure my analysis was consistent with that analytic approach. These guidelines encourage researchers to consider the importance of their values, assumptions and language.

Ethical approval was obtained in 2022 for the commissioners' study [ETH2122 2308] and 2023 for the carers' study [ETH2223-1180] from the University of Derby, the College of Health, Psychology and Social Care Research Ethics Committee, with all participants providing informed consent and agreeing to the use of their anonymized data in future publications. Carer participants chose their own anonymized names at the start of the project, which are used consistently in this article. This was compatible with photovoice which values participant autonomy and involvement, appropriate for a study focused on the voices of carers (Wang & Burris, 1997).

A table of basic demographic details of carer participants is provided below (Table 1). This is included not as a positivist attempt at representation but to offer context relevant to the analysis (Braun & Clarke, 2022).

As fully qualitative studies, these projects are grounded in assumptions that view data as generated rather than collected, with themes developed as interpretive insights rather than objective 'findings' (Braun & Clarke, 2024). Rather than 'emerging' as preexisting truths, themes are actively constructed through the researcher's analytic process (Braun & Clarke, 2022).

Unlike traditional approaches, Braun and Clarke (2024) advocate for integrating thematic analysis with contextualized literature. For this article, this approach is particularly useful, because CSW themes were evident in participants' narratives, though they themselves may not have directly identified CSW's relevance to their situations. Therefore, literature has been combined with the analysis in this study. Contextualising these insights within the literature on CSW allows for deeper engagement with the article's aims and themes. By drawing on Braun and Clarke's (2024) guidelines for reporting RTA, this article demonstrates methodological coherence within a fully qualitative paradigm. Braun and Clarke (2022) challenge the notion of 'limitations' in qualitative research, arguing that critiques often stem from comparisons with large-scale quantitative studies. Nonetheless, further research is needed to explore the role of CSW in addressing barriers

Table 1. Carer participant demographics.

Name carers chose	Male/ female	Age-range	Disability	Race/Ethnicity
Sam	F	41–55	N	White, UK
Brenda	F	56–65	N	White, UK
Esmeralda	F	56–65	Y	White, UK
Milo	M	30–40	Y	White, UK
Vernon	M	56–65	Y	White, UK
David	M	30–40	Y	White, UK
Candy	F	56–65	N	White, UK
Affinity	F	41–55	Y	White, UK
Lovena	F	56–65	Y	Black British Caribbean
Leticia	F	41–55	N	White, UK
Meduck	M	56–65	N	White, UK
Skye	F	66–75	N	White, UK
Beth	F	56–65	N	Mixed heritage, white/Caribbean
Jill	F	56–65	N	White, UK
Mummymoo	F	56–65	N	White, UK
Pearl	F	56–65	Y	Mixed heritage
Tom	M	56–65	N	White, UK
Brahma	M	41–55	N	Asian, Indian
Ann	F	56–65	N	White, UK
Bina	F	Over 75	Maybe	British, Indian
Sally	F	41–55	N	White, UK

within carer support, particularly relating to the structure and facilitation of CCGA. Participants across both studies had limited insight into these aspects, as they were not directly involved in running the groups.

3. A sense of community

The theme ‘Carer communities: cuddles, connections and creativity’ was constructed from the carer dataset, capturing the strong bond that carers felt when gathered in shared community spaces. Participants described an immediate, non-verbal connection with other carers, rooted in their shared experiences. This ‘community pull’ to be with other carers has also been documented in other studies (Daynes-Kearney & Gallagher, 2023); and, earlier, Munn-Giddings and McVicar (2007) similarly found that carers experienced a powerful sense of belonging when with others who understood their challenges. Although ‘carer community’ was not a term used in recruitment materials, participants who attended resourced CCGA reported a distinct sense of belonging. In a related study about an online carer group, Daynes-Kearney and Gallagher (2023) identified this phenomenon as a ‘tribe,’ based on participant language.

Although both ‘tribe’ and ‘community’ suggest shared experiences and a sense of belonging, they hold nuanced differences. A community emphasizes broader inclusion, creating space for diverse individuals to connect over shared values while remaining open to wider social connections and change, whereas a ‘tribe’ suggests a narrower, inward-focused group. In the context of CA14’s preventative duties, it is crucial that CCGA feels open and inclusive for all carers who choose to access these resources.

