

Shared Care Staff Training

Practical Support Booklet for Care Home Staff

A companion resource to the "Making Shared Care a Reality" training session
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1. Introduction

Shared Care is an approach that recognises families and unpaid carers as equal partners in the care of people living with dementia. This booklet provides practical tools, exercises and reflection prompts to help staff integrate Shared Care into everyday practice.

Use it during the training and afterwards as a reference to guide ongoing implementation.

You are invited to use this Shared Care Training Resource in whatever way fits best with your learning style and the needs of your home. You may choose to watch the full PowerPoint presentation first and then work through the workbook, or you can move slide by slide, completing the corresponding workbook sections as you go. Some teams may prefer to focus on one priority area; however, we recommend working through most of the workbook to gain a fuller, well-rounded understanding of Shared Care. Whichever approach you take, the resource is designed to support meaningful reflection, discussion, and practical action.

2. Learning Outcomes

By the end of the session, participants will be able to:

- Explain what Shared Care means and why it matters.

- Identify the role of carers in dementia care and the value of their lived experience.
- Recognise communication challenges and apply strategies to improve information sharing.
- Describe barriers to carer involvement and ways to overcome them.
- Take practical steps to embed Shared Care within daily routines.

3. What Is Shared Care?

Shared Care is:

- A **collaborative partnership** between care staff and carers.
- Based on recognising the **unique knowledge** carers hold about the person living with dementia.
- A way to **improve wellbeing, trust, continuity, and personalisation**.

Shared Care is not:

- Handing over responsibility to carers.
- Replacing professional expertise.
- Additional burdensome work — instead, it often **reduces misunderstandings and workload**.



4. Why Carers Matter

Carers often bring:

- Detailed knowledge of personal history
- Insights into communication cues and triggers
- Emotional continuity and reassurance
- Advocacy for the person's preferences and needs

One in three people will care for someone with dementia in their lifetime.

Their contribution is substantial — and so is the emotional load they carry. Recognising this is essential to Shared Care. There is every chance that some of you who are paid care staff are also unpaid carers for someone with dementia. People have different perspectives around defining themselves as a 'carer' and this needs to be managed sensitively. Some people will have never defined themselves as a carer, whilst others will think that they are no longer a carer now that the person they have cared for has gone into care. Working with people's individual preferences and self identities is an integral part of developing a culture of Shared Care within the care home.

5. Practical Exercise 1: Understanding the Carer Perspective

A Carer's Perspective

Reflect on the carer's video/story shared during the training.

Discussion Prompts:

- What stood out from the carer's experience?
- What emotions did you notice?
- How does this compare to how staff typically experience their day-to-day role?

Activity:

Write down **three things** you learned about what carers need from care staff.

1. The experiences of family carers when the person they have looked after goes into a care home

2.

