

ADULT SOCIAL CARE NURSING WORKFORCE DEVELOPMENT

A Literature Scope



BUCKINGHAMSHIRE
NEW UNIVERSITY
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ROYAL SOCIETY FOR PUBLIC HEALTH
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BACKGROUND

The ageing population in England is growing. There are expected to be 13.8 million people aged over 65 by the year 2035, up from 11 million in 2023 (1,2). In England, life expectancy is increasing, from 1 in 2 dying before age 65 in 1948, when the NHS (National Health Service in the UK) was founded, to only 1 in 7 now expected to do so (1,3). Alongside this ageing population, there is a predicted increase in the number of adults aged 18-64 who have a learning disability, physical disability or mental health need (2). The picture in Buckinghamshire reflects the national description. The number of over-65-year-olds in Buckinghamshire has increased by 73.4% over the last two decades (4,5).

The adult social care sector provides care for adults, from ages 18 to the end of life, who need assistance in their own homes (domiciliary care) or a residential care facility. The needs can vary from those who need physical assistance with personal care and daily living activities to providing support and companionship (6–15).

There are 1.84 million social care sector posts, of which 131,000 are vacant (9.9% vacancy rate) (16). National statistics show that between 19 and 27% of the current workforce consists of staff who are over the age of 55 and will retire in the next 10 years (2,17,18). In Buckinghamshire, of the 13,500 adult social care sector posts, 1,100 were vacant in 2023 (9.9% vacancy rate) (19). This indicates the need for adult social care workers (ASCW) to meet the expected growth of older adults.

There have been investigations in the Southeast of England undertaken to understand the opportunities, the competencies required, and the career pathway for enhanced and advanced nurses in the social care sector (20–22). Similarly, these key factors of career pathways, opportunities, as well as training for entry-level adult social care staff, need to be examined to create an evidence base for the development of relevant training and career support for workers entering the sector.

This project is a joint venture between the Buckinghamshire Health and Social Care Academy (BHSCA), Buckinghamshire New University (BNU), and the Royal Society of Public Health (RSPH). The project's principal aim is to understand adult social care nursing workforce training needs and provision, develop needs, and identify barriers, particularly entry-level early career requirements. The project seeks to gather an evidence base through mobilisation and integration of health, social work and social care workforce education, training, and development solutions to support the social care agenda in Buckinghamshire (23). The project seeks to co-create, based on the evidence, a gateway that enables the provision of innovative and integrated education, training, knowledge transfer and organisational/professional development for the adult social care workforce. The project oversight group consisted of representatives from the three organisations involved in this project.

This project consists of 4 workstreams.

Workstream 1

An initial brief literature scope using grey literature and peer-reviewed papers publicly available from England and the UK to understand the current situation in adult social care (ASC).

Workstream 2

A qualitative exploration of practitioners' voices. This work stream will gather insight into the experiences of entry-level adult social care staff and managers of care facilities and care organisations using interviews and focus groups.

Workstream 3

A series of workshops will be conducted with an invited group of expert stakeholders in Adult Social Care in Buckinghamshire to discuss the key skills needed and the career pathways for ASCW.

Workstream 4

A pilot training programme developed and presented by the Royal Society of Public Health (RSPH) for ASCW.

This report documents the initial brief literature scope of grey literature and academic papers, conducted for Workstream 1.

METHODOLOGY

This workstream was a scoping review of academic papers and grey literature using an integrative approach method to find and report on what is current in adult social care training (24,25). The grey literature scope was conducted by hand to find documentation related to the project topic of social care career pathways, social care training and adult social care in Buckinghamshire. This was carried out by searching publicly available documents and websites published online by relevant organisations such as Skills For Care and gov.uk between December 2024 and March 2025. Relevant agencies referred to in these documents were searched for additional documents. Seventy-eight documents were identified as relevant to the project topic. One document was excluded at the analysis stage as it was deemed not relevant to the topic; the remaining seventy-seven documents were included in the analysis.

A PubMed scope search was conducted using the search terms “adult social care” UK and “adult social care” training, which resulted in 75 documents. The abstracts were reviewed for relevance to training, entry-level staffing, staffing, patient care, and impact. Inclusion criteria included documents published in the last five years and studies conducted in England. Sixty-five documents were excluded from the analysis at this stage as they were deemed not relevant, including five duplicates. Ten documents were included in the data analysis.

A total of eighty-seven documents were included in the analysis. These documents included peer-reviewed academic papers, governmental reports, care provider websites about induction, jobs and training, workforce development and planning body reports, and training providers’ training offerings. The analysis included documents with older statistics; however, the report features the most recent statistics analysed.

Analysis

A conceptual map was created (25) to form a framework for the initial analysis of literature based on themes related to ASCW, training and career pathways, such as regulations about training, job grading, and career pathways. The initial list was reviewed by the project oversight group. The data was coded to the initial themes using NVivo 15. The relevant data was then extracted to Excel and reviewed (26). The themes were developed and expanded as the data were examined. These themes were then collated and are summarised in Table 1.

