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Proof of Concept: Exploring the impact of the introduction of the PgCert ASPIRE: Preparing for Practice programme

Project Evaluation Report

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Abstract

The ASPIRE programme was a collaboration between Plymouth Marjon University and National Health Service England to both increase and improve the diversity of the nursing workforce. The ASPIRE project research aimed to explore the impact and influences of the ASPIRE Programme, taking into account stakeholder (NHS, University staff and students) views.

ASPIRE is a, PGCert, Preparing for Practice, focusing on Learning Disability and Mental Health, alongside theory-based university sessions, placements within the NHS are embedded in the programme. The placement hours and the level 7 assessments must be completed for progression to the next stage of study.

The research was undertaken by staff at Plymouth Marjon University, over the course of 24 months. A mixed method approach under an Appreciative Inquiry (AI) lens for methodology was used to ensure a holistic view of the data. This included interviews, focus groups and analysis of submitted work and feedback. AI provides a basis for strength-based reviews alongside observing any barriers.

Participants included NHS staff, university staff and students, as stakeholders. Ethical clearance was provided by Plymouth Marjon University. The research used a deductive approach where qualitative and quantitative data was analysed using thematic analysis, guided by predefined themes based on existing theory and prior knowledge. The defined themes were Recruitment and Retention, Learning Disability Nursing, Nursing Competencies and Self Efficacy and Wellbeing. Key aspects showcase recruitment for the sector remains slow, impacted by the lack of knowledge and awareness of the Learning Disability Nurse role. Retention is linked to pressure of staff shortages, and increasing expectations, as such these areas impact on self-efficacy and wellbeing. However, the findings show the ASPIRE project not only increased recruitment but also supports in the retention of specialised nurses. The course supports and develops skills such as reflective practice, resilience and emotional intelligence. Recommendations made from the research call ASPIRE to become a national programme in order to benefit the not only the NHS but also the service users who are central to all health care provision.

Introduction

In 2024 the Art of the Possible report (Brailsford et al., 2024) was published proposing a series of recommendations (Figure 1) to help drive the South West Register Nurses Mental Health (RNMH) and Register Nurses Learning Disabilities (RNLD) workforce towards the goals outlined in NHS England's Long Term Workforce Plan (LTWP), which aims to train 38% more mental health nurses and 46% more learning disability nurses by 2028/29.



Figure 1: Art of the Possible report (2024) recommendations

The PgCert ASPIRE: Preparing for Practice programme was a direct result of the report and was developed to put into action recommendations 3, 4 and 5 and support the South West NHS England Workforce, Training and Education, Nursing and Midwifery Team in taking steps to achieve the other recommendations.

Review of literature

Learning Disability and Specialist Nurses

Recent research highlights both the value and the variability in the provision of Learning Disability (LD) nurses within children's hospitals (Outlon et al., 2019). Staff widely acknowledged that LD nurses enhance practitioners' perceptions of being able to care for children and young people with learning disabilities, even though these roles have not been shown to significantly improve staff confidence, the children's perceived safety, or their access to care. This indicates that while LD nurses are

appreciated, there remain limitations in how effectively their roles are currently embedded and understood. There is a clear need for better operationalisation, monitoring, and evaluation of these roles to ensure they meaningfully benefit both staff and families. This is further supported by international research identifying that there is limited evidence base for what it is that these nurses uniquely do, that no-one else can (Auberry, 2017; Jaques et al., 2019)

Across acute care settings, mainstream nurses often feel underprepared when caring for individuals with intellectual disabilities (ID) (Lewis et al., 2017). Studies reveal recurring challenges including communication barriers and uncertainty about how to work with caregivers. Moreover, while many professionals support the inclusion of people with ID in mainstream healthcare, stigmatising attitudes and anxiety persist, sometimes leading to differential treatment (Pellebor-Gunnick et al., 2017). The stigma around severe and enduring mental ill-health combined with the lack of financial investment in inpatient services has contributed to inequalities within mental health provision (RCN Wales, 2023). The lack of consistent training, and reliance on carers for information, highlights the need for systemic strategies to better equip nurses with the skills to build therapeutic, person-centred relationships that respect autonomy and dignity.

