

ADULT SOCIAL CARE NURSING WORKFORCE DEVELOPMENT

The Expert Reference Group



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RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE



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BACKGROUND

This project is a joint venture between Buckinghamshire New University (BNU), Buckinghamshire Health and Social Care Academy (BHSCA), and the Royal Society of Public Health (RSPH). The project's principal aim is to understand the training needs and provision for adult social care nursing while identifying barriers, particularly for entry-level and early career workers. It seeks to gather an evidence base through the mobilisation and integration of health, social work and social care workforce education and training. The focus is on developing solutions that support Buckinghamshire's social care agenda (1). Based on gathered evidence, the project aims to co-create 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 report details the activities undertaken in Workstream 2.

This project consists of 4 workstreams.

Workstream 1

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

Workstream 2

A qualitative exploration of learning and training experiences of entry-level adult social care staff and managers of care facilities and care organisations using 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 adult social care workers (ASCW).

Workstream 4

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

As part of the broader investigation into workforce development needs within adult social care, workstream 3 aimed to explore the knowledge and experiences of experts from Buckinghamshire in the Adult Social Care sector about early career ASCWs' training, the key skills needed, opinions about teaching designs for ASCWs, and their feedback on key points of the literature review of ASC in Buckinghamshire and England. For a comprehensive overview of the project's background and objectives, please refer to the Workstream 1 report(2).

METHODOLOGY

Participants

Participants were invited due to their links and roles in adult social care (ASC) (N=31). This expert reference group included individuals involved in the operation of care facilities, organisations that support carers, and advocacy groups for care providers. It also comprised those involved in developing the social care workforce, as well as representatives from national health organisations and local government responsible for adult social care. There were 12 participants in total across all the workshops.

Design

This workstream had a qualitative design and consisted of a series of workshops. Workshops were designed to be open, round-table discussions to allow for free discussion around theme points that guide each workshop. All participants were provided with the themes and ideas to be discussed before the meeting, so they were able to have the chance to think about the themes and form their opinions, ready to share with the group. Invitees who could not attend were given the opportunity to provide comments about the discussion points; however, none were received.

Data collection

The first workshop was themed “Tell Us”. This workshop was conducted twice on the same day to allow for the availability of those invited, workshop 1 morning (W1M) (N=7) and afternoon (W1A) (N=5). This allowed a larger number of participants to give their thoughts and opinions. The discussion centred on 3 questions: 1) What are the key skills adult social care workers need to have in their training? 2) What is missing from the current training of adult social care workers? 3) What works best for in-person study days on training courses? As well as their reflections on the Royal Society for Public Health UK (RSPH) pilot training proposal, presented in the workshop.

Workshop two (W2) was themed as “What do you think?”. Participants had the opportunity to review a draft version of Workstream 1’s literature scope and were asked for their expert opinions on the key points – funding of training, training culture, work satisfaction, and digital skills. They were also asked to share their experiences and thoughts about career pathways for entry-level adult social care workers. Participants of workshop two (N=3) also attended either W1M or W1A.

All participants were provided with the summary of the live whiteboard notes taken during the workshop and invited to provide further comments. Workshops were conducted in March and April 2025.

Data Analysis

A framework approach was used to analyse the data (3,4). A concept map was created based on the theme for each of the workshop's skills, training needs and the key points from the literature review in workstream 1. The data was then coded to the concept map with new codes added as the data was analysed. The codes were then collated into emerging themes, which changed as the data was analysed and reviewed. Five main themes emerged from the two workshops and are summarised in Table 1.

Table 1
Workshop themes

Themes
ASCW Capabilities
ASC Workforce requirements
Learning Strategies
Learning culture
Factors influencing access to training

Ethics
Ethical approval for this project was approved by the Buckinghamshire New University ethics panel (study protocol number UEP2025FEB01).



FINDINGS

ASCW Capabilities

Participants clearly identified the skills that new staff in Buckinghamshire require, encompassing both learned and intrinsic abilities. The discussion emphasised the importance of equipping staff with a variety of essential skills. These skills are crucial as new staff embark on their professional careers, helping them to be well prepared to meet the demands of their roles. The essential skills for new staff to learn included: Person-centred care, health and safety awareness, ethics and legalities, equality, diversity and inclusion, preventative care, cultural understanding, technical skills, safeguarding, infection control and the 15 standards the Care Certificate is based on. However, the fundamental skill is understanding what care is and how to care for someone else.