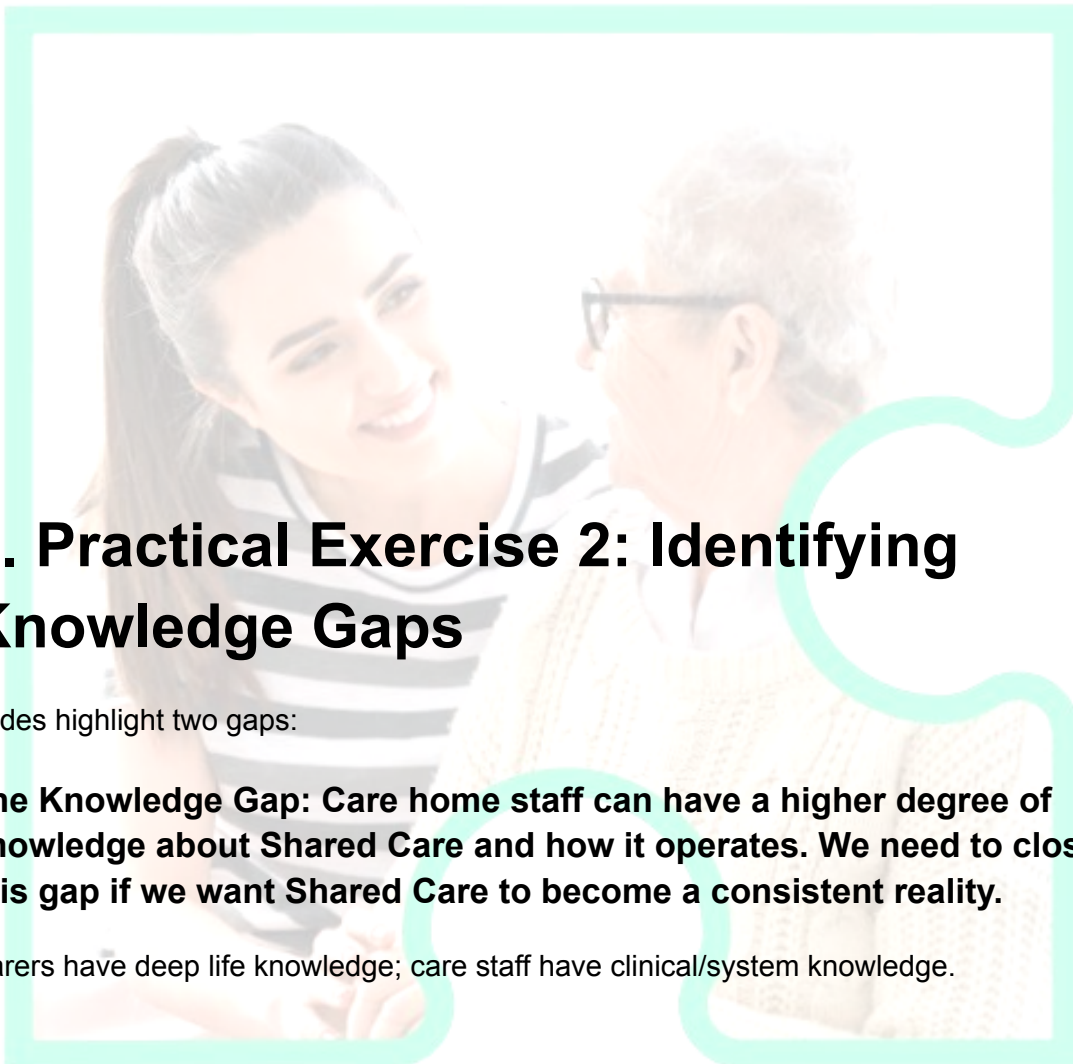
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6. Practical Exercise 2: Identifying Knowledge Gaps

Slides highlight two gaps:

The Knowledge Gap: Care home staff can have a higher degree of knowledge about Shared Care and how it operates. We need to close this gap if we want Shared Care to become a consistent reality.

Carers have deep life knowledge; care staff have clinical/system knowledge.



Action Prompt:

List **two ways** you could address this gap in your daily practice.

1. The experiences of family carers when the person they have looked after goes into a care home

2.

Some practical examples if you need some inspiration:

- Shared Care posters in the home
- A carer session on Shared Care
- A joint staff/carers session on Shared Care
- A mission statement that includes Shared Care
- Inclusion of the words in prominent and often used documents

6. Practical Exercise 3: Identifying Opinion Gaps

The Opinion Gap:

Carers and staff often see Shared Care differently in terms of how well the home is ensuring Shared Care takes place. This can become a point of contention and challenge.

Group Questions:

- Where do these gaps appear in your care home?
- What might be causing them?
- How do they affect the resident's experience?
- What are some simple ways of closing this gap?
- How are you checking out current perceptions in your home around Shared Care?
- Are there any groups of carers that you think you might be less engaged with?

Action Prompt:

List **two ways** you could address this gap in your daily practice.

1. The experiences of family carers when the person they have looked after goes into a care home

2.

Here are some practical examples if you need some inspiration:

Shared Care becomes real through consistent small steps, such as:

- Asking carers for input when creating or reviewing care plans
- Regular updates or check-ins with families
- Inviting carers to share personal history, routines, preferences
- Adjusting communication styles to meet carers where they are
- Providing clarity on what carers *can* be involved in

8. Communication Skills for Shared Care

Key recommendations from the session:

- Be proactive, not reactive, in communication.
- Use plain language, minimise jargon.

- Prioritise transparency to build trust.
- Offer multiple routes for communication: in-person, calls, written notes, online portals.
- Acknowledge emotions as well as information.

Making Shared Care a Reality
The experiences of family carers when the person they have
looked after goes into a care home

Exercise: Communication Scenario

Choose one resident and their main carer.

Identify:

- What does this carer find most stressful?
- What communication shift could help them feel more confident?