The role of the intellectual disability nurse is seen as uniquely relational, requiring skills in communication, advocacy, and resilience (Jacques et al., 2018; Wilson et al., 2019). Specialist nurses have been shown to act as crucial links between primary and secondary care, contribute to practice development, and offer holistic, person-centred care. However, structural issues such as unclear contractual arrangements and inter-professional tensions may limit their impact (Bollard & Jukes, 1999). Studies from Ireland and the UK (Bur et al., 2020; Doody et al., 2022; Doody et al., 2017) underline the positive outcomes of intellectual disability nurse specialists in areas such as care quality, patient communication, and organisational change. Still, their full potential will only be realised through clearer role definitions, sustained investment, and ongoing professional development. Wilson et al (2025) suggested that LD nurses not only have the technical expertise to provide complex nursing interventions, but their person-centred focus coupled with intimate knowledge of communication styles and preferences, enables these interventions to be delivered at the right time.

Mental health nursing is a highly diverse profession that provides holistic, values-driven care to individuals of all ages, as well as their families and carers, across a wide range of settings. Mental health nurses possess a distinctive skill set that enables them to support people experiencing emotional distress, regardless of their medical diagnosis or psychological formulation (RCN Wales, 2023).

Following a literature review RCN (2019) suggested three levels of solutions to challenges faced that could result in positive impact to reduce early mortality in those with severe mental illnesses, system level, organisation level and Individual level (Figure 2).

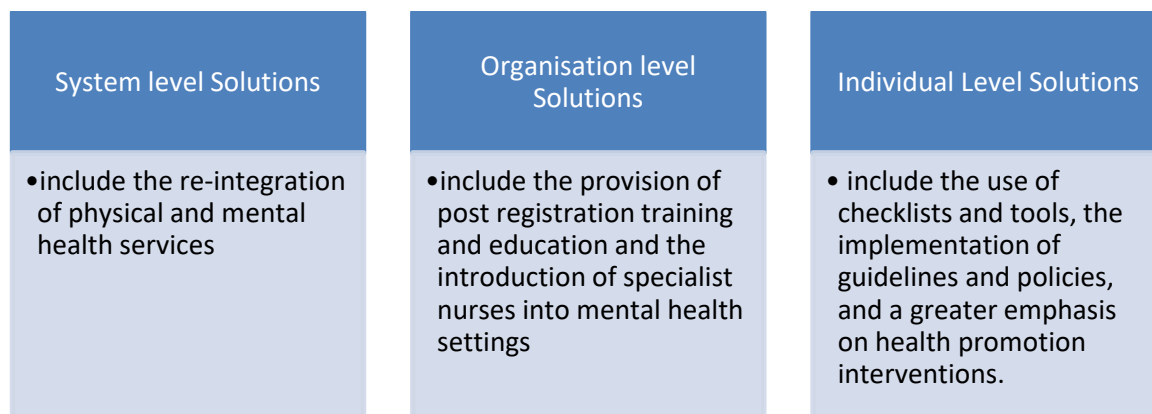


Figure 2: Three levels of solutions to challenges faced (RCN 2019)

These solutions stress the importance of having systemic support to maintain skills and competence with new roles in mental health settings (for example, physical health care nurses in mental health settings). Health Education England's review of services (2022) called for a comprehensive review of mental health nursing in England, and a range of recommendations to develop the mental health nursing workforce going forward.

Nursing Competencies

Developing appropriate nursing competencies in the care of people with disabilities, particularly those with Learning disabilities (LD), is central to improving access to equitable and person-centred health care. The literature reviewed spans several themes, including curriculum design, interprofessional practice, specialist roles, and the professional development of nurses across career stages.

Robinson and Griffiths (2007) and Trollor et al. (2016) both reflect on international variations in how Learning Disability nursing is taught. In Australia and New Zealand, the shift from direct-entry LD programmes to generalist nursing degrees has resulted in reduced specialist expertise. By contrast, the UK maintains pre-registration specialist branches in LD and MH nursing, which Robinson and Griffiths argue may be the most effective model to meet contemporary service needs. This sentiment is echoed by the Nursing and Midwifery Council (NMC), which supports nurse training across four fields, including LD and MH (Wright et al., 2023). The accreditation standards for Australian pre-registration nursing courses do not specify that LD or developmental disability must be taught (Australian Nursing and Midwifery Accreditation Council, 2012) which prompted Trollor et al. (2016)

to explore the development six core competencies, 49 sub-competencies, and 10 guiding principles and values emphasising respect, person-centred care, and awareness of the physical, attitudinal, and communication barriers faced by individuals with disabilities. The Healthcare for All inquiry (Michael, 2008) reported that health service staff in general healthcare had limited knowledge about learning disability, and the health needs of people with learning disabilities were poorly understood. This report made a series of recommendations for change across the health system. A focus on competencies was explored by Beacock et al (2015) in the UK who recommended nursing curricula should include communication, attitudes, capacity/consent, equality/reasonable adjustments, role of carers and LD nurses/teams, health issues, and challenging behaviour in order to meet the healthcare needs of people with learning disabilities.