“Actually, you need to bring it back to basics and go. What is it to care? What is it to care for another person?” P3 W1M

Intrinsic capabilities identified by participants as key skills for ASCW included patience, resilience, problem-solving, time management, self-awareness, effective communication skills, adaptability, empathy, compassion, and the ability to work well with others. However, the combination of these personal attributes will be different for different organisations and job roles.

Digital skills of ASCW in Buckinghamshire were discussed. Participants relayed that because of the COVID-19 pandemic, digital skills have improved for staff and service users, through the necessity to assist service users to communicate with their loved ones when in-person visits were not permitted due to restrictions. However, it was noted that there is a gap in the knowledge of how to effectively address or troubleshoot situations when technology fails or cybersecurity threats emerge.

“I think there still needs to be a focus on... Cybersecurity ... they weren't aware of what to do” P3 W2

Other skill gaps were discussed; participants shared that there were a few gaps in the current learning of junior staff, such as mental health, cultural awareness, staff well-being and resilience and legal and ethical issues, including GDPR and Assisted Dying Bill.

“Health and safety awareness training and things like that, the assisted dying bill, you know what about legal and ethical stuff in that skill set.” P10 W1M

“Definitely important area and communication definitely links into equality, diversity, inclusion and cultural competency” P9 W1A

Additionally, leadership skills are essential for addressing the skills gap among more experienced staff. These skills should be embedded within a team to ensure that duties and responsibilities are clear. This clarity allows team members to understand how they can support each other in learning and professional development. Delegating can be a difficult skill for some leaders. Leaders need training to be good mentors to ensure quality and consistency for more junior staff.

“Leadership for me is really key and how that's embedded across teams” P12 W1M

The skills required of ASC staff are both learnt and intrinsic. Workshop participants highlighted the skills gap among ASC staff in Buckinghamshire.

Workforce requirements

Workshop discussions highlighted and detailed the needs of the ASC workforce. Staff need support from their employers and peers, especially when starting work in the ASC sector. This can be done through good induction programmes or peer-to-peer support. Organisations can also support staff through having a strong mentorship ethos and a learning culture. Employers, though, should be aware that the amount of learning for new staff can be quite overwhelming, and staff may need to navigate this at their own pace.

“An important aspect it should be peer support and peer relationships, that's incredibly important and we hear that also in terms of leadership and management, that that's particularly important to have those peer relationships and peer support embedded with within the organisation” P9 W1A
“it's very easy, isn't it? To overwhelm people with the amount of training and knowledge we want them to have” P12 W1M

However, staff who take on mentorship roles expect appropriate compensation for the additional responsibility they assume. Additionally, the quality of mentorship relies on the competence of the staff who provide it. This highlights the necessity for supporting mentors as well.

“If you're asking more senior staff to act as a mentor, they want to be paid for doing that because it is you know a huge amount of work.” P12 W1M

“They're only as well supported as the skills of that mentor” P10 W1M

The importance of building staff confidence through ingrained support in an organisation was discussed. It was suggested that this confidence enables staff to handle crises calmly and to enhance their daily task competence.

“Uplift their confidence and competency among those staff to support the staff and organisation in order for them to deliver ... effective care to the resident” P5 W1M

It was also suggested that it is essential that there is a focus on staff well-being in the workplace, as this has an influence on work satisfaction. Participants shared that COVID has left a legacy of awareness about staff well-being within the ASC sector.

“Within the organisation and focusing on the well-being of your staff as well as the work and the environment, again COVID really placed an emphasis on well-being and actually that then come up the scale whereas that used to be lower.” P3 W2

However, the pandemic also affected young workers who are now coming into the sector. Employers should be aware of the levels of resilience and the expectations of younger staff in the work environment. Employers should manage their own expectations of young staff, as this will help with staff retention.

