

# ADULT SOCIAL CARE NURSING WORKFORCE DEVELOPMENT

The Practitioner's Voices



BUCKINGHAMSHIRE  
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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 2 focused on gathering insights directly from practitioners through focus groups. These focus groups aimed to explore the lived experiences, challenges, and developmental needs of adult social care workers (ASCWs) and managers. For a comprehensive overview of the project's background and objectives, please refer to the Workstream 1 report (2).

# METHODOLOGY

## Participants

An opportunistic sample of adult social care practitioners was recruited through an open invitation through care provider organisations in Buckinghamshire and a professional network within Buckinghamshire's adult social care sector, managed by the project partners. A total of eight focus groups were conducted, each consisting of 3 to 5 participants. Participants were compensated with vouchers for their time after completing their participation. Participants self-reported their ethnicity as follows: ASCW group (N=25): Black (N=18), Black British (N=4), White (N=1), and Mixed (N=2); Managers (N=7): Black (N=3), White (N=1), Mixed (N=2), and Caribbean (N=1). Demographics and roles of participants are summarised in Tables 1 and 2.

**Table 1**

*Demographics of participants*

	Adult Social Care workers	Adult Social care managers
Mean Age	27 years	30.7 years
No of Female	18	4
No of Male	6	3

**Table 2**

*ASCW roles of participants*

ASCW role	Number of participants
Personal assistant	4
Support worker	4
Rehabilitation support worker	1
Care worker	14
support worker and personal assistant	1
support worker and carer	1



## **Design**

A qualitative focus group design was used. Semi-structured questions were employed to facilitate open dialogue and the unrestricted exchange of experiences. Separate groups were held for ASCWs or managers to encourage open and honest discussion.

## **Data collection**

The topic guide, comprising 11 questions, was developed from the project aims, findings from the literature review (Workstream 1), and insights from the expert reference group workshops (Workstream 3) (2). Questions included “What could improve your work satisfaction?” and “Can you tell me about your experience of providing/promoting a learning culture?”

Participants were invited to join an online focus group on Microsoft Teams after receiving the participant information sheet and submitting completed consent and demographic forms. The focus groups were recorded, and transcripts were produced for analysis. Focus groups were run in June 2025.

## **Data analysis**

A framework approach was used to analyse the data (3,4). A concept map was created based on the topic guide and the themes identified from workstreams 1 and 3. The transcripts were then coded against this map with new codes added inductively as the analysis progressed. The codes were then collated into emerging themes, which changed as the data was analysed and reviewed.

## **Ethics**

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



# FINDINGS

Five main themes emerged from the analysis of the focus group transcripts, as shown in Table 3.

**Table 3**  
*Practitioners’ voices: Themes and subthemes*

Theme	Sub theme
Workforce requirements	Staff needs
	Support provided
	Staff Well-being
	Support for staff training and progression
Initial work experience	Essential skills required
	Starting qualifications
	Training provided
	Adequacy of training
Fostering of Learning	Barriers to training
	Enabling factors
	Impact of Learning culture
	Training preferences
Progressing of careers	Understanding of progression
	Training recognition
	Skills gap
Work satisfaction	

## Workforce requirements

### Staff needs

ASCW revealed that there are several needs that require consideration by managers and governing bodies. Stakeholders are encouraged to address these needs to meet the requirements of the ASC workforce. The complex nature of the care provided by ASCW needs to be understood and valued to ensure the retention of staff within ASC. ASCW expressed a desire for greater involvement in the care planning process for their clients. Furthermore, ASCWs raised their concerns regarding the necessity for equitable compensation and benefits, including family leave and flexible working arrangements. Additionally, policies supporting ASCW are suggested as necessary, such as the development of community-based care.

*“That social care isn't just a job. It's not just wiping bums or just feeding people. It's psychology, it's medicine, it's therapy and family liaison. All kind of rolled into one, and when we train people for it, it takes weeks. The public, the government, even some NHS colleagues need to get that.”* Manager PM21

*“Also, they should develop policies supporting adult social care workers, such as paid family leave, flexibility at work”* ASCW P41.

### Support provided

ASCWs discussed the support that they receive at work. ASCWs highlighted various types of support they would like to receive, including an environment that emphasises staff development, funding for further training, regular supervision, and encouragement. Additionally, ASCWs noted that support is often provided only when it is requested. While some staff felt adequately supported, with some managers demonstrating a willingness to understand their struggles, a larger proportion of staff did not receive the same level of support. Additionally, many managers had not considered providing career progression assistance.