Impact of Community Learning Disability Nurses (CLDNs) and dementia care nurses

The work of Havercamp, Barnhart, and Robinson (2021), as well as Mafuba (2013), underscores the critical role community learning disability nurses play in supporting health equity. People with learning disabilities frequently encounter significant barriers in accessing health information and services. Community Learning Disability Nurses (CLDNs) are uniquely positioned to address these challenges by engaging in health surveillance, education, promotion, prevention, and facilitation. This multifaceted role contributes to better health outcomes through tailored support and improved patient navigation of the healthcare system.

Mobbs, Hadley, and Wittering (2002) further examined the working practices of CLDNs within NHS trusts in England. Their findings reveal a diverse range of interactions with both service users and multidisciplinary teams, highlighting the adaptability and relational nature of this role in complex care environments.

The intersection of intellectual disability and ageing, particularly dementia care, is explored by Cleary (2016). Their study identified themes such as the importance of dementia knowledge, person-centred care, and planning transitions. Nurses emphasised the need for tools like life story books and multidisciplinary collaboration to provide consistent and compassionate care. Understanding the unique presentation of behaviours among patients with Learning Disabilities and dementia was key, reinforcing the importance of behavioural literacy, emotional intelligence, and empathy in nursing competencies.

Interprofessional Collaboration and Competence

Interprofessional collaboration is a critical component of effective learning disability nursing, requiring not only clinical expertise but also strong relational and communication skills. McCray (2003) developed a conceptual framework aimed at supporting interprofessional practice within this field. The framework provides practical strategies for fostering effective teamwork, focusing on shared learning, relationship-building, and the importance of clarifying, and at times challenging, professional boundaries to achieve better outcomes for patients.

Glasper (2011) echoed this sentiment, calling for future leaders in learning disability nursing to extend their influence beyond the confines of their own specialism. He emphasised the need for greater cross-disciplinary engagement to raise awareness and understanding of learning disability nursing within the broader nursing profession.

Similarly, Barriball and Clark (2005) demonstrated the value of interprofessional teaching by involving educators from multiple nursing branches in a learning disability nursing programme. They argued that such an approach is essential if pre-registration nursing education is to adequately meet the needs of people with learning disabilities. Together, these studies underline the importance of collaboration, not only in practice but also in education, as a means of embedding learning disability expertise across all fields of nursing.

Professional Development and Retention

Professional transition and competency development post-qualification are also essential. Rae et al. (2025) found that structured graduate residency programmes significantly help new nurses develop clinical competencies, enhance their confidence, and apply evidence-based practices. In the context of high global turnover, where up to 75% of nurses express an intention to leave the workforce (Chang, 2023; Xu & Zeng, 2023), programmes that provide mentorship and structured learning are key to improving retention, especially for those entering the more specialised fields of Learning Disability and Mental Health nursing.

Recruitment and Retention

Recruitment

The demand for registered nurses in England is at an all-time high, with workforce shortages affecting both the NHS and social care sectors (Royal college of Nursing (RCN) 2022; RCN 2015). The international research community has identified concerns that the healthcare system is struggling to

keep up with rising demand (Chang & Cho 2021, Drennan & Ross 2019, Howard 2019). The UK has fewer than half the number of practising nurses compared to Norway and Switzerland, while Germany and Australia have 39% and 41% more nurses respectively (per 1,000 population) (OECD, 2022). The demand for nurses is increasing to respond to health care inequalities and sustainable health systems; this is especially the case in the aftermath of the COVID-19 pandemic, the changing population and need for diversification and specialist medical services (RCN 2022; House of Commons Committee, 2018).

Record-high nursing vacancies persist, and the number of nurses in social care has declined by nearly 40% over the past decade. Adding greater challenge is vacancy rates between nursing specialist's (HEE 2017), with vacancy rates for learning disabilities registered nurses (LDRN) at 16.3%, for mental health 14.3%, children's nursing 10.9% and adult nursing 10.1%, the community nursing vacancy rate is estimated at 9.5%. In 2019 centenary celebrations commemorated the longevity of and importance of LDR nursing. The following year, in 2020, The All-England Plan for Learning Disability Nursing (NHS, 2020) was put in place with the aim of encouraging recruitment to the sector and training for the role. However, numbers continue to dwindle despite funding being ring-fenced to support individuals to enter the field. England, along with its British counterparts (Wales and Scotland), has implemented funding for training, but the numbers remain low (Evans, 2023). Figure 3 highlights the key figures for the nursing workforce identified in the House of Commons 2017 report. This position has worsened since then with over 112,000 vacancies across the NHS workforce in March 2023 (an 8% vacancy rate) but with significant variation across regions and professional groups.

