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Support Worker Insights Into Working With Individuals With Learning Disabilities and Complex Needs

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ABSTRACT

Background: This study examines the perspectives of support workers in Wales supporting individuals with learning disabilities and complex needs.

Methods: Conducted in a South-West Wales health and social care service, we used six in-person focus groups ($n = 22$) recruited via purposive sampling. Photo-elicitation prompts were used to deepen reflection, and transcripts were analysed inductively using Braun and Clarke's thematic analysis.

Findings: The analysis generated three overarching themes: Strengths, Support and Sources of Pride in the Role, Challenges and Barriers in Daily Practice and Calls for Training, Recognition and Fair Pay. While participants reported strong commitment and enjoyment, they highlighted the need for more managerial support, as they often relied on team members. Reports of anxiety, isolation, and inconsistent support indicate risks to staff well-being and retention.

Conclusions: The study underscores the importance of structured induction and managerial presence in reducing burnout and sustaining workforce stability. Calls for pay reform and improved recognition reflect wider concerns about equity, responsibility, and retention in social care. These insights have significant implications for workforce strategy in Wales and contribute to international discussions on workforce sustainability in learning disability services, offering transferable insights into how rights-based policy frameworks, ethical guidance, and supportive workplace cultures can strengthen recruitment, retention, and the quality of care.

1 | Introduction

The provision of care for individuals with learning or intellectual disabilities in the UK has evolved significantly since the 1970s, when it was first influenced by the 'ordinary life principles' rooted in normalisation theory (Wolfensberger 1972). These principles aimed to ensure that individuals with learning disabilities could lead lives similar to those of their nondisabled peers, with emphasis on community integration and social value. O'Brien (1987) framework further refined these ideas by outlining five service accomplishments: Community Presence, Choice, Competence, Respect, and Community Participation. These laid the groundwork for Person-Centred Planning (PCP), a model that emerged prominently in the early 2000s and was formally supported in UK policy through the Department of Health's *Valuing People* white paper (Department of Health DOH 2001; updated in Department of Health DOH 2009).

In Wales, the care and support landscape has been shaped by the Social Services and Well-being (Wales) Act (2014, https://www.legislation.gov.uk/id/anaw/2014/4), which provides a legal framework for promoting well-being, voice, and control for people receiving care, including those with learning disabilities. The Act embraces principles of coproduction, person-centred care, and preventative approaches, aligning with the broader goals of inclusion and empowerment. Wales has also developed its own Learning Disability Strategy, Improving Lives (Welsh Government 2018), which emphasises community

Summary

- This study looked at what it's like to be a support worker in Wales. Support workers assist individuals with learning disabilities and other needs. The study asked what makes their job easier, what makes it hard, and what could be better.
- Many support workers enjoy their jobs. They feel proud when they help people reach their goals. Having a good team, kind managers, and clear training helps them feel confident and valued.
- However, some support workers feel they are not paid enough, not respected, or not ready for the job. Poor training, lack of clear rules, and staff changes can make things stressful and confusing. This can affect the quality of support people receive.
- By listening to support workers and understanding their needs, services can make improvements. Better training, fair pay, and good support for staff will help everyone. This means people with learning disabilities can get better care, feel safe, and live the lives they want.

inclusion, independence, employment, and access to health and education. This strategy was co-produced with people with learning disabilities and their families, reflecting the Welsh Government's commitment to a rights-based, citizen-led model of support. More recently, the Code of Practice on the Delivery of Autism Services (2021) has further reinforced the use of inclusive, community-based approaches. These developments demonstrate how both historical principles and contemporary frameworks in Wales align in their aim to support individuals with learning disabilities in leading fulfilling, independent, and socially valued lives.