Table 1

Themes and subthemes

Theme	Sub-theme
Overview of Adult social care	Adult social care need Care provision challenges Funding CQC Regulations for training staff Problems in social care Use of technology in care Gaps in training Current recommendations Current strategy
Getting started in care	Job descriptions Job requirements Initial learning Role A/grade 1
Career progression	Role B/grade2 Nursing pathways Combined pathways Social care pathways Career development experiences
Learning culture	Impact of social care workforce education Learning culture and staff support Work quality of life in social care Work satisfaction
Training available for Adult social care workers	Mandatory training Level 2 apprenticeships Level 2 training courses Level 3 apprenticeships Level 3 training courses Supplementary learning Training in care homes



FINDINGS

1. Overview of Adult Social Care

Several reports published by the Department of Health and Social Care (DHSC) and Skills for Care (a strategic workforce development and planning body for adult social care in the United Kingdom) inform about the current state, needs, and challenges in social care and social care education, as well as evidence of what may influence recruitment and retention in the social care sector.

Adult Social Care Needs

Several governmental reports published since 2017 have included statistical data about the state of the workforce. The latest data shows the need for care, the state of the current workforce, and future challenges.

There are 10.5 million people aged over 65, and this is due to increase to 13.8 million in the next 10 years. The number of people with dementia is expected to increase by 43% by 2040 (2). In Buckinghamshire in the next two decades, there is expected to be another 34.6% increase in the number of people over the age of 65, which is an additional 36,100 (4,5,27). This means that by 2042, one in four people will be over the age of 65. In 2022, there were 4164 people in Buckinghamshire with Dementia (28).

The number of adults with mental health needs and learning or physical disabilities is also expected to increase, and it is suggested that, at this rate of increase of need in the population, a further 540,000 new care posts will be needed (2). Currently, while 400,000 started roles in 23/24, 330,000 also left their posts. Turnover rates for care staff are at 35.65% (1). However, not all left care but moved to posts within the sector (59%). A vacancy rate three times the national average shows the challenges faced with recruitment in adult social care (2). Additionally, somewhere between 19.26% and 27% of current social care staff are over the age of 55 and, therefore, could retire in the next 10 years, leaving an additional gap of 440,000 posts (2,17,18).

In Buckinghamshire, there are approximately 13,550 adult social care roles, of which 1,100 are vacant, with an estimated vacancy rate the same as the national average. In Buckinghamshire, there are approximately 13,550 adult social care roles, of which 1,100 are vacant, with an estimated vacancy rate the same as the national average of 9.9% (1,19). The number of staff over the age of 55 is larger in Buckinghamshire than the national statistics, at 30% (19). Turnover rates in Buckinghamshire were 30.8%; however, not all staff are leaving the sector, with 63% recruited within the adult care sector. On average, staff in Buckinghamshire have an average of 9.5 years of experience and 75% of the workforce has been in the sector for at least 3 years (19).

Care Provision Challenges

The care provision in the community is continually under pressure with the increase in demand for those with complex needs, with an estimated £7 billion needed to cover minimum wages, population changes and protect people from catastrophic care costs (1).

Workforce challenges in adult social care lead to the delay of discharge, as well as people's physical and mental healthcare needs not being met in the community, leading to increased hospital admissions, and this results in a direct impact on the NHS (29). The provision of care outside of hospitals is recognised as critical to the overall provision of services.

Concerns about the provision of care were noted in the King's Trust report back in 2012, which expressed the need for reform in the social care sector as most care is no longer provided by the NHS and free at the point of care to become the responsibility of the local authority and in turn being provided by the private sector and was increasingly becoming means tested by the local authority (30). This, they suggest, puts care at risk through providers failing on financial or business grounds.

Funding

In 2022, the government pledged to spend more to reform the social care charging system, which will then allow local authorities to pay a fair rate for the care they outsource, up to £3.6 billion (31). At least £500 million has been pledged to be spent on training the social care workforce so they have the relevant training and feel valued for their skills. £500 million is to be invested in developing a knowledge skills framework, career pathways and funding for Care Certificates, as well as to create a recognised standard across training so training does not need to be repeated. The government set up a learning and development support scheme in 2024 to fund social care training and apprenticeships (32).

The Learning and Development Support Scheme has been set up to provide an opportunity for unregulated staff in adult social care to have their training funded. (32–36). This funding supports numerous qualifying courses, including the new Level 2 adult social care certificate. Care providers can claim online on behalf of their staff, with 60% available at the start of qualification and the remainder available on proof of training completion (35).