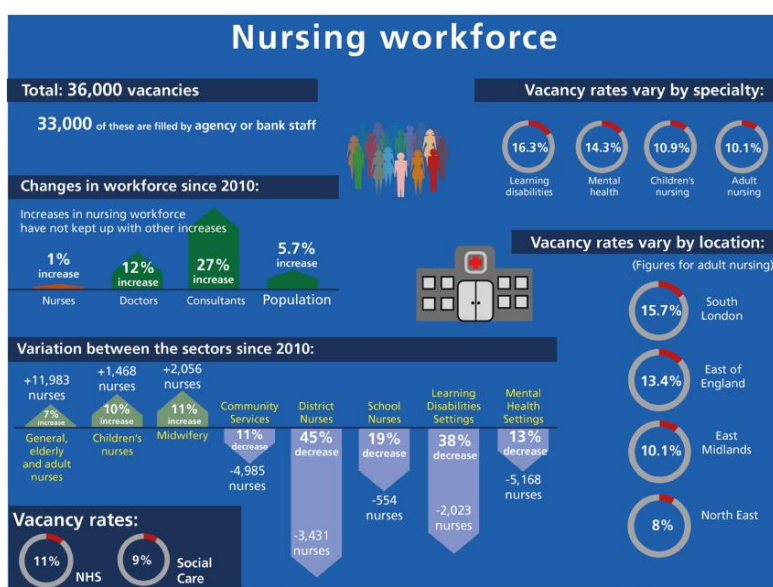


Figure 3: The key figures for the nursing workforce (House of Commons, 2017)

One aspect of the reduction in recruitment can be linked to a decline in universities offering undergraduate courses in the discipline, but also the change in funding that students receive (Evans 2023); for mature students receiving Universal Credit, the income is impacted by receiving student finance and so removes the agency in returning to study for mature individuals (DfWP 2024). In addition, the removal of the bursary and replacement of a cost-of-living grant has influenced who, which individuals, study in this discipline, (McClimens & Burns, 2016). The grant has been identified as not being enough to support student nurses in their journey towards registration. However, the number of nursing graduates is projected to decrease by 2,000 in 2025 compared to 2024, worsening an already difficult situation exacerbated by a high percentage (30%) of student nurses not completing their undergraduate degrees (HEE 2018).

The UK has always relied on the valuable contribution made by internationally recruited nurses from both EEA and Non-EEA countries (RCN 2015). Currently, a significant portion of new nursing registrants (48% as of March 2022) are internationally recruited, with most choosing to work in England (RCN, 2022). This International recruitment has supported necessary increases in some staff groups, such as doctors and nurses, but does not offer a universal solution to rising workforce demand; for some professions where scope of practice differs from England (for example, community nursing, mental health nursing, learning disability nursing, oncology and podiatry), overseas recruitment is not a readily available option (NHS, 2023). While the UK government committed to strengthening nursing and midwifery through the World Health Assembly resolution and the WHO's Global Strategic Directions for Nursing and Midwifery (WHO, 2021a), it has failed to uphold these commitments. Policymakers have focused on temporary increases in nurse numbers due to the pandemic rather than addressing long-term workforce issues such as pay, staffing levels, education, and professional development (RCN, 2022).

NHS England Long Term Workforce Plan (NHS England, 2023) sets out the proposed percentages for increases, stating that by 2028/29 an increase in the uptake of LDN training must be 46%, in order to try to meet the requirements of the services offered under the NHS. Currently the NHS is fighting constantly in a reactive response to needs, instead of proactive and holistic approach. 1 in 5 LDRN posts are currently vacant, and nurse numbers have fallen by 31% between 2012 and 2022, (Mckenzie et al., 2021.). The feasibility, of increasing student numbers, and as such the numbers of LDRN, has been highlighted in the remit of concerns about how the numbers will be recruited, a concern regarding the lack of capacity and supervision (Shembavnekar et al., 2023). Furthermore, the under

recruitment in recent years can be assigned to public awareness of the stressors of being a LDRN, or any type of nurse, that the profession has become less attractive.