*“I would say with my experiences so far that I've ... had some good, you know, level of support. To progress in my career to gain more training, for instance, there was a training we had on communication skill. It was quite expensive, but I got a scholarship for that training.”* ASCW P31

### Staff well-being

The well-being of staff was identified as a critical concern in the workforce. Managers and staff alike feel that it is essential for well-being to be prioritised. It is important for staff to improve their resilience and emotional strength to navigate the challenges of working in an ASC. Participants highlighted the necessity for ASCWs to have access to counselling, training in mental health and stress management, as well as resources that will allow them to perform at their best on the job, particularly when they are new to the workforce. One participant shared that the provision of well-being support gave them a sense of belonging in the workplace.

*“I'd say the employers should provide us with emotional support, companionship, regular checks-in or peer support groups so we can be able to manage our stress.”* ASCW P11

## Support for staff training and progression

ASCW and managers discussed their experiences regarding support in the workplace. They expressed that there is a need for more support for training and progression to be available, as only a few felt that they were supported at work.

The possibilities of career progression, finding a career pathway, and pursuing additional training are often not discussed in the workplace. A few managers expressed that they may not have considered the support or training that staff need to further their careers. Furthermore, they acknowledged there has been a lack of discussions with their staff regarding individual career goals, with some thinking it may be too personal to ask about. Likewise, many ASCWs had not shared their career goals with their managers; however, a few expressed a desire to do so.

*“So far, no one has really like asked me what's up or what do you want to do or what I need to do, actually. So I feel like it's more personal and yeah, that's just it, you left on your own to like, figure things out.”* ASCW P63

Several ASCWs expressed that they received little or no support regarding their career aspirations. There was a lack of information, funding for additional training, and no clear progression plan in place. ASCW felt that while some organisations claimed to support career development, this often did not translate into action. ASCWs expressed that they feel unsupported in pursuing further training, as their daily responsibilities for client care take precedence over learning while on shift. ASCWs believe that staff development leads to improved quality of care. Additionally, it was noted that there is also a lack of an accredited career pathway for experienced ASCWs. Despite their specialities, such as dementia practitioners, they continue to be regarded merely as care assistants due to this absence.

*“There's no real encouragement to go deeper, like learning about new care techniques or getting proper qualifications, unless you push for it yourself ... the shift starts and learning takes the back seat, to just get in through the day. Management could do more, like setting up regular workshops, bringing in experts, but that's rare,”* ASCW P22.

A few ASC managers indicated that they support new ASCWs through mentorship, helping them acquire the skills necessary for delivering high-quality care. They conduct regular staff check-ins, facilitating the team to problem-solve collaboratively as issues arise. Additionally, to foster career aspirations, opportunities for secondment in hospitals and hospices are suggested.

*“We have this weekly reflection chat. It's a quick 15-minute huddle where staff would say something that they've learned or a situation that stumped them. So no judgment at all, just problem solving.”*

Manager PM21

Creating an environment that prioritises staff development and provides regular support is essential for ASCWs. It is important to consider the level of staff well-being support offered to new ASCWs. The focus groups revealed a lack of communication between ASCWs and their managers concerning career progression and the necessary training to advance in ASC. Managers need to recognise and address these discrepancies to cultivate a more supportive workplace culture. By prioritising career development initiatives, organisations can empower their staff and enhance standards of care, ultimately creating an environment more conducive to professional growth in ASC.



## Initial work experiences

### Essential skills required

Care managers discussed what they look for in new staff, and they believe that there are essential skills that staff need to be successful in ASC, which can compensate for any lack of knowledge in new starters. The attributes include a caring attitude, kindness, patience, compassion, friendliness, and effective communication. By possessing these qualities, carers can improve the quality of life for service users, ensuring they receive the best possible support.

*“People that are compassionate because they could have had to be interested or have genuine interest in supporting people, in caring about vulnerable individuals”* Manager PM3

*“A resident who couldn't speak to you, one carer learnt ... that his war medals triggered memories, now he sings so that's ... the skill we're talking about.”* Manager PM21

### Starting qualifications

ASCW had different levels of education, and most had no formal qualifications when they started their career in care. Some had relevant further education, higher education, or family caring experience. The starting qualifications of ASCW participants are summarised in Table 4.