CQC Regulations For Training Staff

The regulations give guidance to care providers about their duty to keep their staff fully aware of their responsibilities. The regulations direct providers to have policies and procedures in place to fulfil the regulations. Each of the regulations covers different aspects of the training that employers are required to provide to their staff. These regulations apply to unregulated staff as well as those whose professions require registration. The independent regulator of health and social care in England is the Care Quality Commission (CQC), which assesses and monitors care providers.

Regulation 13 states that abuse, unlawful discrimination or restraint of clients/service users should not be tolerated. Providers should “have, and implement, robust procedures and processes that make sure that people are protected.” (37).

To implement Regulation 13, providers should give quality training to staff on induction so that they know their responsibilities and are able to work within the Mental Capacity Act 2005. Induction training should include relevant good practices for the use of restraint, control, or restrictive practice. Staff and management also need to know how to follow the provider’s procedures and guidance on how to report and respond to abuse. Staff should be aware of their responsibilities to avoid discrimination. Providers should ensure that staff have this training updated at regular intervals.

Regulation 18 encompasses staff numbers and staff should have sufficient qualifications, competencies, skills, and experience. Staff should “receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform” (38).

To meet the requirements of this regulation, providers should have an efficient programme which dictates the calculation of staffing numbers and skills required to ensure the needs of those in their care are met. This should be reviewed regularly and adapted as needs change. Providers are required to prepare staff sufficiently for their roles through quality induction and provide quality training, and supervision. Employers should be supporting staff not only in their current roles but also in obtaining further qualifications which are appropriate for their roles.

Regulation 19 requires that care providers ensure staff have appropriate training for their roles (39). Employers should ensure that they “have systems in place to assess the competence of employees before they work unsupervised in a role” (39). Staff need to have the necessary training, skills, and competencies to be employed in specific roles or will become competent once they are in the role within a specified timeframe, and thus undergo training at the same time as working.

Part of the CQC’s assessment that care is safe is to ensure staff have sufficient skills and experience, and management are leaders who promote “learning, improvement and innovation” in their staff (40).

Problems In Social Care

Several issues in social care have been raised in published opinion papers. Firstly, Glasby suggests that there is a lack of planning for people's own future care needs and an overall lack of visibility of social care and that it is something that happens out of sight, and this is well established in our communities (41). Secondly, the problems in social care have a knock-on effect on NHS discharge delays; these issues are due to the cost of care, local capacity, and the lack of nursing or rehabilitation provided in care homes (42). Investment in high-quality healthcare for older adults is needed to assist in the well-being of older adults. Thirdly, there is a misalignment between the care people expect and the care they receive (3). Older adults find difficulty accessing relational and social support, and they do not like when they are objectified by healthcare professionals. It is important that people have holistic care and be seen as a whole person.

Use Of Technology In Care

Two academic papers explored the use of technology in care. Thomas et al. 2023 (43) proposed the use of technology to supplement care provision using options such as digital nurse provision, which could tackle the lack of staff in ASC. Telecare uses both self-activated and automatic sensors to monitor falls, extreme temperatures, and smoke, tailored to personal needs, which notifies family or carers or other agencies immediately. The use of technology to allow people to remain in their own homes is supported by agencies such as Age UK and researchers (44).

This use of technology in care links together with the governmental strategy for the expansion of digital skill training in social care (2). The use of technology in care could provide new roles and new avenues of career progression in social care while allowing people to stay independent in their own homes for longer.

Gaps In Training

There are, however, possible gaps in safeguarding training that were revealed when examining the social care staff's understanding of abuse and poor practice (45). This study found that there was a lack of agreement about what comprises abuse in vignettes. Additionally, gaps in digital training have been identified, which could have some influence on the sector's ability to implement technology-based interventions. (2,31).

Current Recommendations

There have been recommendations made about the state of the social care sector the NHS long-term plans recommended that there should be an integrated, flexible career pathway for both health and social care (29). The government's report in 2024 recommended that the registration of social care staff needs to be explored and that there should be a workforce body to plan the development of the social care workforce and propose training recommendations to ensure high-quality training (2). Additionally, Age UK recommends that the decline in primary and community care should be reversed so that older people can get help earlier to enable them to be well for longer (Reeves et al., 2023).

Current Strategy

Governmental strategies in 2022 included initiatives to introduce a portable record of learning, ensure high-quality apprenticeships, and work with the sector to design new training delivery standards and invest in training places to enable the workforce to develop (31). There are recommendations for training staff in digital skills so they can access support online as well as evidence their training electronically (31). The need for the expansion of digital skills for staff was reiterated in the government report in 2024, along with evidence of the successful Scottish pilot of new digital roles in social care (2).

The current strategy for social care workforce training involves expanding skills with the rollout of the care workforce pathway in 2024/25 (2). Continuing to fund new skills and training. Streamline statutory and mandatory training by Skills for Care with CQC signposting. Supporting new staff with the new Level 2 adult social care certificate, targeting people starting in care. Develop a suite of pathways and programmes to sit alongside qualifications, and to have 80% of direct care staff have a level 3 within the next five years, and all workers to have dementia training.

