

## Executive Summary

### Adult Social Care Nursing Workforce Development Project

England's ageing population is on the rise, with projections indicating 13.8 million individuals aged over 65 by 2035, compared to 11 million in 2023 (1,2). Life expectancy has improved, leading to fewer deaths before age 65 (1,3). Alongside this demographic shift, an increase in younger adults with disabilities is also predicted (2). In Buckinghamshire, over 65 population has grown by 73.4% over two decades (4,5). The adult social care sector is vital, with 1.84 million positions, though 131,000 are currently unfilled (6). Many of the existing workforce will retire within a decade, underscoring the need for new workers (2,7,8). Investigations in Southeast England have examined the development of advanced and enhanced social care nurses; similar investigations are needed for entry-level adult social care workers to build a solid foundation for their career development and support.

This project is a joint venture between Buckinghamshire New University (BNU), Buckinghamshire Health and Social Care Academy (BHSCA), and the Royal Society for 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 (9). 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.

## Methods

This project was structured into four workstreams.

Workstream 1: Literature Scoping Review conducted on grey and academic literature available online between December 2024 and March 2025. 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. A Framework analysis approach was used to analyse the data (Arksey)

Workstream 2: Practitioner Voices consisted of Focus Groups conducted with Adult social care workers (ASCW) and Adult social care managers. These focus groups were conducted in June 2025. We asked participants to reflect on their experiences involving initial training, career aspirations and career support and work satisfaction. Transcripts were analysed using a framework analysis approach (10,11). An initial concept map was informed by the results of workstreams 1 and 3. The transcripts were 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.

Workstream 3: Expert Reference Group consisted of 2 workshops attended by invited experts in the Adult social care sector in Buckinghamshire in March and April 2025. The first workshop entailed the participants sharing their experiences about skills required in the sector, what was missing from current training provision, student engagement and their reflection on the new pilot programme proposed by RSPH. The second workshop gave participants the opportunity to comment on the key themes found in workstream 1. This workstream was analysed using a framework analysis method informed by workstream 1 (10,11).

Workstream 4: A pilot training programme developed and presented by the Royal Society of Public Health (RSPH) for ASCW. Still to be concluded

## Ethics

Ethical approval for this project was obtained from the Buckinghamshire New University ethics panel (study protocol number UEP2025FEB01).

## Summary of Key Points from all workstreams

1. There is an increasing demand for adult social care,
  - The ageing population and increasing complexity of care needs are driving demand for ASCWs (1–5).
  - Buckinghamshire mirrors national trends, with a 9.9% vacancy rate and 30% of the workforce aged 55+ (12)
  - High turnover and recruitment challenges highlight the need for robust training and retention strategies(1,2,12,13).
2. Learning culture and staff support
  - A training and learning culture should be ingrained by care providers, not just rhetoric.
  - A shift from a “training culture” to a “learning culture” is advocated to embed continuous development.
  - Learning culture is vital for both staff confidence and care quality.
  - Learning culture should be ingrained in organisations to enhance staff skills and foster ongoing learning
  - Staff need support in their learning through induction, peer support, mentorship, and strong leadership
  - Development-focused support enhances care quality
  - Both managers and ASCW view workforce well-being as crucial and suggest that counselling, mental health training, and stress management can help.
  - Support for staff is vulnerable due to funding reviews
3. Essential skills and training, and career progression gaps
  - 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.

- Gaps in the digital skills of adult social care staff can influence the implementation of technology to support care.
- Knowledge gaps include mental health, cultural awareness, staff well-being and resilience, as well as legal and ethical issues.
- Skill gaps include the use of new technology and equipment, communication skills, cultural awareness, mental health, and leadership
- New career pathways have been published; however, an understanding of how they help ASCW find their career pathway is unknown.
- Not all ASCWs and managers understand potential career progression

#### 4. Barriers to training and career progression

- Funding and time constraints are the primary barriers to further training
- Inadequate Apprenticeship funding could contribute to the decline in apprenticeship numbers,
- Funding for training is complex and limited
- 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.
- Communication between managers and ASCW regarding career progression and aspirations is inadequate.
- 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.
- Training needs to be accredited for portability