**Table 4**

*Starting qualifications of Adult Social Care Worker participants*

Qualifications	Number of ASCW
None	12
Further Education	7
Higher Education	3
Family caring experience	1
Auxillary nurse training	2

### Training provided

Participants shared the initial training for new starters. A wide variety of initial training was provided and received, ranging from a comprehensive training programme to basic induction training. Communication training was the most frequently mentioned type of training. Table 5 provides a list of the training topics that ASCWs received.

**Table 4**

Initial learning topics for new Adult Social Care workers

Initial learning topics		
Care plans	Communication	Crisis prevention
Dementia training	Digital	eLearning
End of Life care	First Aid	Handling Emergencies
Infection control	Legal regulations	Level 2 diploma in health
Manual Handling	Medication	Mental Health
Nutrition	Personal care	Psychology
Regulated training	Risk management	Safe environment management
Safeguarding	Time management	

ASCW observed that induction can often feel rushed, with organisations keen to have staff on the floor as quickly as possible. Managers acknowledged that while initial training was primarily to keep staff and service users safe, most learning occurs on the job. They suggested that initial training should include role-play learning, alongside at least 48 hours of supervised work for all entry-level staff. During this supervised period, ASCW noted that staff were recommended additional training modules to meet their individual learning needs.

*“Honestly, it felt rushed to like, but they needed me working more than they needed me trained.”*  
ASCW P22

*“Our first 48-hour rule is no lone working until you have shadowed at least two full shifts with different mentors”,* Manager PM21.

ASCWs often have varied experiences during their initial training. While the induction process can seem rushed, much learning occurs on the job, highlighting the importance of quality supervision and personalised training to meet individual learning needs.

### **Adequacy of training**

Overall, there was a division between those who felt that the initial training was sufficient for them to work safely and competently. Several ASCWs felt that they had been adequately prepared, with practical skills such as manual handling and communication, along with crisis management.

*“The comprehensive training kind of covered all the essential aspects of patient's care, and the hands-on experience I gained in in the setting actually helped me develop my skills and the confidence I needed.”* ASCW P14

Ongoing training and support were needed for other ASCWs after their initial induction training, as they did not feel sufficiently competent to practice. They felt supported by peers and supervisors while on the job, and they learnt a lot while working. An ASCW who began their career in care after completing a classroom-based diploma in health and social care shared that they felt unprepared by the course to apply practically what they had learned. ASCW shared that they would like to have more training in cultural differences, dementia care, and communication. ASCW often looked for further training they undertook on personal time for their own development.

*“I would feel like the training I received earlier on taught us some practical things, but we still needed more training on some other things, like handling dementia patients who are kind of aggressive”,*  
ASCW P31

While there is regulated mandatory training for ASCWs, it appears that the quality of this training varies. Therefore, additional support is needed either as a complement to the regulated training or as an additional resource.

## **Fostering of learning**

### **Barriers to training**

Funding and time constraints are the primary barriers identified by ASCWs that hinder their engagement in training for career progression. ASCW feel that their low wages impact their ability to pay for further training. The cost of training is perceived as expensive, particularly when seeking higher qualifications. There is also a concern that reducing work hours to allow time for study would impact their income. Time constraints also apply to on-the-job training, as ASCW felt that the priority in organisations is to deliver care rather than develop staff. Additionally, several ASCWs felt that they were not ready to think about further training as they were undecided on what training they wanted to pursue.

*“I really do not have enough time for myself to like get personal things done. Personal project. And it's really hard because. You have to either choose between working, saving up enough money, or just choosing yourself all together and if I have to like enrol for school currently, that means I have lesser time to work and probably start working part time and that would mean that my saving ability would reduce as well, but also at the same time I need enough money to be able to stay in school. So it's like a struggle”* ASCW P61.

Managers reflected on the need to be constantly “firefighting”, and this leaves little time to train and develop staff. Staff levels are low and often have staffing gaps filled with agency staff. These low levels of staffing make it difficult for managers to release staff from the floor to attend training, as the priority is to provide care. Managers also relayed that the process of acquiring funding was a time-consuming, laborious process, even for the most basic of training. They also shared that council funding was inadequate and the training they offer is often not of sufficient quality. Additionally, managers shared that they have found that there is a sense of apathy among some staff who don't see the value of training and can be resistant to change.

*“Workforce shortages can also make it difficult to release care workers for training.”* Manager PM23  
*“Bureaucratic nonsense of the amount of paperwork just to get someone on a basic course is ridiculous.”* Manager PM21

This suggests that there are challenges in providing training and development opportunities for staff. The complex process of acquiring funding, coupled with inadequate council support and staff shortages, hinders the ability to offer high-quality training.