2. Getting Started in Care

The review found that there is guidance available for individuals considering a career in care and for those who wish to learn about the next steps to take to develop their careers. This information was found in multiple places, such as on care providers' web pages and job advertisements, as well as on the Skills for Care website. The literature suggests that there is a positive effect on staff and care providers when there is a culture of training and supporting staff in an organisation.

The Skills for Care website provides guides for those looking to get started in care. This includes how to decide if care is a career for you and a step-by-step process to follow (46). Additionally, Skills for Care has a presentation for secondary-aged students that explains how to access training for a career in social care and provides information on how to get work in social care (47,48).

Job Descriptions

Job advertising for staff describes the role as assisting with daily living, providing support and companionship to help people live to their full potential (6–11). Career guidance describes the role of an ASCW as one that provides personal and practical support, social care, fosters independence, promotes health and well-being, and provides care in people's homes or a care facility (13,47,49). Responsibilities can also involve organising social activities, outings, and entertainment, as well as assisting with life skills such as cooking and budgeting (14).

Job Requirements

Requirements for those looking for employment in adult social care were examined in job specifications and on care provider websites. These advertisements displayed the attributes of people they would like to attract into employment. These show that most place value on personal attributes above knowledge and skills.

Job profiles indicated that they want staff with positive personal attributes. The most mentioned personal attributes that are required in prospective staff are compassion and empathy, passion for care, and willingness to understand a person-centred approach (6–11,50). Published advice for those considering care as a career detailed personal attributes to encompass the need for people who can work in a team, have good communication skills and are respectful, honest, and reliable (12,13,47,48,51,52).

A few job roles or advice for prospective staff require good numeracy, literacy, and digital skills (6,11). Desirable knowledge and qualifications for new staff ranged from an understanding of older adults or a willingness to work towards qualifications to relevant levels 1,2, and 3 qualifications (7,11,48).

There was one organisation that required that prospective staff be physically fit enough to use equipment such as hoists and wheelchairs. (11).

Initial Learning

When getting started in care, the initial learning that staff are given needs to meet national standards. Initial learning can be in the form of the Care Certificate, or there is a level 1 course available.

The Care Certificate was introduced in 2015 and was expected to be used as part of induction for healthcare assistants and ASCW (53). This certificate is based on 15 standards of care and has the fundamental skills needed in adult social care. This certificate can be used towards some regulated qualifications and apprenticeships. The Care Certificate is provided through the employer and may differ from employer to employer, and thus has portability issues (31,54).

The standards the Care Certificate is based on are as follows (53,55):

Standard 1: Understanding Your Role

Standard 2: Personal Development

Standard 3: Duty Of Care

Standard 4: Equality And Diversity

Standard 5: Work In A Person-Centred Way

Standard 6: Communication

Standard 7: Privacy And Dignity

Standard 8: Fluids And Nutrition

Standard 9: Awareness Of Mental Health, Dementia And Learning Disability

Standard 10: Safeguarding Adults

Standard 11: Safeguarding Children

Standard 12: Basic Life Support

Standard 13: Health And Safety

Standard 14: Handling Information

Standard 15: Infection Prevention And Control

Level 1 in Health and Social Care includes awareness of protection and safeguarding, equality, inclusion, and diversity training. This can lead to progression onto Level 2 training (56).

Role A/Grade 1

Initial roles or grades for staff new to social care have been published by the DHSC with new definitions of roles on the career pathway of social care workers. Role A is described as staff who are new to care. Staff who start at this level should be working in a person-centred way, act ethically, work on building and maintaining positive relationships, and take a methodological approach to completing tasks. They should also take responsibility for their knowledge development, develop resilience, build sustainable practices, treat all with dignity and show compassion. At this level, there is an expected minimum level of knowledge that they need to work safely, and an understanding of what their role involves. Role A staff should understand safeguarding, nutrition needs, and have an awareness of mental health, dementia, autism and learning disabilities. Workplace health and safety, basic life support, accident response and medication management modules of learning should be undertaken (52).

This level of staff is also described as grade 1 by Buckinghamshire Council (57). Grade 1 staff are entry-level staff and have several responsibilities. These responsibilities include supporting individual goals for well-being, helping people help themselves, and carrying out plans while being supervised by management. They are to ensure they practice safely and record and report accurately, alongside attending team meetings, and they are to work within the regulations and be accountable for their actions. This grade of staff is not expected to have qualifications (beyond two GCSEs or their equivalent) or experience working in social care; however, they are expected to demonstrate an understanding of the needs of vulnerable adults (57).