In Wales, an estimated 56,000 people aged between 0 and 64 have a learning disability (Office for National Statistics ONS 2023). Individuals are often described as having complex needs when they present with multiple or co-occurring conditions, such as a learning disability combined with autism, sensory impairments, physical health conditions, or mental health difficulties (National Institute for Health and Care Excellence NICE 2022; Welsh Government 2021). These individuals are disproportionately affected by health inequalities, experiencing poorer physical and mental health outcomes and facing barriers to accessing timely and appropriate healthcare (King's College London 2022; Public Health Wales 2022). For many people with complex needs, behaviours that challenge, including aggression, self-injury, or destructiveness, can be expressions of unmet needs or communication difficulties (National Collaborating Centre for Mental Health NCCMH 2015). As such, these individuals often require coordinated, multi-agency supported living services that span health, education, and social care services (Social Care Wales 2022a).

The social care workforce in Wales plays a critical role in supporting people with learning disabilities and complex needs. As of 2023, approximately 84,000 people were employed in the sector, a figure that has declined by 7% since the previous year, with over 5000 vacancies reported, highlighting the ongoing challenges in recruitment and retention (Social Care Wales 2022b). Support workers provide essential, person-centred care that includes assisting with daily living activities such as personal hygiene, nutrition, mobility, toileting, and medication management. They also monitor individuals' health and emotional well-being, liaise with families and external professionals, and promote autonomy, dignity, and community participation. The role has expanded in complexity, with increasing expectations around communication, safeguarding, record-keeping, and contributing to multidisciplinary planning (Skills for Care and Development 2023).

Despite the complex and demanding nature of their work, support workers in health and social care settings are still frequently expected to undertake their roles without consistent access to formal qualifications, structured training, or adequate professional development (Skills for Care and Development 2023). While the sector has made strides in promoting workforce development, a significant gap remains between training provision and the real-world demands of supporting people with complex needs. A UNISON survey of 2000 support workers found that 40% felt insufficiently trained to carry out their roles effectively (UNISON 2017). More recent evidence from Social Care Wales (2022b) suggests ongoing concerns regarding training consistency, induction processes, and role preparedness.

The importance of robust training and knowledge is consistently emphasised in both research and policy as central to effective job performance, staff confidence, and the safety and well-being of individuals receiving care (Dunworth et al. 2023; Social Care Wales 2022b). Staff who receive comprehensive and relevant training often report lower stress levels, improved job satisfaction, and greater capacity to implement care strategies with understanding and purpose (Dunworth et al. 2023; Skills for Care and Development 2023). However, multiple studies highlight ongoing concerns with the content and delivery of training. Many support workers find standardised, theory-heavy courses disconnected from the lived realities of frontline work, particularly when dealing with behaviours that challenge (Sarre et al. 2018).

High staff turnover remains a major barrier to delivering consistent, high-quality care in the social care sector. The turnover rate in UK adult social care stands at approximately 31%, more than double the national average of 15% across all industries (Barker 2024). This results in the continual loss of skills, experience, and team cohesion, making it difficult to establish stable relationships with individuals who rely on familiar and trusted support staff (Dunworth et al. 2023). In Wales, this issue is particularly acute in services for people with learning disabilities and complex needs, where consistency and continuity are essential to effective care (2022b).

Staff burnout is a significant contributing factor to turnover. Prolonged exposure to emotionally and physically challenging situations, especially when supporting people who display behaviours that challenge, can lead to emotional exhaustion, anxiety, frequent sick leave, and a diminished sense of purpose (Dunworth et al. 2023; Judd et al. 2016). Many support workers describe feelings of irritability, loss of empathy, and disengagement, symptoms consistent with compassion fatigue.

The inability to separate work life from personal life is a well-documented trigger for stress and burnout (Bjerregaard et al. 2015).

Despite the challenges inherent in providing support for individuals with complex needs, many support workers report profound personal satisfaction and fulfilment from their roles (Holding et al. 2024). They provide a strong sense of purpose, pride in making a difference and feelings of being valued and connected (Bjerregaard et al. 2015). Some workers describe their lives as being enriched through relationships with the people they support, noting how much they have learned from individuals with disabilities (Judd et al. 2016).