## Enabling factors

ASCWs have a strong desire to learn and improve their skills. Despite facing certain challenges, they are eager to advance their careers and recognise the importance of being self-motivated to achieve their goals.

*“I would love to have, you know, master’s in social work or maybe a postgraduate diploma in Social Care.” ASCW P53*

Managers have implemented several initiatives to engage staff in training. They have established partnerships with local colleges and have linked pay increases to the completion of training, which has encouraged staff participation. Managers recognise that celebrating all achievements, no matter how small, motivates staff to engage more with learning. They also provide access to training, allocate personal hours specifically for this purpose, and offer opportunities for mentorships and coaching.

*“We celebrate every certificate, no matter how small. We've got this wall of wins in the staff room, so even the food hygiene certificate goes up there as well.” Manager PM21*

By nurturing a culture that promotes learning and is committed to the continuous improvement of ASCWs, one can cultivate an environment that is conducive to their development, thereby engaging those staff members who possess a desire for advancement.

## Impact of learning culture

ASCW shared their experiences of a learning culture at their workplace. For many, this involved being encouraged to engage in learning during regular team meetings, where they could share their experiences and learn from one another. They also have access to new resources and helpful supervisors. ASCWs felt that working in an organisation with a learning culture enabled them to provide better care while also building their confidence in the care they provide.

*“The environment I had to learn it has helped really help me navigate situations, build stronger relationships. And it does also help me provide better care to my patients,” ASCW P14.*

Managers shared how they fostered a learning environment by providing mentorship and access to relevant resources. They shared that having an open mind while communicating with staff helps to make staff feel safe to share, to understand where staff are and what they need. Managers shared how they try to embed a learning culture into the routine of the day and not have it be a check-box exercise.

*“I try to make sure that everyone feels like every day is a learning experience, so you don't exactly feel stigmatised for not doing a perfect job or something.” Manager PM21*

This highlights the importance of a learning culture within ASC that benefits ASCW and organisations. An environment where learning is encouraged supports individuals and increases productivity. Managers play a key role in cultivating this by making their staff feel safe and providing adequate opportunities to develop professionally.

## Training preferences

There was an overall feeling that face-to-face training in ASC works best and is the preferred method for learning. ACS is a practical job that requires practical skills and helps improve communication skills. ASCWs shared that this encourages team building and helps them practice and receive immediate feedback to improve their skills. While a few ASCWs preferred online learning, the convenience of online learning for more theoretical was recognised for more theoretical training.



*“Courses like communication. I think you can take them online at the comfort of your home, but hands-on, hands-on. Hands-on courses like lifting, first aid, emergency, all those stuff you need to learn their practical like hands-on on.”* ASCW P44

This suggests a balanced approach may be beneficial and utilising both methods to enhance skill development and team cohesion.

## **Progressing careers**

### **Understanding of progression**

There is a gap in awareness among ASCWs regarding their career development in social care. ASCWs either have a clear understanding of the diverse opportunities available, such as training for specialised roles like social worker or occupational therapist or pursuing a position as a care home manager, or have yet to consider or understand any possible career paths.

*“Personally... it's a bit confusing for me now,”* ASCW P34

*“From my understanding, roles can progress from support worker or care assistant to more senior positions like team leader, manager, or even registered manager.”* ASCW P14

Among managers, only a few had a clear understanding of the social care pathway from entry level to specialised roles.

*“I feel it's clear because I employ from the entry-level positions to specialised careers.”*  
Manager PM23

This shows that there is a disparity in awareness regarding career development in ASC. This gap indicates a need for improved communication and support systems to encourage ASCWs to explore their career options and for managers to facilitate open discussions about career development.

### **Training recognition**

ASCW expressed confidence that their training and experience would be recognised if they were to seek new employment. However, they recognise that some organisations might require them to repeat certain training, especially if it hasn't been completed recently, such as infection control and safeguarding. New employers would expect new staff, regardless of their experience, to undergo training that relates to their particular policies. Additionally, for those aiming for higher roles, certain qualifications such as a Level 3 diploma may be mandatory.

*“I feel if I change jobs, a new employer might actually accept my existing qualifications, but could ask for refresher training or align with your policies or specific client needs”* ASCW P31.