“They've been through a very, very difficult time, and I think. As providers, we need that recognition, and I think we need this better alignment. Between what they expect and what we expect.” P3 W2

Employers in the ASC sector should make an effort to positively connect with young people. By fostering open and meaningful connections, they gain insight into the unique value and skills young people bring to the sector. Recognising the value young people can bring to the workforce and creating a supportive workplace will assist in addressing the needs of those requiring care.

“See a person rather than just skills. But what they bring to the sector.” P9 W1A

Staff also need support to advance their learning and development. This not only motivates them by helping them envision their career progression but also leads to greater job satisfaction and improved staff retention.

Understanding how staff perceive the opportunities to grow their careers was discussed, and it was suggested that career maps, which encompass all the possible options of career development, are complicated but, when supported by someone who understands it, can be more beneficial than a linear progression of job responsibilities. A linear career pathway of job level specifications gives no indication of how long staff would spend on each level, and there is an expectation of change in pay rates as one progresses to each step. Historically, career pathways were driven by the natural progression within an organisation, and this is no longer the case. A career map in Buckinghamshire should be shaped by organisations and individuals, so that each step in a person's career will be tailored depending on the size of the organisations and local needs.

“If there is a career map for Buckinghamshire. I think maybe it ... needs to be helped to drive it with individuals and employers, you know, because all employers are different. You've got these very small businesses to your large corporate” P1 W2

However, it was pointed out that all of this support needed by staff is vulnerable due to the pressure to reduce expenditure from the local authorities and integrated care boards, resulting in a lack of protected time, resulting in more pressure on staff to provide mentorship without remuneration, for the time and work that it entails. Additionally, there should be a positive publication of the stability in the staffing levels and experience of staff in Buckinghamshire.

“We're currently undergoing really hardcore reviews. For people who receive CHC[Continuing Healthcare] funding and funding from the local authority, and they are being militant about it and it's not, it's not helpful when you're trying not to be task based when you're in somebody's home because that's kind of what it forces you to do when you don't have as many staff as you would like to create meaningful support and lifestyles for people.” P12 W1M

ASC staff need support to learn and to progress their careers; however, this support is at risk due to financial pressure in the sector.

Learning Strategies

Engaging learning involves interaction between students and teachers and is facilitated through various methods. One effective approach is to assign students a task to prepare before learning sessions, ensuring they come ready for discussion. Additionally, incorporating interactive learning and workshops with practical components encourages meaningful conversations between the teachers and students, further enriching engagement in the learning process.

“Work for them to present as well, so that at least that they have something that they've been ... prepare themselves before they come to the session” P5 W1M

Regular, quick, and short online sessions, as well as having experts as teachers, are positive ways to engage students, as well as having a good quality peer-to-peer mentorship programme enables good quality care to be provided.

“You've really got to have embedded sort of a strong mentorship ethos and learning environment to ensure that that peer-to-peer is as strong as it can be and that we're providing that real quality care to our residents or individuals, whoever we look after.” P4 W1M

Linking topics across different modules was suggested as a way to help learners better integrate and understand the material. The blending of e-learning and interactive learning helps keep the learner interested. Modular learning helps to space out learning and not overwhelm students, as it provides flexibility.

“You can blend a lot of them together. Why do we need three hours on person-centred care and then we do another three hours on dignity, that you blend them together to get to look at the individual”
P3 W1M

Large amounts of e-learning do not engage students and can lead to problems such as skipping to the end to only do the tests. E-learning is often seen as a chore, so it is only engaged with when mandatory, with some staff skipping the learning altogether to just write the quiz at the end. Practical in-person learning is valuable for practical adult social care skills.

“But some people don't even bother accessing the training. They go straight to the testing as long as I pass.” P3 W1M

Participants reported that the implementation of reflective practice serves as an effective mechanism for integrating learning into professional practice, as embedding this learning helps develop best practice. Moreover, reflective practice plays a crucial role in facilitating knowledge transfer to the broader team. This approach is particularly useful for staff who work independently to develop best practices. Furthermore, it is important for staff to learn to self-assess their capability to develop their best practice.

“I think you know the reflective practice, the peer support that you know, shadowing all those kinds of things are absolutely key.” P6 W1A

Participants highlighted the importance of learning needs to be inclusive as students learn at different paces, so this needs to be accommodated through minimising time limits on learning.