While research into the experiences of support workers exists in broader UK and international contexts, much of the existing evidence is drawn from studies conducted in England, the United States and other high-income countries (Ryan et al. 2019; Dunworth et al. 2023; Judd et al. 2016). These studies identify common themes, including role clarity, stress and burnout, job satisfaction, and the emotional rewards of support. However, there is a lack of research focused specifically on Wales, where legislative policy and service delivery contexts differ from those in England and elsewhere. This study seeks to address this gap by exploring the experiences of support workers in Wales. Through their stories, we aim to gain a deeper understanding of how care is experienced and delivered, as well as how systems, training, and leadership can better support this essential workforce.

2 | Methodology

This study employed a qualitative design. An inductive thematic analysis approach (Braun and Clarke 2006) was used to analyse data collected through semi-structured focus groups, augmented with a photo elicitation technique to prompt discussion and elicit deeper reflections on participants' experiences.

2.1 | Setting and Participants

This study was conducted within a health and social care provider in South-West Wales, which provides support for adults with complex needs and challenging behaviour between the ages of 18 and 64 years. The provider operates four residential services and 11 supported living services, with supported living accounting for 69% of its provision. The largest supported living service supports eight individuals with their own individual flats and shared communal areas, while the largest residential service supports 16 individuals. Staff work primarily in residential and supported living services, providing 24-h support. The provider is medium-sized in comparison to others in the region. The supportive care services on offer follow person-centred care pathways that promote independence and the achievement of meaningful goals.

Twenty-two support workers participated in the study, comprising a predominantly female sample (90.91%), with a mean age of 45 years and ranging from 1 to 22 years of experience supporting individuals with complex needs (mean: 5.5 years). All participants had completed online training covering areas such as autism, learning disabilities, medication, and Positive Behaviour Support (PBS). The majority (73%) held a Qualification and Credit Framework (QCF) in Health and Social Care, a requirement for working in health and social care in the UK (equivalent to a Level 2/GCSE in secondary school). The QCF ensures that individuals are equipped with the relevant skills and knowledge needed to work in various health and social care roles, which employers, regulatory bodies, and education providers across the UK recognise. In comparison, 18% had completed an undergraduate degree.

Participants were recruited through the researcher's workplace. Inclusion criteria required participants to be over 18 years of age and currently employed by the provider. Exclusion criteria included staff on temporary or agency contracts or staff who were unavailable during the data collection period. The 22 participants represent approximately 11% of the provider's total workforce. Given that the participants were colleagues of the researcher, potential for coercion was mitigated by emphasising voluntary participation, their right to withdraw, confidentiality during focus group discussions, and explicitly stating that choosing not to participate (or withdrawing later) would have no negative consequences.

2.2 | Materials and Procedure

Data were collected via six in-person focus groups, with each group comprising between three and six participants. Potential participants who met the inclusion criteria were provided with an information sheet and consent form and were asked to e-mail the researcher to express their interest, ensuring a voluntary, opt-in recruitment strategy.

Before the focus group session, each participant was asked to bring a photograph that they felt represented their experience as a support worker; this was then used as a prompt for discussion. Participants were provided with guidance on selecting an image that did not include identifiable images of themselves or the individuals they support, thereby protecting confidentiality and anonymity. The use of photo elicitation encourages deeper reflection and emotional expression, helping to access aspects of experience that may not surface through verbal questioning alone and supports rapport-building during the session (Richard and Lahman 2015).

Focus groups were arranged at convenient locations for the participants, which included staff rooms and training rooms. Each session lasted approximately 60 min and was audio-recorded with participants' consent. Sessions were guided by 15 semi-structured questions, including 'What do you enjoy about being a support worker?', 'How did you feel when you first started as a support worker?' and 'What, if anything, hinders the way you support individuals?' Discussions began with participants presenting and explaining their chosen photographs. Examples included images such as jailer keys, a rainbow emerging from a storm, and cars on a motorway.

2.3 | Ethical Considerations

Ethical approval for the project was obtained from the authors' university. All participants were employed by the same organisation and were familiar with each other, which posed potential challenges for confidentiality, anonymity and comfort in sharing experiences. To address these concerns, participants were reminded of the importance of not disclosing identifying information about colleagues or the individuals they support. Participation was voluntary, and participants could withdraw at any time. Any issues that could affect the health and safety, or well-being of an individual they support would be managed in accordance with the researcher's duty of care, with clear procedures in place to report concerns or safeguarding issues to management if necessary.