This suggests that ASCWs expect that their prior experience and training are valuable. This highlights the importance of continued professional development and staying updated on essential training to enhance employability. Thus, remaining proactive in acquiring the necessary certificates will be a key factor in advancing their careers.

## Skills gap

ASCWs face skill gaps that hinder their ability to provide the highest quality care. One of the key areas of deficiency is digital literacy, which includes the competency to operate new equipment and software and feel that their clients are missing out due to their inability to use it. A few ASCWs talked about how they, or ASCWs they know, often turn to online resources such as YouTube to teach themselves how to use equipment and software when formal training is unavailable. Effective interactions with clients and their families are hindered by the gap in communication skills. This is especially important in sensitive situations or when engaging with clients who have mental health conditions. Training on how to manage clients who have mental health conditions and training in self-management of mental health and well-being. Additionally, ASCWs struggle with understanding cultural differences and being flexible with different kinds of people. They would like to know more about medication management. They feel the need for additional training around how to be a better leaders. ASCWs would like to have more hands-on, practical training at the beginning of their care careers.

*“There definitely gaps my training because we got enough to get going, but they didn't really cover everything I needed because gap is around complex conditions like dementia and all mental health issues.”* ASCW P22

*“I feel like the gaps would necessarily be about the new digital equipment that are available should I say, technologies that are coming up and needs to be incorporated with caring ... No one has really taken up the responsibility of like trying to like educate carers or train us on how to use these equipment or how to go about these things, so I feel like that is a major gap ... and I learned that there are people that actually go online like on YouTube videos to learn about these things.”* ASCW P64

Bridging the skills gap faced by ASCWs is crucial for elevating the standard of care they provide. By focusing on enhancing digital literacy, communication skills, cultural awareness, mental health, and leadership abilities through targeted, hands-on training, ASCWs will be better equipped to meet the diverse needs of their clients.

## Work satisfaction

Generally, those who work in ASC experience limited work satisfaction; however, there is potential for improvement. ASCWs enjoy their roles, but various negative factors hinder their overall satisfaction. Nonetheless, a few ASCWs report complete satisfaction with their work.

Many staff report feeling overwhelmed, needing more time to complete tasks, and are frequently not provided with adequate resources to do their jobs. They believe much is expected of them during their work hours, and there are often staff shortages. Participants shared a desire for more resources for their clients, such as equipment, games, and activities to enrich their time.

*“I find my work satisfying most days because the residents make it worth it. And when they smile, share story, it warms your heart knowing I'm helping them live with dignity. And that's what keeps me going, .... It's not always rosy, you know, the long hours.”* ASCW P22

Low pay for what they provide was expressed as a barrier to work satisfaction. Workers suggested that if they were better compensated, it could improve their overall satisfaction with their jobs.

*“I think there is a whole lot that can be done to make one feel more satisfied. ... it can be in the pay, maybe increasing the pay would give the person that motivation to do more.”* ASCW P61



Workers shared that helping others, making a positive impact on people's lives, and building relationships with their clients are the foundations of their work satisfaction. Receiving encouraging feedback and appreciation from management is suggested as a way to enhance work satisfaction. Along with a safe working environment, staff well-being checks, support, and training would improve work satisfaction. Giving workers more control over decision-making and establishing a clearer relationship with the multidisciplinary team, which allows for collaboration, can also positively impact work satisfaction.

*"The end of the day as well, people are happy with the services you render, and ... that's what I think about how satisfied I'm ... in my job" ASCW P44*





# KEY POINTS

- Funding and time constraints are the primary barriers to further training
- Learning culture is vital for both staff confidence and care quality.
- ASCW overall have limited work satisfaction
- Support and recognition positively influence work satisfaction
- Low wages, insufficient resources and heavy workloads negatively impact work satisfaction
- Communication between managers and ASCW regarding career progression and aspirations is inadequate.
- Not all ASCWs and managers understand potential career progression
- Skill gaps include the use of new technology and equipment, communication skills, cultural awareness, mental health, and leadership skills.
- 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.
- ASCW prefer face-to-face learning for practical skills





# DISCUSSION

This study aimed to explore the experiences of early career ASCWs regarding their training as new staff, their career aspirations, and the level of support they receive and need to achieve these goals. This study found that ASCWs have a desire to learn and engage with further training but are held back by a lack of funds and time constraints. The focus groups revealed that a learning culture benefits both ASCWs and organisations, as it builds the confidence of ASCWs, leading to improved quality of care.