The theme name in the carer study reflects the value that participants placed on CCGA's informal, friendly atmosphere, where non-verbal and verbal support could be freely exchanged. Even though Daynes-Kearney and Gallagher's (2023) study was online, arguably a more challenging medium for creating informality, participants similarly sought informal connections, such as through online craft groups. Humour was one of the ways that CCGA participants diffused difficult or emotional topics and maintained a relaxed ambience. For example, Candy took a photo of painted logs with humorous faces, explaining that the image illustrated the laughter and joy she experienced at CCGA. She said:

Candy: *When we do things with carers and we go out, we always have a laugh.*

Other studies have noted similar themes of humor in CCGA (e.g. Lariviere et al., 2020). Using humor as a resilience tool within stressful contexts is well documented in psychology (Oosthuizen, 2021). This atmosphere, unspoken yet created by everyone present, enabled carers to feel part of a wider community, offering a contrast to the isolation and marginalization often associated with caring (Gant & Bates, 2019).

Some carers brought loved ones with them to CCGA sessions, which participants reported could constrain the conversation, as discussions were often moderated out of respect for these attendees' needs. Similarly, participants like Candy avoided topics that could be upsetting for other carers present. Ann described this balance:

Ann: *When [...] they're bringing the cared-for person with them, [...] then it just makes it even a bit more difficult for people to talk. You know, you've got to talk about the weather and the news and 'have you visited this?'*

Candy noted that she would refrain from discussing more personal feelings during CCGA to maintain the group's informal, supportive atmosphere and be sensitive to the needs of other carers.

Candy: *No, no. I don't think it's that sort of environment. 'Cos they've got their own struggles. [...]. I don't want to give them mine as well.*

Although such sensitivity occasionally limited deeper conversations, participants valued this balance, choosing to be with others who understood their experience while offering a distraction from the daily demands of caring. Vernon described it this way:

Vernon: *You just go there, and they talk about whatever happens in their life. And 'Oh last Sunday Fred came round' and this happened [...]. There's no specific talk about [...] their caring situations. It's just an excuse to get out and just talk [...] and be somewhere else for a while.*

The mutual support in these lighthearted gatherings was, nonetheless, still evident to those present. Candy, for example, used the metaphor of a flower and a bee to illustrate how carers uniquely support each other:

Candy: It's a mutual thing 'cos the bee helps the flower, and the flower helps the bee so . . . [. . .] I was listening to her . . . helping her as much as I could. And she was doing the same for me.

Participants described building resilience as a key aspect of their involvement with CCGA. Candy used the image of wildflowers to show how CCGA represented a space for resilience-building, explaining:

Candy: There's lots of different people, all with different needs. That's how I saw the . . . mixed flowers [.] so that's how I see the coffee mornings and the cafes and going out and different things that we're doing with carers. [. . .] You don't know what's really going on underneath. 'Cos we always put on this colourful show for everybody.

Overall, carers created a clear picture of what they wanted from CCGA: humor, lightheartedness, a space for escapism, and mutual resilience-building, achieved in an understated, informal but supportive way.

In terms of CSW, these elements: informal support, humor, and resilience, align with the concept of building social capital (Teater, 2020). In CCGA, this social capital was cultivated within a relaxed environment, suggesting that CSW skills need to be subtle and facilitative to maintain this balance. Practitioners experienced in caring or CSW may be uniquely positioned to engage with these informal dynamics, using a skillset that combines active listening with nuanced, non-directive support. Social work students could learn valuable skills in balancing support with respect for group autonomy, learning how to facilitate without being the 'expert', as might be necessary in more individual-focused settings (Turbett, 2024).

4. Activities and wellbeing

Carer participants described how CCGA helped improve their wellbeing, as well as build resilience, through shared activities. Within the CA14, wellbeing is broadly defined to include the ability to undertake various everyday activities, such as socializing, volunteering, or working (Department of Health and Social Care, 2024). If caring responsibilities significantly impact on a carer's physical, emotional, or mental wellbeing, they may be entitled to resources through the CA14's statutory duties (Department of Health and Social Care, 2024).

The CA14's preventative duties encompass the universal promotion of wellbeing, and participants viewed resourced sessions as opportunities to enhance their wellbeing. While wellbeing is often framed as a holistic state, encompassing physical, mental, and emotional health (Stanley, 2016), resilience is narrower in focus, relating to the ability to withstand, adapt, or recover from challenges (Cashwell et al., 2021). The CA14 recognises that wellbeing includes a sense of belonging (Stanley, 2016) which participants stated they felt at resourced CCGA. The alignment between the CA14's definition of wellbeing

and carers' sense of belonging during CCGA highlights the value of these activities. In addition to links between a sense of belonging at CCGA and wellbeing, participants in this study found that CCGA offered a more profound sense that tied wellbeing to their personal growth.