Nurses are fundamental to mental health services, yet the increase in mental health nurses has lagged behind that in adult and children's nursing. Palmer, Dodworth and Rolewicz (2023) reported that there has been an 11% increase in the number of mental health nurses between 2015 and 2022, although this only represented around half the level of increase seen in children's and adult nursing. The regional differences identified in their report suggested that factors such as levels of rurality, especially given the high proportion of community-based service as well as patient need influenced the number of nurses required in a region with some regions e.g. North East and Yorkshire having higher number of mental health nurses per 100,000 at 91 compared to South West of England which was just 71 per 100,000.

The trend of mental health nurses on the UK register (which includes those either working in the other UK nations or outside of the NHS) is less positive, increasing by only 4%. Mental health trusts account for nearly a third of all nursing vacancies, and regional disparities exist in workforce numbers, leaver rates, and pay progression opportunities. Moreover, there are particularly concerning shortfalls in district nursing, nursing homes, and learning disability nursing. These gaps place immense strain on existing staff and compromise the quality of care. Without targeted strategies, these sectors will remain critically understaffed.

Retention

One of the most critical factors affecting nursing retention is pay. Real-term salary cuts have reduced NHS nurses' earnings by up to 20% between 2010 and 2022. In effect, nurses are now working the equivalent of one day unpaid per week compared to twelve years ago. Salaries at all levels within the NHS Agenda for Change pay scale have suffered real-term declines, with nurses at bands 5 and 6 experiencing reductions of up to 21%. These financial strains are discouraging individuals from remaining in the profession and deterring new entrants.

Further exacerbating the issue are government proposals for higher education reform, set to take effect in the 2023/24 academic year. These changes will disproportionately impact nursing graduates, saddling them with significant student loan debt over an extended repayment period. Unlike higher-earning graduates who can repay loans faster, many nurses will never fully pay off their loans due to accruing interest. Under the proposed system, female nurses in the NHS will see their total loan

repayments increase from £10,700 to £26,000, while male nurses will see an increase from £24,400 to £42,200. This financial burden creates a strong disincentive for potential nursing students.

The lack of qualified staff is one thread which is maintaining the imbalance between need and service availability, this aspect not only impacts members of the public but also staff retention. The rise of support workers has impacted the overall roles in the area of nursing; on the one hand, it provides extra hands but paradoxically adds greater pressure and responsibility to LDRNs, (Buchan et al., 2020). The evolving role of support workers in healthcare settings has added implications for LDRNs, impacting on workload and professional identity. Springhall and Webster (2024) highlight the impact of service demands on LDRNs, noting that patient care can be compromised when staffing levels, (notably registered nurses) are low, leading to inefficiencies and increased stress among healthcare professionals. Amara (2024) also identified an impact for support workers, who are expected to deliver care above and beyond their training and pay level with pressure leading to a lack of teamwork. Therefore, the service demands outweigh the availability of staff and adds to the stressors within practice (Springhall & Webster, 2024).

LDRNs as individuals are impacted due to the role adaptations that are formed due to these staff amendments, particularly a feeling of being of less value. Three threads support feeling valued, Autonomy, Belonging and Contribution - these are critical in the field of nursing in order to support retention in the service (West & Dawson 2012; Haines 2021). Furthermore, the demographic of LDRNs stands as an ageing workforce; Buchan et al., (2020) specified that between 2010 and 2020, the workforce aged over 55 years doubled. This presents challenges in terms of planning for the future and maintenance and sustainability in the workforce, where the age of employees leans heavily towards retirement age, and a third will be due to retire in the next few years (Haines et al., 2021). Those leading up to retirement often request job shares and work part-time or on a flexible basis (NHS Employment, 2017); these aspects are critical in supporting retention, and a holistic care discourse for LDRNs and not only for patients.

For retention, CPD is vital; learning new skills throughout time in practice and spending time with practitioners in the same position must be observed as worthwhile and be available as flexible, with financial incentives. In addition, those who have experience want to feel valued and respected, to be able to share their knowledge, and to be recognised (Haines et al., 2021).

Self-Efficacy and Wellbeing

Policy Influences and Social Perceptions

The perception of the nursing profession, particularly within learning disability care, is intricately intertwined with policy frameworks and societal attitudes. Historical events and policy initiatives, such as the Winterbourne Review (DHSC 2012), have created a social view on the profession, impacting both public perception and the morale of those individuals who may have been contemplating joining the profession and working in the sector (McClimens & Burns, 2016). This negativity not only discourages potential recruits but also affects existing practitioners' professional identity and self-worth. Therefore, interventions aimed at reshaping public perception and restoring the dignity and value associated with learning disability nursing are imperative.