ASCW's work satisfaction is negatively impacted by low pay, lack of resources and heavy workloads; however, it is improved by recognition of the value in their work and support from their managers and employers. ASCWs need support from their employers with equitable compensation and benefits, which could include family leave and flexible working arrangements, as well as recognition for the complex nature of the work they do. A few ASCWs felt that they had the support of their managers through regular supervision, a willingness to understand their struggles, and an engagement in further training; however, this was often only available upon request. A minority of managers admitted that they had not considered discussing career progression with their staff, feeling that it was too personal to initiate such conversations. ASCWs either have a clear idea of how their careers can progress within ASC and into other professional roles or do not have a clear idea of their progression. ASCWs need an environment which prioritises their development by providing information, funding and a clear progression plan, as this will improve the quality of the care they provide. ASCW expect the training they have completed to be recognised by all employers, although they expect to have to repeat some training, such as safeguarding, when starting new employment. ASCW feel they still have gaps in their skills in the use of new technology and equipment, communication skills, cultural awareness, mental health, and leadership skills. Both managers and ASCW see well-being as a vital concern and suggest that access to counselling, mental health training, and stress management could all improve staff well-being. Often ASCW started with little or no formal qualifications and were provided with in-house training, induction and supervision. They often felt that this was rushed and felt unprepared for the reality of the work they were to undertake. However, good mentorship was able to identify where further training was needed and was then provided. However, many ASCW took it upon themselves to learn these needed skills. ASCW expressed a preference to have face-to-face teaching when learning practical skills.

The issues around funding of training need to be considered, and although there is promised monetary support from the government for training (5–10) through the learning and development fund, this remains complex to navigate for managers and organisations, as seen in workstream 3, which prevents the ASCW from accessing the further training they may wish to engage with. Both these focus groups and the workstream 3 workshops indicated that ASCWs expect training to take place while they are on duty instead of during their personal time.

Learning culture is good not only for ASCWs but for the organisations as well, as they have an impact on turnover rates and CQC ratings (11–14). A good learning culture prioritises staff development through good quality mentorship, valuing and supporting the work of ASCWs and supporting career progression.

Work satisfaction is reported to be related to meaningful work and helping others to learn (15–17). However, for ASCWs, the situation is complex: their work is positively influenced by support and recognition, yet negatively impacted by low wages, insufficient resources, and heavy workloads. To

enhance the retention of ASCW, it is crucial to consider all the factors involved - both positive and negative – beyond merely focusing on the aspect of meaningful work.

While work has been undertaken to explore career progression within the new government career pathway, which has recently been published and updated, as well as the traditional career pathways (18–23), this information has only reached a some ASCWs who possess a solid understanding of the various opportunities available in ASC careers. This lack of understanding is compounded by a disconnect between managers and staff, with limited open dialogue occurring regarding how careers in ASC can progress. ASCWs need support from their leaders to help them navigate the complex nature of progression possibilities in ASC.

Previously, the skills gaps identified in the ASC sector included digital skills and safeguarding (5,12,24). Both ASCWs and managers agreed that there are deficiencies in digital skills within ASC. These gaps include the use of new technologies and equipment, communication skills, cultural awareness, mental health, and leadership capabilities. This highlights the crucial need for training to enhance the skills of ASCWs, thereby improving the overall quality of care provided.

Organisations report their support of ASCWs through various means, including comprehensive induction programmes, accessibility for community-based staff, and assistance with career development (25–32). This support is essential for ASCWs, and managers agree that staff well-being must be strengthened through counselling, mental health training and stress management. ASCWs revealed that such support from their employers and managers is crucial for their well-being and engagement with learning, ultimately enabling them to provide the best quality of care.

The limitations of this study include the self-selection bias of participants. This bias occurs when the individuals who have chosen to participate due to their motivations may not accurately represent the broader population and lack generalisation. This study has a small sample size, which is a limitation of qualitative research. Recruitment for this study was challenging. Hard copies of recruitment flyers were distributed to over 100 care provider organisations in Buckinghamshire, along with emails to care providers asking them to share the digital flyer with staff. Flyers were also provided to the registered managers' network. The project only received responses through the BHSCA networks. The reasons behind the difficulty in recruiting ASCWs need to be considered. Further research is needed to understand if these experiences are generalisable across ASCW in England and to explore any differences based on organisation size. Further research is needed to understand how ASCW feel about research and whether they feel it benefits them to participate. However, this is a useful foundation for understanding the learning and training needs of entry-level staff, given the lack of research in this area.

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