For example, Mummymoo discovered a love for art through CCGA, a passion she continued to feel long after her initial experience, while Jill, who ran a carer-led project, noted the significance of activities that encouraged carers to explore new skills or experiences they might not have tried otherwise. Jill explained:

Jill: And one carer developed and grew his confidence [...] And he said: 'I never would have believed that I could have done that. That is amazing. I will remember that for the rest of my life.'

Jill and other participants noted that it was often carers themselves who encouraged one another to try new activities for personal growth. Mummymoo reflected on this dynamic:

Mummymoo: They all say 'oh it's boring. I'm not really interested in that.' And I said 'well, I said that but it's a matter of having a go at it.' Because you never know what you're good at until you try it, do you? (laughs)

Commissioner participants wanted to continue funding CCGA but often struggled to see how these activities were directly contributing to carers' wellbeing, despite crafting tender specifications to promote this goal. Their perspective was that the CCGA they observed appealed to a narrow group of carers and were not dynamic or diverse enough. Bridging wellbeing with CSW involves a skillset that fosters social relationships, positive storytelling, and meaningful engagements. These elements are essential in informal community spaces where varied approaches can help carers connect, build resilience, and thrive through creative, resourced activities (O'Brien et al., 2024).

5. Organic groups

Expanding on the dynamics within CCGA, commissioner participants discussed how some CCGA evolved 'organically'. Commissioner Alan described the process as follows:

Alan: peer group is [...] starting to talk to each other and a group starting to emerge.

Commissioners recognized that unstructured support groups could present challenges, as they often lack a clear focus, which can lead to confusion about the group's purpose. Jane reflected on these difficulties, particularly when discussing what constitutes 'peer support' within CCGA:

Jane: The distinction and trying to define what we think peer support is. I think 'breaks' is another one that we could spend another hour and a half trying to unpack. You know, what constitutes a break from caring. For lots of carers, they want to be with the person that depends on them too. But there's a lot of staring at the same four walls.

The carer research also highlighted challenges when CCGA purposes overlapped, particularly when wellbeing activities were combined with information sessions. Ann, for example, questioned the value of a safety presentation during wellbeing sessions.

Ann: They might have the fire station come in to talk about safety in your home [..], which, yeah, is significant, but it's not going to help my wellbeing.

Participants found that resourced activities fostering personal growth, such as those that stretched them in new ways, were more likely to have lasting effects on their wellbeing. Mummymoo's experience exemplifies this, with the positive impacts of her initial art session continuing to support her wellbeing long after. Unpacking the purpose of each CCGA and creating a clear, relatable focus requires the analytical skills of trained practitioners (Turbett, 2024). Traditional social work theories often emphasize directive approaches, which may not fully equip practitioners to work flexibly with communities or confidently support the development of community-led groups (Turbett, 2024).

6. Information

Building on the role of support within CCGA, the carer study identified how carers can effectively and comprehensively share information at CCGA. The universal duties under the CA14 include the responsibility to provide information and advice to the carer population. Patterns within the commissioner research, and other studies, such as Fernandez et al. (2021) examination of the impact CA14 has had on carers, indicate that these duties are often implemented through 'signposting,' a practice that directs carers to other services without providing comprehensive, contextually relevant information. Commissioner participant Mary described this approach:

Mary: They are very much relying on signposting to other additional organizations . . . So if it was something specific around dementia or something specific around benefits, they would need to signpost elsewhere.

Regardless of how CCGA is funded, studies have shown that information-sharing is central to carers coming together and that the nature of this information is distinct because it is based on experiential knowledge (Munn-Giddings & McVicar, 2007). The carer participant study illustrated the importance of this knowledge exchange among carers, especially when navigating complex systems. Jill, a participant involved in a carer-led project, described how information-sharing was processed and received during CCGA at her project:

Jill: Written simply, described simply, explained simply, was absolutely key [..] All the bureaucratic information [..] out there, translated very simply.