2.4 | Data Analysis

While the photographs served as prompts for discussion, they were not directly analysed. Instead, thematic analysis was conducted following Braun and Clarke (2006) six-step framework. Thematic analysis is an inductive method that identifies patterns and themes within data, offering a comprehensive and detailed account of participants' experiences. Following transcription and repeated readings of the data to ensure familiarity, the first author coded the entire data set, and the second rated every 10th response (10% of the data set) to ensure inter-coder reliability. Disagreements were discussed between the two raters until an agreement of 347 codes was reached, representing an agreement of almost 96%. Codes were placed into 71 initial sub-themes before the final review and organised into three themes and eight sub-themes.

3 | Results

The findings of this study capture the lived experiences of support workers in Wales who provide support for individuals with learning disabilities and behaviours that challenge. The analysis of the six focus groups resulted in the themes and subthemes presented in Table 1.

Quotations presented in this section are followed by participant and focus group identifiers (e.g., P3=Participant3, FG1=Focus Group1) to indicate their source.

3.1 | Theme One: Strengths, Support and Sources of Pride in the Role

The first theme captures the conditions that enabled support workers to thrive within their roles. While the work was often described as demanding, participants emphasised the central importance of teamwork, peer support, and managerial understanding in helping them sustain themselves through challenges. Alongside this, a strong love for the role and the sense of pride derived from supporting individuals to achieve meaningful outcomes served as powerful motivators.

Subtheme: Teamwork, Mentorship and Managerial Support

Given the emotional and physical demands of supporting individuals with complex needs and behaviours that challenge, participants emphasised that teamwork was essential for safety, well-being, and the ability to provide high-quality care. As one participant explained, '*it's the team that holds you together' (P3, FG1)*. The imagery chosen in the photo-elicitation tasks further reinforced this message: *several people holding hands on top of a hill*, accompanied by the comment '*if we are not united working together, we would never make it through the day' (P2, FG2)*. This sense of solidarity extended to peer learning, with experienced staff guiding newer colleagues: '*the more experienced staff helping and guiding new staff members' (P3, FG2)*.

The value of this informal mentorship was made particularly clear by one participant who reflected on the early stages of their career: '*If it wasn't for some of the experienced staff when I first started, helping me and almost taking me under their wing, I don't think I would still be in care' (P1, FG2)*.

Managerial support, when present, was also noted as a facilitator—especially when managers had direct experience of frontline support work. As one participant explained, '*I think it's good because the team leader and our manager have both come from working on the floor and have experience of being support workers themselves' (P2, FG6)*.

The induction process was another important factor in shaping participants' sense of being supported. When induction was thorough and accompanied by opportunities to shadow experienced staff, participants felt more confident and prepared:

TABLE 1 | Themes and sub-themes from the data.

Themes	Sub-themes
Strengths, support and sources of pride in the role	Teamwork, mentorship, and managerial support
	Passion, pride, and meaningful impact
Challenges and barriers in daily practice	Limited organisational and managerial guidance
	Impact of team dynamics on consistency and confidence
	Navigating grey areas and ambiguous expectations
	Systematic barriers, workload and role strain
Calls for training, recognition and fair pay	Inconsistencies and gaps in training provision
	Undervaluation, limited recognition and the need for fair pay

> *I had a really good induction when I first started, which I think made all the difference. I was also shadowing one of the most experienced staff members for about 2 weeks. I was given time to read their files and spend time with them before being counted as a number on the floor.*
>
> (P2, FG2)

Regular supervision during induction also helped to embed good practice and prevent poor habits from forming: *'I found this really beneficial because if I was doing something wrong and something I was doing needed tweaking, then it was brought up, rather than letting it become a habit' (P5, FG6).*

Subtheme: Passion, Pride, and Meaningful Impact

Across all focus groups, participants spoke with passion about the positive dimensions of their work. For many, love for the job was an essential foundation: '*I love my job, I think you have to love it, to be able to do it' (P1, FG2).*