Write your ideas below:

9. Diversity and Shared Care

Key principles:

- Stay curious
- Avoid assumptions
- Ask open questions (“What matters most to you in supporting [name]?”)
- Adapt the approach to each family situation

Shared care is never one-size-fits-all. Dementia care is shaped by culture, beliefs, identity,

and family structures. Being inclusive means noticing where assumptions can silence or exclude people — and choosing instead to create space for all voices.

Because diversity is complex and deeply personal, we have included additional resources on LGBTQ+ identities, ethnicity, and spirituality for your team to explore together. These topics often intersect, and individuals may hold multiple identities that shape how they experience care, connection, and community. When working with intersectionality in a care home setting, approach each person with curiosity rather than assumptions, ask open questions, and remain sensitive to the ways culture, identity, and personal history influence their needs and relationships. Creating space for difference—and responding with respect and flexibility—is central to meaningful Shared Care.

LGBTQ+ Carers and Partners

There are nearly one million people in the UK living with dementia. Some of these people are LGBTQ+, yet many aren't getting the support they need. Whilst everyone's experience of dementia is unique, there can be many additional challenges that are specific to a person's sexual orientation or gender identity:

- LGBTQ+ people with dementia who have faced discrimination or stigma may feel forced back into the closet, or their dementia could mean they are still living in those times.
- Trans people with dementia may even go back to a time before they transitioned, which can be distressing and confusing.
- Some LGBTQ+ people feel isolated as they may have no long-term partner or family to support them.

Additional Resources

[Bring Dementia Out](#)

Ethnic Minority Carers

Supporting carers from different ethnic minority communities requires an understanding that dementia may be interpreted, spoken about, or experienced in culturally specific ways. In some communities, dementia may be associated with stigma, spiritual beliefs, or ideas about ageing that influence how families seek help and how comfortable they feel engaging with care home staff. Carers may also face language barriers or may be navigating systems that feel unfamiliar or untrustworthy. Within Shared Care, it is important to approach each family with openness, avoid assumptions, and invite them to share what dementia means within their cultural context. This helps build trust, ensures carers feel respected and understood, and supports more personalised and culturally responsive care for the resident.

Additional Resources

<https://www.alzheimers.org.uk/dementia-professionals/resources-professionals/BAME-communities>

<https://www.dementiauk.org/news/cultural-and-religious-awareness-within-dementia-care>

<https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Dementia/Dementia-and-diversity-a-guide-for-leaders-and-managers.pdf>

Spirituality

Spirituality, whether expressed through faith, cultural traditions, personal values, or a sense of meaning, can be a vital source of comfort and identity for people living with dementia and for the carers who support them. In Shared Care, recognising a person's spiritual needs helps maintain continuity, dignity and emotional wellbeing, especially as memory and communication change. For carers, spiritual practices or beliefs may shape how they understand dementia, how they cope with loss and transition, and how they stay connected to the person they love. In a care home setting, being attentive to spiritual and religious preferences, both spoken and unspoken, fosters trust, strengthens relationships, and supports truly person-centred care. This requires curiosity, sensitivity, and partnership with families, who often hold deep knowledge about what is meaningful for their relative.

Additional Resources

[Supporting the spirituality of older people living with dementia in nursing care: A hermeneutic phenomenological inquiry into older people's and their family members' experiences - PMC](#)

[Spiritual care for people with dementia in care homes](#)

[Providing Spiritual Care in Long-Term Care: Guidance for Long-Term Care Leaders](#)

Reflection:

How could cultural or personal differences affect Shared Care in your home?

Think of a time when you may have unconsciously assumed something about a person's background, role, or relationships. How might that assumption have limited trust or genuine partnership in shared care?

Making Shared Care a Reality

The experiences of family carers when the person they have looked after goes into a care home

10. Carer Involvement as Partnership

Partnership means:

- Shared responsibilities
- Shared decision-making
- Mutually respected expertise

Exercise: Partnership Mapping

For one resident, list what care staff contribute and what carers contribute. Identify one area of overlap and one area where new collaboration is possible.