Jill's approach illustrates a key CSW skill: ensuring that information is accessible by being aware of professional jargon and the impact it has on carers. By sharing complex information in clear, relatable terms and fostering an empathic space, Jill helped ensure

that carers could understand and use the information. This carer-friendly approach demonstrates a core CSW skill, where accessible language and empathy transform information-sharing into an empowering exchange. Rather than relying on signposting, Jill highlighted how carers benefit when information is carer-friendly and accessible. By contrast, commissioner participants evidenced that, away from CCGA, signposting was the main way the CA14's information and advice duties were being met.

This interpretation fails to link these duties with the advantages that effective information-sharing CCGA can bring. Applying CSW skills to support carers in sharing experiential knowledge about systems, rights, and justice could more effectively fulfil the CA14's information and advice duties, transforming information-sharing into an enabling, community-led resource.

7. Structural inequalities

In exploring who participates in CCGA, both studies show how structural inequalities affect carers' access to the support. Both studies revealed a common theme: organic CCGA tended to attract a specific demographic: predominantly older, white carers. Commissioner Mary described it this way:

Mary: We tend to attract this blue rinse brigade for want of a better badge. [...] From 18 to [...] 55, we don't see them within the groups.

The demographic homogeneity led some carers, particularly those outside the main age range, to feel excluded (see [Table 1](#) for participant diversity). For instance, Ann expressed sometimes feeling uncomfortable during CCGA where other carers were much older than her:

Ann: Although we have a caring connection, [...] I find a lot of it is dementia focused, and I just switch off.

Barriers to accessing CCGA were not limited to age. Many carer participants who were also disabled people experienced difficulties when attending CCGA. For instance, Esmeralda described the challenges she faced when attending CCGA:

Esmeralda: I'm autistic and it's quite intimidating for me to enter a room with a group of people I've never met before, and just talk to them. That makes me really quite anxious. [...] A lot of the support is around socialising.

To ensure that CCGA is welcoming and accessible to a diverse range of carers, CSW skills are crucial. Practitioners can use CSW techniques to create spaces that are inclusive and adaptable to a diverse range of carers (O'Brien et al., 2024). While the Professional Capabilities Framework (PCF) addresses these skills, such as PCF 5 on rights and social justice and PCF 2 on values and ethics, within a CSW context, they need to be addressed in a way that does not place the social work practitioner as an 'expert' over carers' needs. Turbett (2024) suggests that rather than simply assessing or referring carers, social

workers should listen to what people say about their collective needs and ensure resources are used skillfully to meet them.

The commissioner research makes clear that meeting the CA14 legal duties comes with resources that are outsourced to not-for-profit organizations. The lack of inclusivity as a theme in both studies shows that resources and skills need to be used to enable carers to collectively shape CCGA based on their diverse backgrounds and needs. This requires practitioners to use a combination of analysis, conflict resolution within groups, and imagination to resourcefully use skills and capacity effectively, fostering both inclusivity and collective agency within CCGA.

8. Intersectionality

While CCGA are technically open to all carers, demographic patterns in both studies reveal that certain communities face more substantial barriers to access. Both studies highlighted the importance of not only inclusive, open CCGA but also separate CCGA tailored to specific needs, such as cultural or language differences. Commissioner Victoria illustrated the need for support sessions for diverse communities of carers:

***Victoria:** I think for a lot of [...] the older Asian ladies, some of them didn't speak English. So, they really needed that the other ladies there could speak Urdu [...] someone that understood their nuanced family background.*

Bina, a participant from the carer study, also highlighted the need for culturally sensitive support:

***Bina:** It's language. It's atmosphere. It is the culture. [...] you know, our ladies, they don't go to the pub. They feel uncomfortable [...]. So, this is the reason and because they can't speak the language, you know, English language, they only speak in their own language, so they won't understand everything.*

Gender also emerged as an important factor, with carer participants noting that men faced difficulties accessing support that worked for them. David spoke to the value of men-only groups:

***David:** People say men don't show their emotions. [...] It's purely for men so we can talk to each other, on a male-to-male basis, on how things are and how we are feeling.*

Commissioner participants recognized that different carer communities require different forms of support. Lorna shared an example of a male carer who felt out of place in typical CCGA environments:

***Lorna:** (He) is a proper geezer. Is not gonna go and have a cup of tea and biscuits with people who have been caring.*

Similarly, commissioner Mary described a male carer interested in model plane-making but also wanted to meet other carers. With this example, Mary illustrated how diverse

CCGA can meet different needs while also cultivating the informal atmosphere that was so important to carer participants. Commissioners understood the importance of offering diverse CCGA to address the varied needs within the carer community, a perspective also supported by the carer study.