3. Career Progression

Government training recommends that staff working at Role A level complete all the mandatory training and undertake extra training such as tier 2 dementia or Autism training (52). To then progress to a Role B level on the career pathway for social care workers, the government recommendation involves specialised practice training such as end-of-life care, dementia care, and mental health core skills (12).

Skills for Care describes several options for advancing along the career pathway, which is partly the responsibility of the social care worker. These options include completing an apprenticeship and obtaining level 2 to 5 training in areas such as autism, communication, and stroke care (13,48,58). Training providers also recommend progression beyond level 3 apprenticeships to include bridging programs and additional healthcare apprenticeships (59,60).

Role B/Grade2

Role B is the next step on the career pathway, with staff on this level expected to progress their knowledge to level 3, such as an apprenticeship or diploma, as well as specific setting training for their 2, such as dementia or autism. Role B staff are also expected to understand the national context of safeguarding and how to prevent neglect or abuse, and recognise and report unsafe practices. At this level, staff should understand mental capacity and consent, along with understanding restrictive practices. Staff should be able to respond to adverse events, incidents and near misses (12).

Grade 2 staff are expected to have at least a year's experience, understanding the principles of social work practice and the statutory frameworks and legislation (57). They should be able to assess that plans meet people's needs, produce quality reports, and liaise with relevant agencies. They should be able to work safely without supervision, hold a level 2 qualification, and be committed to their professional development (57).

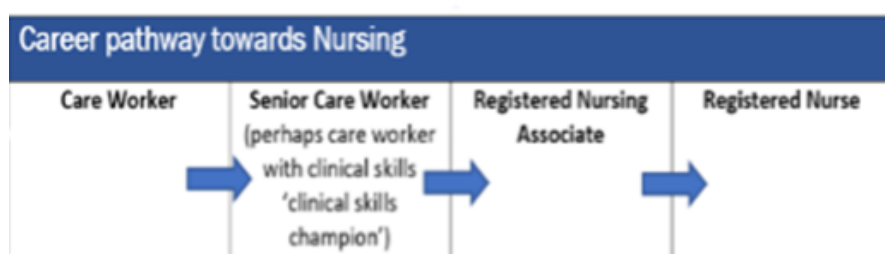
Advancing into specialised roles such as a social worker, an occupational therapist or into leadership as a registered manager can be achieved (58). There are also opportunities to progress into more advanced roles through employers (7).

Nursing Pathway

The two distinct nursing pathways had different starting points. The social care nurse career pathway starts as a care worker, leading to a senior care worker, then onto a registered nursing associate role (61)(Figure 1); with the healthcare pathway starting as a care assistant before moving onto a registered nursing associate role (54) (Figure 2). Both progressed from there to registered nurses. This shows the separation of health and social care. The healthcare pathway shows possible development after reaching the registered nurse level, all the way to nurse consultant (Figure 2).

Figure 1

Career pathway from Buckinghamshire Health and Social Care Academy



Source: (61)

Combined Pathway

The first combined pathway started at a social care worker level and progressed through stages to the possibility of being a social worker, occupational therapist or registered nurse (Figure 3). This pathway shows the diversity in career opportunities for those starting in social care (47).

The second combined pathway shows two pathways, one for those starting in care and working towards being a nurse practitioner, with the other starting as a nursing assistant and working in social care as a registered nurse and working towards a care home manager or operations (62)(Figure 4). Although this pathway quotes NVQ qualifications, which are no longer used, they can be substituted with relevant current qualifications.

Figure 2
Career pathway Health Education England



Source: (54)

Social Care Pathway

The social care pathways are not illustrated in the same way as the previous pathways and describe the steps from level 2 qualifications into specialised leadership or managerial training at level 4 (58). The government publication with the new social care pathway has just four steps from category A, new to care, to category B, care or support worker, to category C, supervisor, or leader, to category D, practice leader (36,63). This pathway had been recently developed by the DHSC, with some of the roles of caregivers having been published, and some yet to be published (36,63). Care providers also describe the social care career pathways as a 3-step process from team member to supervisor to home management (64).

Career Development Experiences

Experienced staff in adult social care shared their personal career progression experiences. A general manager of a care facility in Buckinghamshire shared that although their work in care had been unintentional, they were able to work their way up to care home manager and then on to being a general manager, through a post-graduate diploma and a master's degree, and that as a manager one should support others to build their careers.

"You need to be able to support, encourage and motivate your team to be able to achieve their career goals and be the best version of themselves" (9)

Other adult social care workers have shared how training and support from their employers have advanced their career opportunities.

Figure 3
Career pathway Skill for Care



Source: (47).

Figure 4
Career pathway Westgate Healthcare



Source: (62).

"Having gained this qualification, it has allowed me to apply for the Unit Manager role. I would never have achieved a Merit if it weren't for Care UK's support" (65).

"Care UK has been so generous with enrolling me onto the course, it has taken my career to the next level," (65).