Care Staff Contribution -

Carer Contribution -

Potential Collaboration Opportunity:

Making Shared Care a Reality

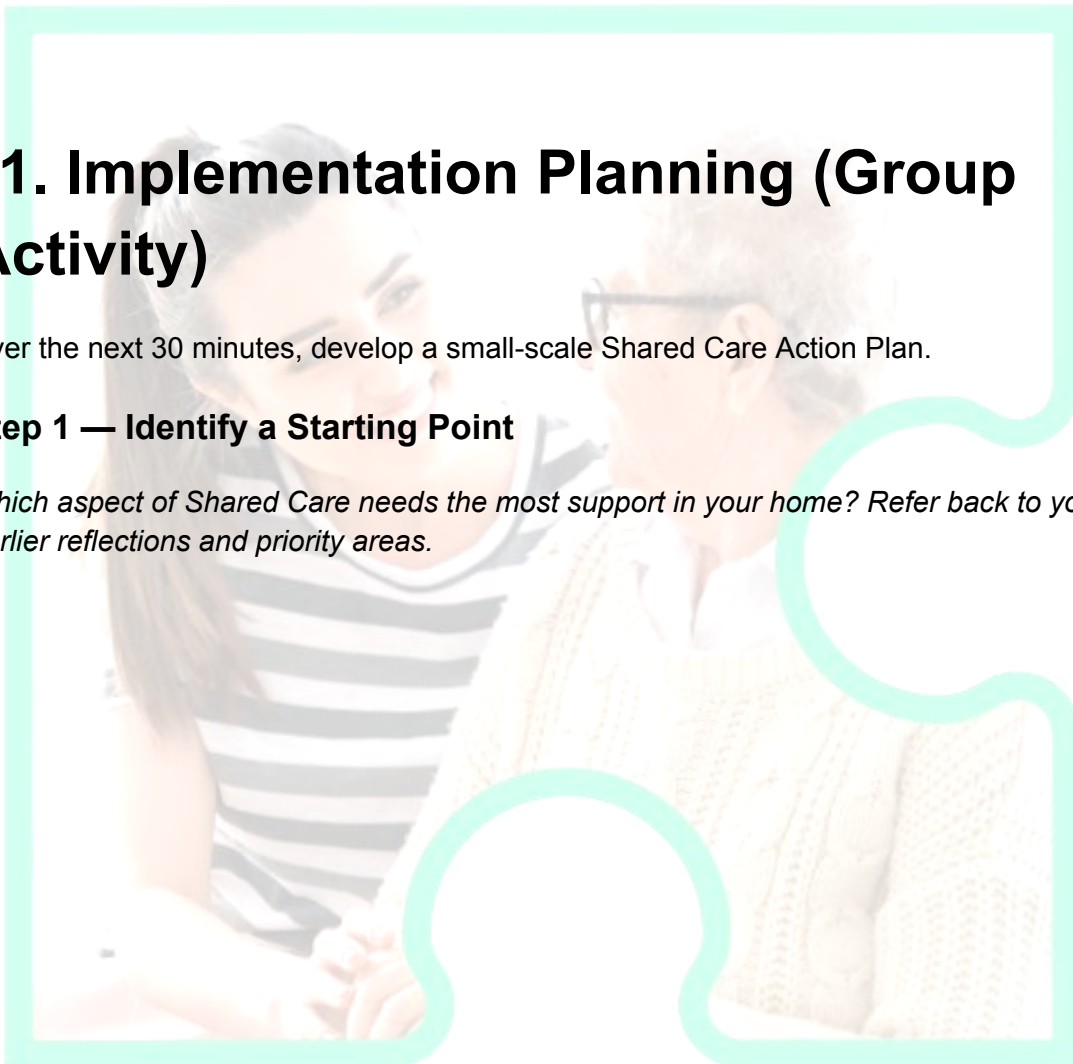
The experiences of family carers when the person they have looked after goes into a care home

11. Implementation Planning (Group Activity)

Over the next 30 minutes, develop a small-scale Shared Care Action Plan.

Step 1 — Identify a Starting Point

Which aspect of Shared Care needs the most support in your home? Refer back to your earlier reflections and priority areas.



Shared Care Action Plan Table

Change No.	Realistic, Achievable Change	Who Is Responsible?	How Will Progress Be Measured? (e.g., feedback from carers, changes in incident reports, improved resident mood)
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1