#### 5. Teaching design

- Training needs to be engaging, and the assessments inclusive. Reflective practice is one way to embed learning
- Modular learning helps to space out learning and not overwhelm students, as it provides flexibility.
- ASCW prefer face-to-face learning for practical skills

- E-learning is often used to overcome training location issues
- There is a need for more flexible scheduling and streamlined processes.
- Training courses need to be clear about the content they will cover and the amount of time students have to complete the learning

## 6. Work satisfaction

- ASCW overall have limited work satisfaction
- Work satisfaction is a mechanism which helps to retain staff.
- Support and recognition positively influence work satisfaction
- Low wages, insufficient resources and heavy workloads negatively impact work satisfaction
- Learning and growth opportunities are a key component of work quality of life.

## 7. Benefits from the public health learning pathway

- The training met expectations and was perceived as relevant and engaging, which is critical for learner motivation and retention.
- Confidence improved across identifying health needs and supporting behaviour change
- Increase in people identified for health improvement conversations, as well as an increase in the number of conversations held
- The training enhanced capability and opportunity, while motivation showed smaller gains, due to high reflective and automatic motivation at the start of training.
- Participants applied learning in practice, increasing both awareness and action.
- Participants' sense of belonging to the public health workforce strengthened

## Recommendations

An overarching requirement is to expand the workforce for Adult Social Care. The following recommendations will help achieve this: Firstly, by embedding a culture of continuous learning across organisations, through introduction of team learning huddles, incorporation of Learning Champions and reflective practices that encourage ongoing professional growth. Secondly, by addressing the knowledge, skills and career progression gaps with targeted training opportunities and provision of career progression guidance. Thirdly, by improving training accessibility and portability through simplifying funding processes, establishing a centralised portal for information and implementing a training passport system. Fourthly, by utilising creative flexible teaching designs to develop engaging training programmes to support knowledge and skill development and career progression. Finally, by strengthening staff support and work satisfaction through effective well-being support and recognition schemes.

## Recommendations

### **Recommendations for Care Provider Organisations**

1. Embed a learning culture across organisations
  - Shift the use of language from “training” to “learning”
  - Focus on creating an environment that fosters continuous learning and is embedded in daily practice
  - Introduce team learning huddles (i.e. 10-15 minutes per week) to discuss challenges, good practice and learning reflections
  - Introduce use of Learning Champions and encourage reflective practice
  - Provide opportunities for staff to learn leadership, coaching and mentoring skills.
2. Address the knowledge and skills gap
  - Develop leaders by equipping experienced staff with coaching and mentoring skills

- Identify knowledge and skill gaps in staff and provide learning opportunities (e.g. mental health, cultural awareness, digital tools, cybersecurity)
- Develop bite-sized training modules for key gaps (e.g. 20-40 minutes)
- Create a peer digital buddy system pairing confident digital users with others

3. Enhance staff support systems and work satisfaction

- Implement regular well-being check-ins (i.e. 5 minutes in supervision or huddles)
- Introduce a monthly recognition scheme (e.g. peer-nominate awards)
- Provide access to counselling or mental health support or signpost low-cost options
- Review workload and create a rota that protects break times

4. Improve learning access and career development

- Hold quarterly career conversations built into supervision
- Provide guidance and clarity on career paths (e.g. visual career pathway posters, information directing to national guidance)
- Use case studies and testimonials from senior staff to demystify pathways and illustrate potential careers

### **Recommendations for policymakers and regulatory bodies**

1. Improve portability of training

- Simplification of funding access or guidance about how to access, presented in a user-friendly way
- Guidance and support for smaller organisations to navigate training schemes and funding
- Create an accessible centralised portal listing funded courses, eligibility, deadlines and guidance
- Develop a National ASC Training Passport, aligned with the new Level 2 qualification

## 2. Use of creative, flexible teaching designs

- Encourage use of modular learning utilising simulations, role-playing and case studies
- Promote blended learning models with multiple schedule options
- Provide guidance on course enrolment process, course structure, expectations and time commitments
- Specify minimum practical teaching hours for skills requiring hands on learning
- Continue and extend the RSPH training pathway