Nursing Workloads and Wellbeing

Nursing workloads constitute a complexity in organisational, environmental, physical, mental, and emotional factors, all of which significantly influence nurses' well-being and job satisfaction. Ivziku et al. (2022) examined the various factors that can influence individuals within the role, such as the emotional toll placed by high workloads, leading to burnout and subsequent physical and psychological health issues among nurses. Moreover, the evolving nature of healthcare delivery, coupled with technological advancements, introduces additional challenges such as the at times excessive use of electronic record-keeping systems, which, while essential for patient care, can contribute to increased administrative burdens and exacerbate workload pressures. Therefore, strategies aimed at mitigating these challenges, such as workload management initiatives and the promotion of self-care practices, are essential in supporting nurses within their roles and as teams to promote a resilient and sustainable nursing workforce.

Burnout and Leadership

The prevalence of burnout among nurses is an increasing concern that requires attention at both individual and organisational levels. Burnout not only compromises nurses' well-being but also undermines the quality of care provided to patients (Palvimo et al., 2023). Effective leadership, identified by supportive, aware, and transformational styles, has been identified as a vital factor in reducing burnout and promoting staff morale and engagement (World Health Organization, 2021b). By teams having an ethos of care, a positive work environment and embedding a culture of collaboration and respect, nurse leaders can nurture a resilient workforce capable of delivering compassionate and high-quality care.

Self-Efficacy in Nursing

Self-efficacy, rooted in Bandura's social cognitive theory, (1977), refers to individuals' beliefs in their capabilities to perform specific tasks and achieve desired outcomes. In the context of nursing, self-efficacy encompasses a broad spectrum of competencies, including clinical skills, emotional resilience,

critical thinking, and patient-centred care (Terry et al., 2024). Caruso et al (2016) suggested that nurses' self-efficacy represents a 'can do' condition reflecting their sense of control agency related to improved outcomes in their practice. The evolution of self-efficacy among nurses is a fluid process shaped by various factors, such as educational experiences, mentoring relationships, and workplace culture. As Stump et al. (2012) highlight, self-efficacy not only influences nurses' performance and job satisfaction but also impacts patient outcomes and interprofessional collaboration. Therefore, interventions aimed at enhancing self-efficacy through targeted training, mentorship programs, and supportive work environments can support nurses within the challenging practice and develop in their roles.

The ASPIRE Programme design and progression

The ASPIRE: Preparing for Practice programme is a collaboration with Health Education England (HEE) to both increase and improve the diversity of the nursing workforce. ASPIRE programmes are open to all graduates from all backgrounds and are tailored to allow the individual to explore the sector and their own talents in order to support them in shaping their own future. The ASPIRE programmes are designed to challenge and stretch individuals and make the most of the intensive work experience and learning opportunity, to kick start their professional journey whilst studying. The 7-month ASPIRE: Preparing for Practice programme is open to graduates of all degree backgrounds, including foundation degrees. Students on the programme are employed for 7 months in a Band 4 training role, to support the allocation of 750 clinical practice hours. Candidates will be employed on a 2-part basis:

- Part 1 – 7-month, Band 4 training role in order to complete the ASPIRE: Preparing for Practice programme
- Part 2: 2-year, Band 4 training role in order to complete a pre-registration nursing Apprenticeship

Table 1: PGCert ASPIRE Programme Aims to:

1	Ensure that students are capable of delivering safe and effective care to the highest standards in preparation for future registration within nursing.
2	Ensure that students are compassionate, competent and confident in readiness for a future career in nursing.
3	Equip students with the knowledge and experience of working within the real-life nursing environment, supporting individuals with additional needs using the best evidence and technology available.

4	Equip students to deliver a wide range of clinical, care and interpersonal skills underpinned by a systematic knowledge base.
5	Recognise the academic and/or professional status of its participants and provide opportunities to construct a meaningful and relevant individual programme of study for each student.
6	Create a learning environment in which participants will be both challenged and supported in the task of analysing, evaluating, modifying and reordering academic knowledge and understanding and/or professional practice in the ever-changing contexts in which they work.
7	Prepare students for eligibility for admission to a post graduate pre-registration nursing programme in their chosen specialism (Learning Disability and Neurodivergent Nursing (RNLD); Mental Health (RNMH) or Adult Nursing (RNAN)).