2

3

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12. Additional Resources

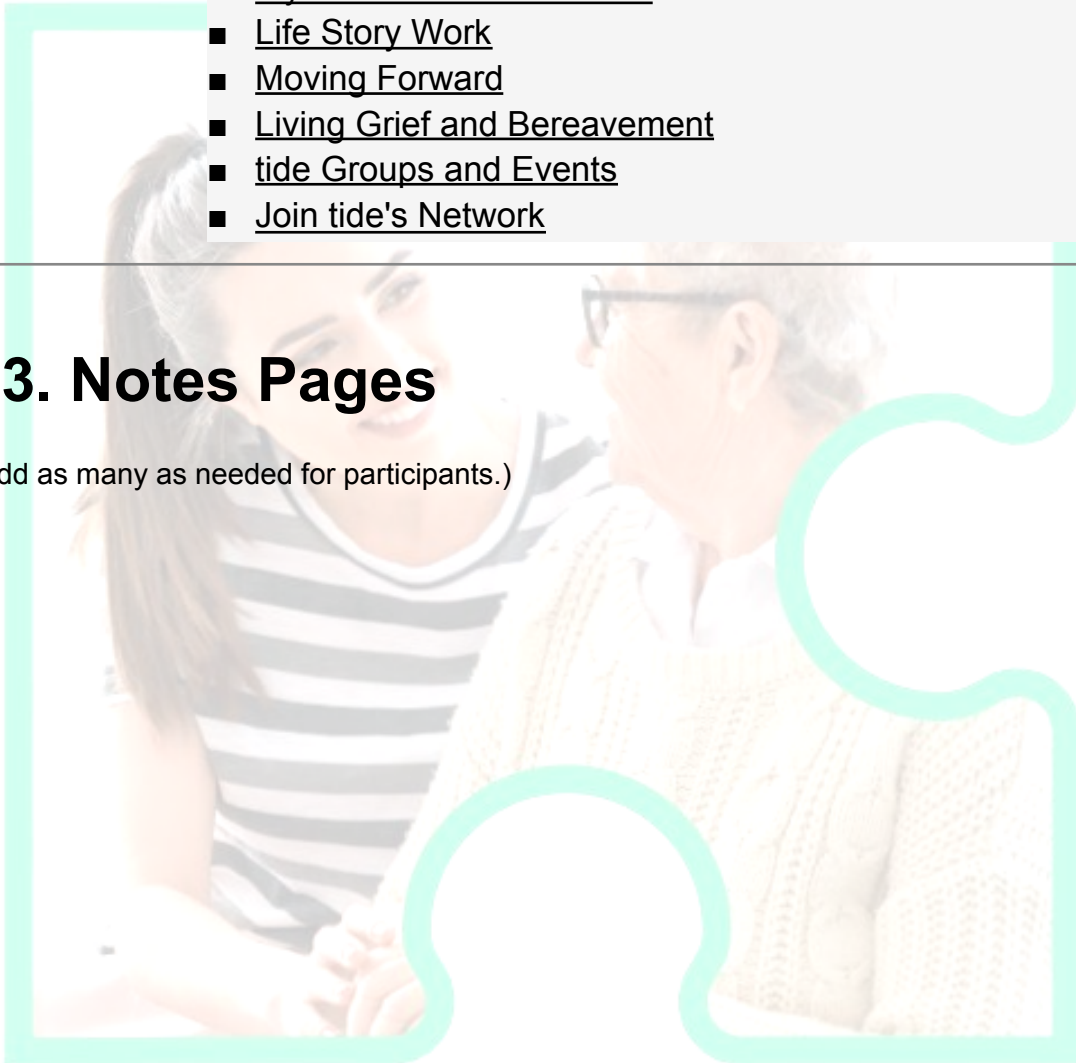
Making Shared Care a Reality
The experiences of family carers when the person they have

tide (Together in Dementia Everyday) Resources:

- [My Home Matters Booklet](#)
- [Life Story Work](#)
- [Moving Forward](#)
- [Living Grief and Bereavement](#)
- [tide Groups and Events](#)
- [Join tide's Network](#)

13. Notes Pages

(Add as many as needed for participants.)



14. Contact Information

For further support:

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tide would like to formally acknowledge the following members of the Shared Care Advisory group for their expertise and knowledge in developing Shared Care resources:

Roger Kay
Norma & David Grier
Steve Callaghan
Ruth Graham
Dianne Bennet
Diane Smith
Janis Cotee
Mary Mitchell

tide would also like to acknowledge the invaluable contribution of the care home managers and staff of the following pilot site care homes:

Cathrina Moore, Chapel House Care Limited
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Siobhan Brammfeld (Residential Care)
Tsitsi Caroline Kandambi (Nursing Care)
Hutchinson Care Home Group, Antrim BT41 2JJ, United Kingdom

Linda Graham & Louise Riley, Spa, Ballynahinch, County Down, United Kingdom

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