“I don't put time limits on it because I think you need to work with the individual and people all learn at different paces” P3 W1M

Learning can assist ASCW to visualise the possibilities for job and career progression. Participants suggested that there is a “built-in progression route” for those who want to progress from level 2 apprenticeships all the way to level 5 training.

“There is a built-in progression route for those that want it. So, if they have an appetite to get to management, there is a pathways for them to do that.” P1 W2

However, there is an issue with trusting training given by previous employers, as most are not accredited, and this needs to be rectified to make qualifications easily transferable.

“If someone completed it in one organisation with the certificate, you could then transfer that. But because some people were doing it in-house and others were doing it with an external train provider, nobody trusts anyone” P3 W2

In Buckinghamshire, the location of training can impact the uptake of in-person training for some individuals due to reluctance to travel across the county, so organisations tend to use online learning for ease of access.

Learning can be made engaging through the use of pre-learning assignments being taught by experts and reflective practice. Progression pathways are available for those who wish to learn, while learning can also highlight the possible progression available. In-house training is not always trusted across the sector, leading to learning possibly having to be repeated. Location of learning is also an issue within Buckinghamshire.

Learning culture

In discussions, it was suggested to change the terminology from providing a training culture to a learning culture. This change implies that staff will receive more support to learn, rather than being required to undergo additional mandatory training. To create and develop a learning culture within an ASC organisation, it is essential that learning goes beyond a formality and is fully integrated into the organisation's structure by emphasising the importance of training. Sharing learning with a network or team can inspire a passion for learning.

"I think it's again sharing and igniting. That we, you know, the passion for learning throughout us as a workforce" P2 W1A

As a result of the pandemic, developing and maintaining a learning culture which enhanced staff development became less important, and the focus instead shifted to completing mandatory and statutory training only. The participants suggested that there should be a shift from training to developing the knowledge and skills of ASCW. A good learning culture needs good role models. In contrast to the National Health Service (NHS), ASC does not have the same integrated learning culture. This may stem from the unique nature of care facilities functioning as people's homes, thereby leading to reluctance to acknowledge the existence of such a culture. However, it was noted that adopting a learning culture is a part of the CQC evaluation.

"I'm working in the NHS. It's just an absolute that. It's also a teaching environment, a learning environment. There's it's fully expected, expected, and it is what it is. And then when you go into a residential setting, it's very mindful, these are people's homes." P4 W1M

In Buckinghamshire, the manager's network fosters a learning culture through support and communication among registered managers. Using a coaching approach, this provides ASC managers with a supportive, safe space to discuss arising issues and build connections.

"We have a Bucks Registered Managers network ... which is really about having a learning culture."
P8 W1A

Creating a learning culture in ASC helps enhance staff skills and knowledge while motivating them to learn. This work is starting in Buckinghamshire through the work of the Registered Managers network.

Factors influencing access to training

Participants explained that most staff expect to do training in work hours or to be compensated for the time training takes. This then affects staffing coverage while ASCWs are off the floor being trained. Therefore, training needs time protection.

“We need to teach the staff there. It's one of the first things that I am thinking of is. Oh, how long are we going to have to take them off the floor to do that?” P12 W1M

Funding impacts the engagement with learning. Participants expressed in their experience that when training is free, it can be seen as unimportant, which then leads to a lack of commitment to complete it. Participants suggested that staff show a lack of commitment to fully funded training since there are no consequences for failing to complete the sessions.

“There is no commitment in the way like oh, if you don't complete the course, if you don't get the certificate for example, you will have to pay us back or anything like that.” P5 W1M

The other funding factors that affect care providers and the training that they provide to their staff were discussed. Often, smaller organisations have less funding available for training, as training is more cost-effective on a larger scale, which is an advantage in a larger organisation. One method organisations use to reduce training costs is by training a staff member to become the trainer. Figuring out how funding works can be complex, as the processes are complicated and not easy to navigate. Additionally, some funding is limited, such as with the Level 2 Care Certificate, and there is still a cost to organisations.