The programme consists of 3 modules (Figure 4), and the delivery model adopts a mixed pedagogic approach. The programme has been designed as a blended learning course; inclusive of employer-led, University-led, and student-led sessions. Employer-led sessions are where students are learning within a specialist department. This time is scheduled within a 'practice-based' setting. A minimum of 750 hours of practice-based education will be planned across the programme duration to enable students to achieve the required experiential learning necessary to achieve competency in readiness for potential future study on a pre-registration nursing programme. University-led sessions are facilitated by the Academic Teaching team. Student-led sessions allow students the freedom to carry out independent study. Two two-day residential block sessions are delivered to students on-site at Plymouth Marjon University. These sessions support student induction, student integration and collaboration, as well as fundamental skills training and assessment. Simulation learning was embedded into the curriculum during these residential blocks and was guided by the Association of Simulated Practice in Healthcare (ASPiH) Simulation Standards (2017) ensuring that we offer a nationally recognised quality for simulation.

Developing Practice in Learning Disability and Neurodivergent Nursing or Mental Health Nursing or Adult Nursing (elective module for specialism) 30 Credits 7 months

Context of Professional Nursing Practice (Compulsory) 15 Credits 3.5 months

Influencing Professional Nursing Practice (Compulsory) 15 Credits 3.5 months

Figure 4: Modular structure of the ASPIRE: preparing for practice programme

Recruiting and retaining students on the programme

Students are employed on a Band 4, 37.5-hour contract. They work for 4 days (30 hours) per week in practice and are allocated a full day study (7.5 hours) each week to support with the theoretical component of the programme. This replicates the apprenticeship, on and off the job model, so the student is fully prepared in readiness for onward progression to a pre-registration nursing programme or apprenticeship. Student can join the course at two points in the year providing flexibility and increasing recruitment onto the programme. This was designed to meet all the organization's workforce demands whilst being mindful of truly widening participation in line with values and social justice.

The recruitment strategy involved collaboration between NHSE and 5 different Trust across the Southwest. This collaboration resulted in a set of principles around the job description, banding and minimum entry criteria, and an equitable system approach meant that we were required to seek further funding for to move the originally planned AfC band 3 to AfC Band 4 for the duration of Part 1 and 2 to enable successful recruitment. Recruitment was led by employers but needed a joint up approach to shortlisting, interviewing, and checks and appropriate sharing of information prior to acceptance of university application. Therefore, an employer's guide was created to support the recruitment process.

To support retention of students on the programme a key feature of the ASPIRE: Preparing for Practice programme is the dedicated tutorial support that students experienced. This was built around critical reflexivity, thinking deeply about the impact of our assumptions, values, and actions on others. Designated Home Placement for 7 months ensured that the students were really embedded within the team and here they complete their 750-hour placement needed for NMC registration (flexibility across the community of practice to support diverse placement experiences within specialist services). A Practice Educator Facilitator employed by the University worked alongside employers and students to ensure seamless working across integrated care systems and support discussions around the additional placement experiences that took the students outside the host team.

Student numbers

The programme received funding for spaces for cohorts 1 - 4 and filled all funded places for all cohorts. There has been a 95.7% completion rate from all cohorts and from those completed 100% progressing to the MSc specialist nurse apprenticeship.

Table 2: ASPIRE student data

Cohort	Recruited	Completed	Academic attainment (%)	Progressed onto MSc apprenticeship
1 and 2 March and May 2024	18 RNLD	18	Pass Merit Distinction	18 (100%)
3 and 4 – March and May 2025	29 (14 RNLD; 15 RNMH)	27 (12 RNLD; 15 RNMH)	Pass 40.6% Merit 52% Distinction 7.4%	27 (100%)

Data collection Tools

The research adopted an Appreciative Inquiry (AI) approach within a mixed methods framework, drawing on both positivist and interpretivist paradigms. AI is a strengths-based research approach that

focuses on identifying positive aspects of a specified context. The usefulness of a mixed method approach, within an AI framework sits within a complementary aspect where insights from both the positivist and interpretivist paradigms can be observed. From a positive perspective, AI incorporates objective, measurable data to identify strengths and patterns, where the interpretivist paradigm aligns with AI's focus on lived experiences, in the co-construction of meaning. By integrating these approaches, the research moves beyond problem-focused methodologies, to a process that highlights what is working well and supports positive change.

This research ran in 2 phases- phase one being the pilot and was completed in the beginning of 2024. Student voice and course evaluation sessions were used to help form the content of the interviews for phase 2 cohorts which ran from March 2024 to February 2025.

Method

Reflective journals, personal development plans, and practice assessor learning conversations created by students were used as key sources of data. The research team were able to access these materials, providing the research with a clear way to evaluate the progress and quality of the programme. Interviews were conducted to gain insights into stakeholders' experiences throughout the ASPIRE programme. This approach ensured a comprehensive evaluation by capturing both written reflections and direct participant feedback, providing a holistic understanding of the programme's impact. Reflecting this mixed method approach, this evaluation aimed to assess the impact of the ASPIRE programme using a range of qualitative and quantitative data in Table 3.