This commitment was closely tied to the pride workers felt in supporting individuals to live fulfilling and independent lives. As one explained, '*Actually, sometimes you can really make a difference in someone's life' (P3, FG1).* Others described the joy of witnessing the immediate impact of their support:

> *I thoroughly enjoyed supporting the clients to live as independently as possible and going on days out and doing activities which you know they love and just watching their face light up and feeling like, I am part of why they are happy.*
>
> (P1, FG2)

Participants also highlighted the privilege of supporting individuals to experience opportunities that would otherwise be inaccessible, such as holidays:

> *Being able to support them experience things they wouldn't be able to, taking one of our ladies on holidays, she needs three staff to take her, without support, she really wouldn't be able to go to these places.*
>
> *(P1, FG5)*

More experienced participants reflected on what they experienced to be a positive shift in the sector towards fewer restrictions and more autonomy for the people they supported. This was linked to a broader move towards coproduction and choice: '*the guys get so much more choice now. It was seniors or managers who would plan the day, but now everything is co-produced, definitely more person-centred' (P3, FG4).*

3.2 | Theme Two: Challenges and Barriers in Daily Practice

The second theme captured the considerable frustrations experienced by support workers, highlighting systemic, organisational, and cultural challenges that undermined their ability to provide consistent, high-quality care. Across focus groups, participants expressed a desire for greater consistency in practice but reported instead learning "through trial and error" due to a lack of clear guidance and structural support.

Subtheme: Limited Organisational and Managerial Guidance

A recurrent source of frustration was the absence of meaningful support from colleagues, management, and organisations. Many participants described managers as overstretched, prioritising administrative tasks over staff support. As one participant noted, '*I think that the paperwork side of it has taken the management away from managing people' (P1, FG1).* Others echoed this sense of disengagement, reporting that managers were inaccessible or dismissive: '*I go to management, and I don't really feel heard particularly, I just don't think they have got the time' (P3, FG1).*

Newer staff described how the absence of a welcoming culture within teams intensified feelings of anxiety and isolation: '*when I first started, I was very nervous. It didn't help that the staff team really weren't welcoming either' (P4, FG6).* Beyond individual managers, participants also expressed frustration at an organisational culture that appeared unsupportive, with some recalling negative or dismissive attitudes from senior leaders. For example, one recalled, '*I have had managers in the past who have told me, well, go and stack shelves in Tesco, and it does make you feel devalued because we work hard' (P1, FG4).*

Subtheme: Impact of Team Dynamics on Consistency and Confidence

Frustrations were also linked to the personalities of staff members and how these shaped the functioning of teams. Participants described how the running of shifts depended heavily on who was present, leading to inconsistency and unpredictability. As one explained, '*every team has got different personalities, and so you will have one who will dictate, others that just do their role, others will go above and beyond' (P1, FG1).* For some, the absence of teamwork created feelings of isolation even when staffing levels were technically adequate. As one participant put it, '*It depends what staff you have on shift whether you feel supported. I mean sometimes, we have been fully staffed, but I have never felt so alone' (P3, FG2).*

Subtheme: Navigating Grey Areas and Ambiguous Expectations

The lack of clear and consistent guidance was identified as one of the most significant frustrations, creating "grey areas" that left staff uncertain about how to balance competing responsibilities. Participants felt that decisions were often shaped by personal opinion rather than evidence or policy, with hierarchical dynamics exacerbating this problem. As one participant described,

> *I might think this way would work best, but someone else might say no, you have to do it this way because they are more senior than you, or you cannot do something because the managers have put in rules. And because there are so many grey areas, you don't know what the right way is to approach it.*
>
> (P3, FG3)

Several participants argued that greater involvement of Multi-Disciplinary Teams (MDTs) would support a more consistent approach: '*It would be nice if we had a huge MDT, deciding that this is how you work with this person, and there were no grey areas. That would be so much better for a consistent approach' (P1, FG4)*. Training was also identified as a means of addressing these gaps, particularly around legal frameworks: '*I think as well having a mental capacity and Deprivation of Liberty Safeguards training on each of the individuals, telling you what they are or are not allowed' (P1, FG1).*