Another ASCW shared that motivation is needed to progress one's career.

"If you sit back and just do what it says on the job description, you'll never get noticed. If you want to progress you need to prove that you're motivated, show you want to go forward, learn new things and are passionate about your job." (58)

4. Learning Culture

Establishing a learning culture within organisations can significantly influence the effectiveness of ASCW (Adult Social Care Workers). The availability and quality of learning and development opportunities directly affect the care delivered by ASCW professionals (1,2). Additionally, promoting a learning culture can enhance staff retention and improve overall job satisfaction.

Impact of Social Care Workforce Education

The learning and development of staff through training has an impact on turnover rates, as having the relevant qualification reduces turnover rates by 10.5% and by 9% for those who have regular training (2). This is not a recent development, as it has been known since 2017 that turnover rates are improved by good induction programmes and continuous staff development, along with organisation culture, as well as having staff with the right values, behaviour, and attitudes (66). Additionally, care providers who have a higher proportion of staff who have relevant training have higher CQC ratings (1).

A report published in 2022 suggested that there is a problem with how adult social care is perceived and that, as a sector, it does not offer structured career progression or training opportunities, and this lack of career development has been cited as the primary reason for almost half of those who are considering leaving the sector (67). In addition to training, the age of new staff affects retention, as the adult social care sector is often used as a means of accessing paid work for younger staff.

The Standards of Care were introduced in 2015 (68) to form a basis for quality training in the adult social care sector. However, there were concerns by providers about the quality of training given, as staff were often required to repeat training at new employment (2). The idea of a skills passport to enable skills portability was mentioned back in 2016 (54) and again in 2022 (31). This is currently under development by DHSC (2).

There have been some concerning issues with the quality assurance of education highlighted by government reports. They reported that there is an increase in the closing of training providers along with the ending of the endorsed learning provider scheme run by Skills for Care, and this may pose a risk to the quality of training (2). However, phase 1 of the government plan to make changes in the sector includes that training providers will be able to apply to be quality assured. This is a bespoke measure to ensure the quality of training, and training providers can provide evidence that they meet the quality standard (69).

An issue among staff in adult social care is that only 46% of staff in adult social care have relevant training (2). Other concerns include the problems faced in apprenticeship uptake (75% reduction since 2016) (1,2). Additionally, there is poor funding for social care apprenticeships in comparison to other apprenticeships (Hair professionals' apprenticeships receive £7000 more than adult social care apprenticeships) (2). There are also large dropout rates of 60% at levels 2 and 3.

It is suggested that using value-based recruitment along with learning and development helps to reduce turnover as staff perform better and achieve greater levels of success (1).

Learning Culture And Staff Support

The literature suggests that having a learning culture in the workplace, which provides staff with the opportunity to learn and develop in their career, as well as leading to lower staff turnover, is a key component of work quality of life for social care workers (16,66,70). Many care providers aim to provide support and training for staff and new starters for them to develop their skills and careers (7–11,50,65,71). Opportunities such as leadership training, taking the next steps on the career pathways to nursing associate, and a work-life balance (10,11,50,71). Prioritising the training of staff without qualifications on the new Level 2 training is also encouraged by the DHSC (35).

Staff support is undertaken by care providers who promise to assist new staff with their learning. This can be done through ongoing support in person, on the phone, or through the availability of office staff to support carers in the community (8,50). Alternatively, a thorough induction programme, which includes an assigned buddy who will work with new staff members to guide and assist them in building confidence in day-to-day tasks (11).

Work Quality of Life in Social Care

Making social care attractive to new staff, due to the future need for more staffing in social care work, the work quality of life (WRQoL) should be considered. A study examined the WRQoL in social care workers (70). It proposed six key components, one of which is "Job Characteristics", which includes "learning and growth opportunities". They suggest that WRQoL is related to individuals' physical and emotional well-being, as well as work outcomes, the quality of work, and the quality of service provided. This indicates that to recruit and retain staff, offering learning and development opportunities should be a key consideration.

Work Satisfaction Experiences

The government reported evidence that meaningful work leads to job satisfaction in their discussion about a mental health and well-being plan (72). This suggests that it could be a mechanism used to recruit and retain staff in adult social care.

Work satisfaction can come from helping others learn and feel supported in a new role, as well as having a positive impact on others (13,73). ASCW share their experiences of how learning and their work gives them satisfaction.

"I feel proud because I am sharing my knowledge and giving back what I have learned through other people." (73)

"I think it's probably the only job I've ever done where I go home at the end of the day and I feel like I've really done something." (13).

5. Training available for ASCW

There is a lot of choice of training for ASCW as they begin their careers and to progress their careers. There are many ways to learn, from apprenticeships to training courses.