“Quite difficult within health within the sector to figure out who will be charging with the out of care certificates been all over the place, I think, and I've lost a world to live with it, to figure out how to fund it.” P11 W2

Participants discussed their experiences around apprenticeship provision. They suggest that the student demand for apprenticeships is present in Buckinghamshire; however, the uptake by care providers is small. The main issue surrounding the reluctance from employers is the release for study days and their understanding of what they need to provide for students on the apprenticeship route. The availability of information about apprenticeships for employers was discussed. One issue that care providers face is understanding the needs of apprenticeships, which stems from their need to access relevant information. As a result, they often choose familiar training programs over new, quality training options. Additionally, access to newer training, such as the Oliver McGowan training, is more difficult for organisations.

“Regardless of the actual quality that was coming out, I think it was just familiarity then that they stuck with them. But I think it's very hard to see what support there is available that's out there. I think that maybe stops providers looking.” P3 W2

Another factor which has changed access to training is the change in the requirement of what percentage of staff are to have level 2 qualifications. The removal of this requirement has led to a change in the drive of organisations to train their staff and to navigate their way through the training landscape, leading to a greater emphasis on staff retention and values. It was also suggested that a reluctance among organisations to provide learning and training opportunities can stem from a fear that trained staff will leave the organisation.

“I wouldn't want to lose them. But you also don't want to stop people developing and moving through the sector.” P2 W1A

Funding, staffing levels, and access to relevant information are barriers to accessing training. Additionally, the reduction in staff qualification quota has also reduced the engagement with formal training. The value of free training leads to students not fully engaging with the provided learning.

KEY POINTS

- Key skills identified for ASCW include empathy, compassion, problem-solving, patience, resilience, time management, adaptability, self-awareness, and effective communication, alongside essential knowledge of care standards, infection control, EDI, and cultural understanding.
- Staff need support in their learning through induction, peer support, mentorship, and strong leadership
- Support for staff is vulnerable due to funding reviews
- Learning culture should be ingrained in organisations to enhance staff skills and foster ongoing learning
- Knowledge gaps include mental health, cultural awareness, staff well-being and resilience, as well as legal and ethical issues.
- Training needs to be engaging, and the assessment of it inclusive. Reflective practice is one way to embed learning
- E-learning is often used to overcome training location issues
- Training needs to be accredited for portability
- Funding for training is complex and limited
- Access to and uptake of apprenticeship courses are limited due to the ambiguity of funding and the perceived time commitment required away from the workplace.
- Modular learning helps to space out learning and not overwhelm students, as it provides flexibility.



DISCUSSION

This workstream aimed to explore the knowledge and experiences of experts from Buckinghamshire in Adult Social Care about early career ASCWs' training, the key skills needed, opinions about teaching designs for ASCWs, and their feedback on key points of the literature review of ASC in Buckinghamshire and England. This study revealed that the essential skills for ASCWs include empathy, problem-solving, and effective communication, while knowledge gaps encompass areas like cybersecurity and mental health. Staff support is critical but vulnerable due to funding reviews. A learning culture should be embedded in organisations to enhance skills and motivate continuous improvement. ASCWs require help navigating career pathways with customisable maps. Training should be engaging, inclusive, and accredited for portability, utilising e-learning to address location challenges. Modular learning helps prevent overwhelm and provides flexibility, though access to apprenticeships is hindered by funding ambiguity.

The essential skills of ASCW identified by workshop participants reflect the findings of workstream 1 (5–17). ASC experts suggest that while the digital skills of both service users and staff have recently improved, gaps remain in cybersecurity and handling technology failures (18,19). They also suggest that the other skill gaps that remain in the adult social care sector include mental health training, health and safety, and legal and ethical issues. This skill set will ensure ASCWs provide compassionate, competent and culturally sensitive care to those they support alongside the safeguarding gaps identified in the literature scope (20).

Challenges in recruitment (19) could be mitigated by proper support for new staff. New starters when joining the ASC workforce require solid support in adult social care, with strong mentors and leaders in a workplace that has an embedded learning culture. Therefore, leadership skills remain important for senior staff to mentor recruits well and keep quality standards high. The experts suggest that building confidence, along with an awareness of staff wellbeing, improves their work quality and work satisfaction. Organisations need to be aware of the additional support needs of the younger staff entering the workforce due to the effects of the pandemic. Therefore, expectations need to be managed accordingly to embrace what young people bring to the sector. This effective support can then improve work satisfaction for ASCWs (12,21,22). However, sector funding is at risk due to reviews conducted by local authorities and integrated care boards, which are aiming to reduce their spending. This situation places additional pressure on both the services provided and the staff delivering these services.