Participants also described difficulty navigating the tension between promoting autonomy and ensuring safety, with some feeling constrained by the absence of clear direction:

> *I also find it difficult that we are not allowed to say no to them, but I mean not saying no isn't real life, sometimes we can't have things or do things, but there is no clear guidance.*
>
> (P1, FG5)

Another participant reflected on the ambiguity of decision-making boundaries: '*Sometimes it is difficult to know where the line is, if it's their choice, and what is in their best interest' (P2, FG4).*

Subtheme: Systemic Barriers Workload and Role Strain

Finally, frustrations were compounded by broader negative aspects of the role, including inadequate preparation, lack of training, and systemic barriers such as underfunding. Many entered the role with little understanding of complex needs or behaviours that challenge and felt underprepared to respond effectively: '*I had very little, I knew the names of various needs, but I wouldn't have been able to explain what they are' (P3, FG2)*. This lack of knowledge contributed to high levels of anxiety and feelings of being overwhelmed: '*it's the anxiety behind it as well when you've never worked with anyone with learning disability with challenging behaviours, you sort of don't really know. There's not enough education around it either' (P4, FG1).*

Participants also highlighted funding shortfalls that restricted the hours of support available, often to the detriment of individuals' independence and opportunities. For example, one noted, '*It is that people who need more support aren't always funded for the amount of support they need' (P1, FG1)*. Administrative demands were another negative aspect, with staff feeling that paperwork distracted from direct care:

> *You have to try to see to the service users, but then you have the paperwork to do as well. It's like we are here for the guys, but hang on, you gotta wait because I need to fill this form in first. It's just not fair on them.*
>
> (P3, FG5)

Whilst some staff acknowledged the importance of record keeping, the duplication of information needing to be recorded created frustration and increased the risk of errors being made, '*more paperwork now, but I would not necessarily say it is a bad thing. I think it is a good thing' (P2, FG4)*, This highlights how structural requirements, even with good intentions, can compete to provide person-centred support.

3.3 | Theme Three: Calls for Training, Recognition, and Fair Pay

This theme was consistent across all focus groups, with participants highlighting a strong need for changes in training, pay, and recognition within the support worker role. While staff described feeling supported by colleagues, there was also a prevailing sense that the wider organisation did not value their contributions.

Subtheme: Inconsistencies and Gaps in Training Provision

Participants described considerable variation and inconsistency in how training was delivered and what it included. Some felt that current approaches lacked personal context and depth, limiting their ability to fully understand the individuals they support. One participant reflected on the value of person-centred training, describing it as: '*the best training ever' (P3, FG1)*. This approach enabled staff to connect individuals' behaviours with their personal histories, helping to reduce stigma and improve understanding. As one participant explained:

> *If someone tells you this person's terrible, always hitting, it's hard not to adopt the same mentality. But I think once you have learnt somebody's back story, it really does help understand things a bit more, you don't just look at it as they're just doing that for this reason, it's like no this is where it's originated from.*
>
> (P4, FG4)

Other participants discussed more specific challenges, particularly difficulties in understanding individuals' speech patterns. One noted: '*learning their speech patterns, that is the one thing I have always struggled with' (P2, FG3)*. Another highlighted how these difficulties negatively impacted the people they support: '*He gets upset when you can't understand what he is saying' (P2, FG5)*. The overall training approach was also criticised as inconsistent and often too minimal to prepare staff for the realities of their roles. One participant explained that the gap between training and practice created challenges: '*It's good and works well on paper, but when you're in that situation, it can sometimes be difficult' (P1, FG2)*. Many participants expressed a preference for face-to-face learning, which was seen as more engaging and valuable.