Mandatory Training

The regulation stipulates that staff are appropriately trained for their role without listing mandatory training modules. However, training providers and governmental documentation suggest that there is a list of mandatory care modules for adult social care workers, which includes the following modules (16,74):

- Assisting and moving people
- Basic life support and first aid
- Communication
- Dignity
- Equality and Diversity
- Fire safety
- Food hygiene
- Health and safety awareness
- Infection prevention and control
- Medication management
- Mental capacity and liberty safeguards

- Nutrition and hydration
- Oral Health
- Person-centred care
- Positive behaviour support and non-restrictive practice
- Recording and reporting
- Safeguarding adults
- Specific conditions.

Statutory training is governed by laws which are there to protect staff and those they care for, and includes:

- Health and Safety - Statutory requirement (Health and Safety at Work Act 1974)
- Fire Safety - Statutory requirement (Health and Safety at Work Act 1974)
 - Regulatory Reform (Fire Safety) Order 2005
- Equality, Diversity and Human Rights - Human Rights Act 1998 and Equality Act 2010
- Infection, Prevention and Control - Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infection and Related Guidance (Dec 2010)
- Manual Handling - Manual Handling Operations Regulations 1992
- Management of Health and Safety at Work Regulations 1999
- Safeguarding Adults - CQC/Care Inspectorate Scotland/Care Inspectorate Wales/RQIA
- Safeguarding Children - CQC/Care Inspectorate Scotland/Care Inspectorate Wales/RQIA

Level 2 Apprenticeships

Adult care worker level 2 is a 15-month course available as an apprenticeship (51,75,76). This course is based on the 15 standards of care set out in the Care Certificate. Students can achieve Level 1 English and maths alongside this course. Apprenticeships are work-based education covering skills and knowledge. The Institute for Apprenticeships and Technical Education can help students find providers of this apprenticeship (51).

Level 2 Training Courses

Foundation T Level in Health and Science awards students who complete this course a Level 2 certificate in Health and Social Care and a Level 2 award in Principles of Applied Science. T Levels include work experience and prepare students to enter nursing, social work and social care (77).

Level 2 Adult social care was introduced in 2024 as part of the government programme to reform social care and was designed to be the baseline standard of care (34,35,78–81). This course takes 6 to 8 months to complete for staff who are more than 19 years of age. This qualification is built on the 15 care standards (35,78,79). This is an accredited course which requires a final assessment. Government funding is available for care providers to cover the cost of this training for their staff (35,79).

Level 3 Apprenticeships

Lead Adult Care Worker Level 3 is a 20-month apprenticeship aimed at developing skills for the delivery of high-quality care and support. This adds to workers' leadership skills to allow them to take on supervisory roles (82,83).

Senior Health care support apprenticeship takes 21 months to complete and has students learn under the supervision of a registered nurse to learn how to manage patient needs. This qualification is to equip students with the skills and knowledge to progress in their careers (59,84).

Allied health support Level 3 apprenticeship takes 21 months to complete and is for those who work in healthcare settings and enhance their capacity for therapeutic support under the guidance of registered physiotherapists, dieticians, and speech and language therapists (60).

Level 3 Training Courses

There are learning options for young people planning a career in health or social care. Level 3 T Level Supporting Healthcare is a 2-year full-time course which includes work experience. This course allows successful students to progress to university to study nursing or midwifery and can go on to employment as support workers in health and social care (85). Alternatively, the Level 3 Extended Diploma in Health and Social Care is a 2-year full-time course to prepare young people for university learning or to build a career in health or social care (86).

Diploma in Adult Care level 3 includes 15 mandatory units about promoting choice and independence, individual health, equality, diversity, inclusion, and human rights in care settings. As well as units on safeguarding and duty of care. Students then have the option to choose from 117 optional units in topics such as end-of-life care, leadership and audits and infection control and hygiene (87,88). This course is available from a variety of providers and can take about nine months to complete.

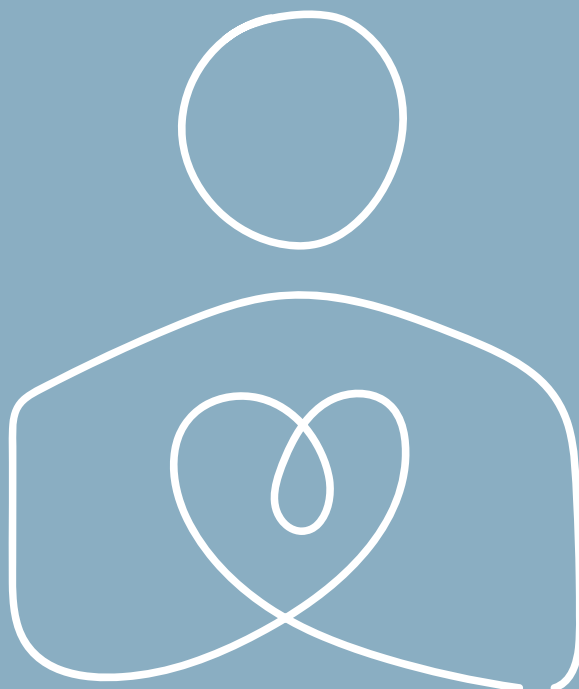
Other Level 3 training is available, such as the Level 3 diploma in healthcare support, which is designed for senior healthcare support staff in various areas of the health sector, including hospitals, community teams, and birthing centres (89). Optional units in this course make it flexible to fit individual needs.