## 3. Address the skills acquisition leading to career progression knowledge gap

- Focus on developing leaders by equipping experienced staff with mentoring skills
- Provide access to relevant accredited courses to upskill ASCW in mental health care, cultural awareness, communication, digital tool usage and cybersecurity.
- Clarify and publicise career paths by providing clear information and personalised guidance on career pathway options.
- Allows staff to progress pay grades by acknowledging ASCW experience in lieu of training courses

## Discussion

The demographic picture in Buckinghamshire and England is both challenging and clear. An ageing population and a rise in adults with complex needs mean that demand for adult social care is set to escalate (1–5). Buckinghamshire, reflecting national patterns, faces significant vacancies and an ageing workforce (6). This dual dynamic both intensifies immediate pressures and points to a shrinking pool of experienced staff, underlining the vital need to recruit, train, and retain new talent.

Staff turnover, recruitment challenges, and gaps in foundational and advanced skills show a need for more effective, adaptable, and engaging training and support systems. Both practitioners and experts suggest there is a need for ongoing, engaging lifelong learning. Embedding a 'learning culture' where continuous personal and professional development is expected emerges as a consistent theme (14,15). Many staff members often feel demoralised due to factors outside their control, an issue that needs to be addressed. Recognising and fostering mentorship, peer learning, and reflective practice is essential to creating practical, supportive workplaces. However, this project highlights that support for these approaches often remains at risk due to funding constraints and operational pressures.

Equally important are the gaps identified in digital, leadership, mental health, and cultural competencies. As care delivery becomes more technologically enabled and increasingly complex, addressing these gaps, particularly at the entry level, is critical both to the quality of care and staff confidence. Unclear career pathways and limited awareness of advancement opportunities discourage potential new workers and lower morale among current staff. Initiatives such as the new accredited Level 2 course and proposed training passport are welcome, but their impact depends on clear communication, accessibility, and sufficient resourcing.

Barriers to participation in training include the complexity of funding, lack of protected learning time, and concerns around pay and workload. Addressing these will require not only creative solutions at the provider level (such as modular and blended learning, practical supervision, and reward schemes) but also action at the system level, particularly around simplifying funding routes and ensuring equal opportunity across provider types.

The pilot public health pathway was positively received by the students who completed the training. The training also improved the confidence of ASCW in the identification of health needs and supporting behaviour change. ASCW were able to identify more people who would benefit from health improvement conversations and increase the number of conversations that took place. Training was seen to be applied in practice and strengthened ASCW's sense of belonging to the public health workforce

Further, the project's recommendations reinforce the interconnectedness of learning, job satisfaction, and retention. Opportunities for career development, effective support, and recognition are not only desirable in their own right but are important mechanisms for improving retention, safeguarding staff well-being, and ultimately supporting better outcomes for service users. Newly published government initiatives to improve the NHS (16) echo many of our recommendations, such as improving pay and improving career pathways. However, it does not include the specific training requirements of social care staff

This project's limitations include self-selection bias, as participants may not represent the wider population, thus limiting generalisability. The sample size was small and recruitment was difficult, despite distributing physical and digital flyers to over 100 care providers and engaging registered managers' networks. Ultimately, only BHSCA networks yielded responses, underlining recruitment challenges within ASCWs. Research should continue to determine if these experiences are shared among ASCWs in England and across organisations of varying sizes. While engagement with sector experts was mostly confined to the initial workshop, the findings, although limited in generalisability, do provide foundational insights into the sector's challenges.

While this project establishes crucial groundwork for understanding and supporting entry-level staff learning and training, much work remains to enhance ASCW's learning and development. Further research is needed to understand how ASCWs experience learning and training in the devolved nations as well as internationally, and how this can inform learning and training in England and Buckinghamshire. Additional research is needed to determine what strategies work best for organisations of different sizes, and to facilitate the sharing of successful practices and their underlying reasons. Further efforts are required to find effective ways to engage ASCW in research, ensuring they feel like active collaborators instead of simply subjects.

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