Shadowing experienced staff was another common feature of training, but participants reported mixed experiences. For some, shadowing created confusion: '*I was shadowing different people on every shift, which kind of confused me, people had different ways of doing things, and you don't know which is the right or best way' (P3, FG2)*. For others, the approach was more consistent: '*It didn't matter who I shadowed because they all seemed to work the same' (P3, FG6)*. Concerns were also raised about shadowing without any underpinning theoretical knowledge: '*if staff are just showing you how to do something, we don't know if they are doing right' (P2, FG1).*

Subtheme: Undervaluation, Limited Recognition and the Need for Fair Pay

While participants often expressed their passion for their work, they also emphasised that love for the role does not compensate

for low pay and limited recognition. One participant explained: '*You know you can love your job but still need money' (P2, FG4)*. Others described how their salaries did not reflect the long hours and heavy responsibilities of the role: '*I think support workers should be paid a lot more for what they do. They work long hours, 365 days a year, 24 hours a day, yet get very little credit or recognition for their work' (P1, FG2)*.

The perceived mismatch between responsibilities and pay was a strong source of frustration, with participants comparing their roles to better-paid, lower-responsibility jobs in retail:

> *I could work in Tesco, and yet I know stacking shelves would drive me crazy, but to think they are getting paid more than I am, and I am expected to be able to administer medication, and not just daily medication.*
>
> (P1, FG4)

Another participant reiterated this point, emphasising both the weight of responsibility and the lack of recognition from employers:

> *I think it would be nice if care companies acknowledged staff are not just names and numbers. I also think, for the amount of responsibility we hold, not just supporting vulnerable adults, medication, finances, I think we should be paid a lot more than what we are.*
>
> (P1, FG1)

These reflections illustrate how systemic undervaluation of the support worker role can undermine staff motivation and contributes to a strong call for change.

4 | Discussion

This study examined the experiences of support workers in Wales working with individuals with learning disabilities and behaviours that challenge, offering important insights into the facilitators, frustrations, and calls for change within their roles. While participants expressed a strong sense of pride and intrinsic motivation, the findings highlight perceived systemic and organisational barriers that undermine their capacity to deliver sustainable, high-quality, person-centred care.

The findings, which reflect the importance of teamwork, managerial understanding, and peer mentorship in sustaining staff, align with existing literature emphasising the central role of supportive workplace cultures in reducing burnout and increasing retention in social care (Dunworth et al. 2023; Skills for Care and Development 2023). The emphasis on thorough induction and supervision resonates with NICE guidelines (National Institute for Health and Care Excellence NICE 2018), which highlight structured induction as vital for ensuring both staff confidence and service user safety. Similarly, the passion and pride described by participants reinforce previous findings that intrinsic motivation and relational rewards are key drivers of retention (Hussein et al. 2016; Judd et al. 2016). The recognition of a cultural shift towards person-centred and co-produced care reflects the aspirations of the Social Services and Well-being (Wales) Act 2014, which focuses on rights-based approaches and the active involvement of individuals in their own care (Welsh Government 2014).

The frustrations expressed highlight systemic inconsistencies in guidance, support, and team functioning, and support previous findings in this area (Petner-Arrey and Copeland 2014; Casey et al. 2023). Participants' accounts of 'grey areas' in practice reflect broader concerns within the sector regarding the navigation of competing responsibilities, particularly in relation to autonomy, safety, and legal frameworks. Similar frustrations have been documented in the literature and national workforce reports, where lack of clarity and inconsistency in training contribute to high stress and staff turnover (Dunworth et al. 2023; Care Inspectorate Wales 2020). In response to such challenges, international examples highlight the value of ethical frameworks and structured training for supporting decision-making in areas not addressed by explicit guidance. For instance, the National Alliance of Direct Support Professionals in the United States has developed a Code of Ethics to guide staff through situations where rules or policies are unclear, with scenario-based training used to embed these principles into practice (National Alliance for Direct Support Professionals, n.d.). Similarly, the UN Convention on the Rights of Persons with Disabilities provides a rights-based framework that can be drawn upon to shape practice in such 'grey areas', ensuring that responses align with broader principles of dignity, autonomy, and inclusion.

In addition to frustration, participants described feelings of anxiety and isolation, which compound the emotional strain of the role and highlight the limited structures in place to safeguard staff well-being. Prolonged anxiety and isolation not only risk burnout but can also diminish the capacity for effective relational practice with service users. The reported lack of managerial presence and overemphasis on administrative tasks is consistent with research showing how resource constraints and bureaucratic demands can alienate frontline staff (Manthorpe et al. 2015).