Supplementary Learning

Free supplementary learning is available nationwide online; these bite-sized courses with a public health viewpoint can help ASCWs engage with their personal development. All our Health is an e-learning portal that provides free access to 31 different public health and social care-related learning modules (90). These are topic introductions to support and provide guidance for all health and care professionals to help them instil prevention in their work. Topics include dementia, falls and fractures, healthy ageing, adult social care and learning disabilities.

Training in Care Homes

Collaborative training for students from various professions, including physiotherapy, social work, nursing and sports rehabilitation, worked in placements in residential homes and addressed residents' personal goals (91). This trial had a positive impact on not only the students but also the staff and residents. Working in a care home changed perspectives about how students had previously imagined care work to be and found it "vibrant, challenging and stimulating". This suggests that giving students care home placements has a positive effect on students' attitudes to social care and understanding of whole-person care.



KEY POINTS

- There is an increasing demand for adult social care,
- Training and learning culture should be ingrained by care providers and not just rhetoric.
- Learning and growth opportunities are a key component of work quality of life.
- Work satisfaction is a mechanism which helps to retain staff.
- Inadequate Apprenticeship funding could contribute to the decline in apprenticeship numbers,
- The new accredited level 2 adult social care course, which hopefully may resolve the problem with the portability of training between care providers, is funded.
- Gaps in the digital skills of adult social care staff can influence the implementation of technology to support care.
- New career pathways have been published; however, an understanding of how they help ASCW find their career pathway is unknown.



DISCUSSION

The literature reviewed shows that there is an increasing need for social care and for the staff to provide high-quality care (2). The sector faces increasing pressure with low staffing numbers and high turnover rates (46). This project focuses on the training and career progression needs of entry-level ASCWs.

The governmental strategy documents the progression that has happened to support ASCW from the introduction of the care standard in 2015 to the introduction of a standardised new level 2 adult social care certificate, which should allow for better transportability of training between employers (34). Funding has been made available for ASCW to access several training courses which cover multiple relevant topics, as well as the new level 2 training for adult social care workers. However, there is evidence that apprenticeship funding is poor, and along with the decrease in numbers accessing apprenticeships, this is concerning (1,2).

Regulations ensure that those receiving care are protected by ensuring that staff providing care are well-equipped to provide safe, effective care. Mandatory training covers basic topics such as safeguarding and caring skills, while the care standards incorporate skills such as communication, though they have the issue of transportability between employers. The new Level 2 accredited adult social care certificate seems to address this problem as it is an accredited and recognised qualification. As this is a new qualification, time will tell if there is a better uptake of this training than the Care Certificate to improve the number of staff with relevant qualifications (1,2).

Guidance for those wanting to start a care career or are looking for career development guidance can be found on several websites, with the Skills for Care website being comprehensive (13,46,58). Pathways for career progression are newly defined by the Department of Health and Social Care as a 4-step process from early career ASCW to practice leader (58,63). This pathway is simpler than other combined or nursing pathways, which involve many possibilities in one graphic, which may not be helpful for those early in their social care career.

The literature indicates the importance of a training and learning culture in organisations which employ ASCW. A training culture which includes good-quality induction programmes and continuous staff development reduces staff turnover and has improved CQC ratings (1,2,66). An organisation with a learning culture which provides opportunities for learning and growth is also a key component of work quality of life, although further research is needed to understand the influence of this on staff retention (70).

Work satisfaction could be considered as a mechanism to be utilised to retain staff and attract new staff. Job satisfaction could involve having meaningful work (72), support from the employers to grow a career (13,73), and opportunities for continuous development, which is a key component of work quality of life in social care workers (70).

Digital skills gaps identified in governmental research by the DHSC both in 2022 and in 2024 may have an impact on the ability to implement new ways of working with technology in adult social care (2,31). This needs further investigation into the level of digital skills in the social care workforce in Buckinghamshire.

NEXT STEPS

The literature highlights the need for further exploration, which this project aims to do. The literature scope review has given an overview of the ideal strategy to support ASCW and their career paths; however, it may be different for practitioners on the ground within the local environment, thus it is important that we engage with practitioners and their employers to hear their voices and include the following topics:

- Training gaps,
- Portability of training,
- Barriers to continued training,
- Training/ learning culture experiences,
- Support for accessing training,
- Work satisfaction.

This will be covered in Workstream 2

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