Although commissioners recognized the need for diverse support, they often lacked an understanding of the CSW skills required to facilitate this diversity, such as identifying the different needs which underserved communities might have and ensuring CCGA meets them. An essential aspect of anti-oppressive practice is understanding the importance of underserved communities to have agency. Matsuzaka et al. (2021) caution that intersectionality is at risk of being co-opted within social work research, diluting its foundation in Black feminist scholarship. In this context, CSW and community development offer an approach that respects the autonomy of marginalized communities, enabling practitioners to support collective organization and social change (O'Brien et al., 2024). These studies demonstrate that there is understanding about this need among both carer and commissioner participants. What may not be understood is how CSW approaches can help address the gaps.

The studies reveal that while alternative CCGA for diverse groups exist, there is an ongoing question as to whether these CCGA are self-directed by carers or facilitated externally. CSW could offer a more enabling approach, cultivating environments where carers collaboratively shape the structure and purpose of CCGA to meet their own diverse needs.

9. Commissioning barriers

Despite an overall recognition among commissioners of the need for CCGA to have a clear purpose, particularly one aligned with the CA14 duties, and for CCGA to be inclusive and adaptable to diverse needs, CSW was notably absent from discussions about potential solutions. Yet, the challenges commissioners faced directly align with those that a CSW skillset is designed to address.

This gap is highlighted through an example from commissioner Alan. He envisioned expanding and adapting CCGA in his area, only to encounter resistance from the organization commissioned to manage local CCGA. Alan described his difficulty in achieving the necessary flexibility and responsiveness, referring to the organization as the 'provider', which immediately introduces a consumerist, rather than facilitative, approach. His experience highlighted the constraints imposed by the organization's reluctance to adapt its 'provider' role to support community-driven growth:

Alan: They were saying 'well we don't specialise.' And I said 'well, I know you don't, and we haven't asked you to do that. But if somebody wants to [...] you can support setting that group up and then you can step away from it.'

Here, Alan was describing core CSW principles, where practitioners support CCGA by facilitating and enabling carers to take control and direct resource allocation based on their identified collective needs. The 'provider's' emphasis on specialization pointed to a fundamental misunderstanding about what was required. The implication was that the

necessary skill lay in possessing detailed predictive knowledge of services within different circumstances, whereas, in CSW, the practitioner's role is to enable carers to identify and address their own needs and, if necessary, facilitate resources to meet them in a flexible and responsive manner.

The commissioning model itself posed significant obstacles for using resources effectively to meet the CA14's legal duties toward local carers. Commissioning operates on cost-efficiency principles, making it challenging for smaller, local projects, particularly carer-led groups, to compete within a process dominated by rigid tendering criteria (Hudson, 2021). Mary illustrated the limitations of this model:

Mary: Our budget is so tight, last round of tendering, we only got three tenders, and it was because a lot of (organisations) can't bid for it because they can't get off the ground and get running on the money that we're offering. So, my theory is that we're just going to end up with the same thing again.

The tendering system inherently favors larger organizations capable of consistently delivering outputs tied to contract requirements, rather than the nuanced, community-oriented skills required for high-quality CSW. If commissioners themselves do not recognize that CSW skills could effectively address the challenges they face, it is unlikely these skills will be incorporated into tender specifications. Even if recognized, reconciling the structured nature of contract outputs with the flexibility and community engagement essential for CSW remains a challenge. Despite this challenge, the CA14's market-shaping chapter does allow for different forms of funding, including grants, suggesting that more flexible funding options for CCGA could still be implemented.

10. Implications

The analysis of these studies indicate far-reaching implications for the integration and revitalization of Community Social Work (CSW) within contemporary UK social work. Despite its decline over recent decades, CSW has enduring value, particularly in contexts where communities experience marginalization or systemic challenges (Pascoe et al., 2023). Internationally, CSW has retained prominence as a practice approach in various settings where collective action and mutual aid are crucial. For example, in rural America, community-led responses are central to addressing issues like substance addiction through peer support and local activities (Cashwell et al., 2021). Carers in the UK, recognized as a marginalized group, could similarly benefit from CSW approaches that create inclusive and flexible CCGA supported by the CA14 (Snowden, 2025). Analysis of the research shows that CSW offers pathways to fulfilling the CA14's preventative duties more effectively by facilitating structured yet adaptable CCGA, bringing about multiple benefits for carer communities. By reestablishing CSW as a core aspect of practice, social work can better support marginalized groups, address systemic challenges, and renew its commitment to community-driven and preventative approaches.