Participants' calls for more person-centred, consistent, and context-specific training echo recommendations from the Learning Disability Improvement Standards (NHS England 2018), which emphasise the importance of equipping staff with practical knowledge of communication, behaviour, and personal histories. Participants' reflections on pay align with broader evidence that social care roles remain undervalued despite carrying significant responsibility (Care Quality Commission 2021). The comparisons made with higher-paid, lower-responsibility retail work reflect systemic inequities and support calls for pay reform within the sector. These findings are particularly significant within Wales, where the Health and Social Care Workforce Strategy (Health Education and Improvement Wales Health Education and Improvement Wales, & Social Care Wales 2020) explicitly identify the need to address recruitment and retention challenges through improved pay, conditions, and recognition.

Several limitations must be acknowledged. First, the study was based on a relatively small, region-specific sample, which may limit the generalisability of findings across Wales or the wider UK. Second, the reliance on self-reported accounts raises the possibility of social desirability bias, with participants potentially emphasising positive aspects of their role or under-reporting negative experiences. Third, while the use of focus

groups and photo-elicitation enriched the data, group dynamics may have influenced which perspectives were shared or silenced. Finally, this study did not include the perspectives of service users, their families or managers, whose views may have provided valuable triangulation and deeper insight into systemic challenges.

Despite these limitations, the findings offer important implications. At a practice level, the results suggest the need for structured, consistent induction and training that combine theory, practical skills, and person-centred approaches. Embedding training around communication and personal histories could help staff better understand and respond to behaviours that challenge. Organisations should also prioritise managerial presence and relational support, ensuring that administrative demands do not overshadow staff supervision and guidance. Without equipping staff with the necessary resources, confidence, and support, services risk placing vulnerable individuals at greater harm while also contributing to high levels of staff turnover and burnout. At a policy level, the findings emphasise the urgency of addressing pay and conditions. The current mismatch between responsibility and reward undermines both recruitment and retention, threatening the sustainability of the workforce. Aligning pay with responsibility, recognising the emotional and technical demands of the role, and improving career progression pathways are essential. These changes align with the Fair Work Commission's recommendations (Fair Work Commission 2019) and the Welsh Government's ongoing commitment to strengthening the health and social care workforce.

Future research should build on this study by incorporating the perspectives of service users and families to understand how workforce challenges affect the lived experiences of care. Comparative studies across different regions in Wales or the wider UK could explore whether the issues raised here reflect systemic trends or are specific to particular organisational contexts. Longitudinal research would also be valuable in tracking how policy interventions, such as changes to pay structures or training frameworks, affect workforce stability and quality of care. Finally, further exploration of coproduction in training design could ensure that programmes address both workforce needs and the aspirations of people with learning disabilities.

5 | Conclusion

This study provides new insights into the experiences of support workers in Wales. The themes in the present study resonate strongly with Ryan et al.'s (2019) scoping review: participants emphasised the emotional rewards and intrinsic value of their work, while also reporting frustrations linked to inconsistent support and the pressures associated with challenging behaviours. At the same time, the systemic barriers reported, including inconsistent guidance, limited managerial presence, and inadequate pay, mirror global concerns regarding workforce retention, burnout, and the undervaluation of care roles (Manthorpe et al. 2015; CQC, 2021). In addition, the identification of 'grey areas' in practice and the call for clearer ethical guidance contribute to ongoing international debates about how best to equip staff to balance autonomy, safety, and legal responsibilities. Furthermore, the focus on peer mentorship, teamwork, and induction resonates with wider workforce development research. It also adds specificity by illustrating how such support can be operationalised in Welsh services, offering transferable lessons for other jurisdictions.

Taken together, the findings underscore both the universality of many workforce challenges in learning disability services and the importance of situating them within national policy and cultural contexts. This dual contribution strengthens the international evidence base by demonstrating how systemic and organisational conditions interact with broader rights-based agendas, providing insights relevant to policy and practice beyond Wales.

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