The experts recommend adopting the term 'learning culture' instead of 'training culture' as it signifies that learning is an integral and ongoing aspect of the organisation, rather than simply referring to more mandatory training for staff. This learning culture should spark the desire to learn more and provide the best quality care possible. Unlike the NHS, adult social care historically does not have this learning culture, as care homes are seen as people's homes. This learning culture is encouraged by CQC and in Buckinghamshire is enabled through the managers' network's learning culture, which provides a safe space for managers to discuss emerging issues. This study's findings are supported by the evidence that a strong learning culture contributes to reduced staff turnover and is essential for work satisfaction among ASCWs (23–25).

The workforce also requires support to advance their careers, while organisations need to fill vacancies without hindering staff progress.

Linear career pathways often fail to provide employees with a clear understanding of their full potential (26). However, there are several options for career development, including moving into nursing or social work, or becoming a registered care home manager (13,26–31). This variety may lead to confusion for ASCWs when choosing the right path for them. Therefore, career maps should be customised to meet the needs of individual employees and align with the size of the organisation they work for.

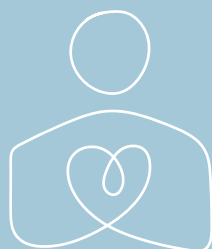
Barriers to accessing training have been identified as the pressures of staff coverage while training is taking place, the availability of funding, the ease of accessing funding, fear of losing staff and the lack of commitment to completing training, leading to the reluctance of care providers to encourage their staff to do additional learning. Access to and uptake of apprenticeship courses are limited due to the ambiguity of funding and the perceived amount of time away from the workplace. The insufficiency in funding (19,32) was not mentioned by the workshop participants as a reason for low apprentice numbers.

Engaging students in learning can be done in several ways, by assigning students pre-session work, having interactive learning sessions, and having short and regular sessions. Large amounts of e-learning do not engage learning, and in-person practical skills sessions are valuable in adult social care. Blended learning by using both in-person and online training, as well as blending subject matter rather than teaching subjects in silos, can help the student stay engaged. Reflective practice is useful for lone workers to develop best practice. Learning for ASCW needs to be inclusive and allow students to work at their own pace. Modular learning offers this in the flexibility to space out content, preventing students from feeling overwhelmed. Learning progression is there for those who want to engage with that. E-learning serves as an effective solution for overcoming training location challenges, allowing individuals to access educational resources from anywhere.

There are trust issues regarding training provided by other organisations (18,27), and this necessitates repetition of learning. Therefore, training needs to be accredited to ensure that skills and qualifications are portable across various contexts.

Insights gathered from experts in Buckinghamshire's adult social care sector highlight the crucial need for a robust learning culture that prioritises both the development of essential skills and the provision of comprehensive support for new workers. Addressing the identified gaps in training, particularly in areas such as cybersecurity and mental health, alongside fostering engaging and inclusive teaching designs, will be pivotal in enhancing the quality of care provided by adult social care workers. By embracing a culture of continuous learning and customising career pathways, organisations can not only improve staff satisfaction and retention but also ensure that they are equipped to meet the evolving demands of the sector.

Limitations for this workstream included the engagement of sector experts past the first workshop. The small sample size is a limitation of this workstream, restricting the ability to generalise these results and reducing the possibility of reproducing the results. Therefore, the findings are limited to the group that participated in the workshops. However, this still provides some insight into the current challenges facing the sector. Additional research is needed to determine if these findings apply broadly to the adult care sector across England and how the ASCW experience their learning and training as entry-level staff. Nevertheless, this study is an important foundation for understanding the sector experts' views about supporting entry-level staff in their learning and training.



NEXT STEPS

The project's next steps involve discussions with ASCW and care managers regarding the barriers they have encountered in accessing training and learning opportunities, as well as their experiences related to job satisfaction and support in the workplace. This will be conducted through a series of focus groups with ASCW and care managers as part of workstream 2 of this project.

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