10.1. Implications for social work education

As a result of analyzing the two studies alongside existing literature, this article calls for a reevaluation of how CSW is represented within UK social work education. Social work students need exposure to the unique skillset required for CSW, including group facilitation, community engagement, and the ability to foster social capital (Turbett, 2024). Currently, social work curricula in the UK often prioritize individual casework over community-focused practices, resulting in limited preparation for students entering roles where CSW would be highly beneficial (Pye, 2024). The CA14, along with other preventative social work legislation, highlights the need for students to experience both statutory and community-oriented work, equipping them for diverse practice environments.

Many students across the UK undertake initial placements in not-for-profit settings where CSW skills may be in use and require the students to develop these skills too. However, these placements are often not formally recognized as CSW, with students sometimes relegated to tasks such as leaflet distribution rather than engaging in substantial community work (O'Brien et al., 2024). This risks diminishing the educational value of such placements, as students miss opportunities to learn the theories, skills, and knowledge integral to CSW. O'Brien et al. (2024) highlighted this concern, noting that such placements frequently fail to meet the complex and creative needs of communities that come together for mutual support. Integrating CSW into the social work curriculum could address these gaps, supporting carers, and other communities served under social work legislation, in ways that are more flexible, responsive, and aligned with community needs. This approach would not only enhance student preparedness but also help balance legal duties with community aspirations for collective action.

Furthermore, teaching CSW skills in education could enhance the development of culturally responsive and inclusive practices. Given that the research studies in this article highlight CCGA limitations, fostering skills that promote intersectionality and accessibility in group settings is essential. The skills and knowledge are transferable across a range of marginalized communities that Social Services supports. Teaching these principles and approaches would equip future practitioners with the tools to support diverse carer communities effectively, ensuring that carers from various backgrounds are able to engage meaningfully in supportive activities (Matsuzaka et al., 2021).

In summary, reintegrating CSW into social work education and practice would significantly meet preventative responsibilities under the CA14 and other relevant legislation, creating pathways for inclusive, community-driven support that aligns with those duties and the diverse needs of marginalized groups.

11. Conclusion

This article has examined two studies involving carers and commissioners, highlighting the critical role that CCGA play in promoting wellbeing, mutual support, resilience-building, and a sense of belonging among carers. Through the lens of CSW, the article argues that facilitated, resource-supported CCGA can address issues of inclusivity and accessibility. The studies also highlight the need for dedicated resources and CSW skills to fully address the diverse needs of carers and maximize CCGA's positive impact.

The analysis indicates that, without adequate resources and a facilitative approach, CCGA can become limited, often serving only specific demographics or inadvertently creating barriers to participation. Structural factors such as age, disability, language, and cultural background influence carers' engagement in these groups. To reach their full potential, CCGA must be inclusive, diverse, and guided by CSW principles prioritizing accessibility and collective self-determination. This article's analysis demonstrates that CSW offers an effective means to provide carer support, creating flexible community spaces that genuinely reflect carers' needs and preferences.

Additionally, the implications of this analysis for social work education and practice are significant. While UK social work has, in recent decades, favored individualized approaches, the principles of CSW remain highly relevant, especially in addressing systemic challenges faced by marginalized communities. This article advocates for the reintegration of CSW into social work education, equipping future practitioners with skills to engage with communities meaningfully. By incorporating CSW skills into the curriculum, social work students will be better prepared to fulfil the preventative duties outlined in the CA14, and other social work legislation, while supporting carers and other underserved groups.

In conclusion, this article calls for a renewed commitment to CSW as a core aspect of social work practice in the UK. Carers, as an often-marginalized group, exemplify the need for a social work approach that extends beyond individual intervention to embrace community support and social action. By applying CSW skills, social work practitioners can better address carers' unique needs, fostering spaces for resilience and mutual support. The renewed emphasis on CSW reinforces social work's commitment to inclusivity, equality, and social justice. Moving forward, it is essential for policymakers, educators, and practitioners to acknowledge the value of CSW and ensure that it remains central in contemporary social work practice and education.

Disclosure statement

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