Table 3: Research methods

Research tools	Description
Interviews	A series of interviews with various stakeholders involved in the project. These include academic as well as NHS staff. The interviews were recorded and transcribed, however, all data gained were used anonymously.
Programme Materials	Anonymised materials completed by students on the course were analysed. These include reflective journals, academic assessments, and weekly forums where students discussed various topics related to the aims of the programme. These aspects were all part of the ASPIRE programme, so did not create extra work for students or staff.

Practice Assessor EPAD records	<p>The Electronic Practice Assessment Document (EPAD) is designed to support and guide students towards successfully achieving the criteria set out for Year 1 in the Standards for Pre-Registration Nurses (NMC, 2018). It contained three review points (Initial, Interim and Final) the Interim and Final review record were used along with the ongoing assessment record (OAR).</p> <p>The Ongoing Achievement Record (OAR) summarises student achievements in each placement and with the Practice Assessment Document (PAD) provides a comprehensive record of professional development and performance in practice.</p>
Survey data	<p>At the end of the programme students were asked to complete anonymised survey focusing on the intended outcomes of the programme.</p>

Analysis

The analysis of qualitative data involved thematic coding, which is an effective approach to research when finding out something about people's views, opinions, knowledge, experiences or values from a set of qualitative data. The researchers closely examined the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly. Overarching was a deductive approach; the analysis was guided by predefined themes based on existing theory and prior knowledge. This combination of quantitative and qualitative analysis ensured a comprehensive understanding of the programme's effectiveness and stakeholder experience. The research analysis following a six-step approach outlined in Figure 5 below.

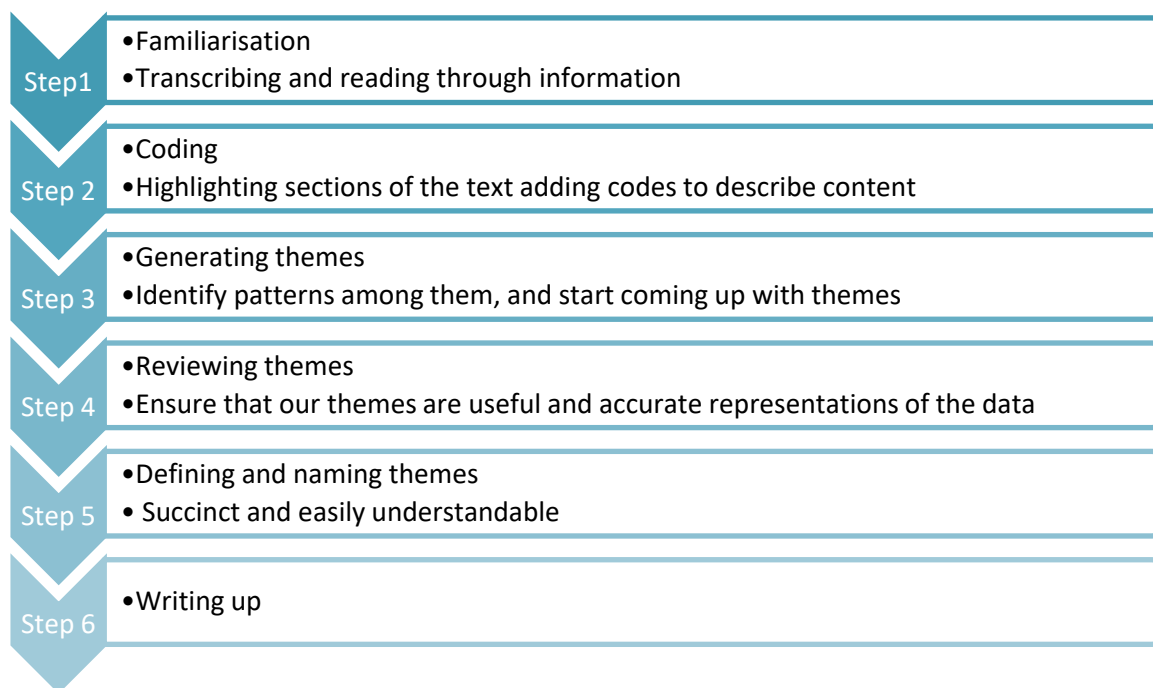


Figure 5: Six step research analysis model

Participants

Key stakeholders in the development of the project from Plymouth Marjon and Health education England were asked to be involved. Specifically, the sample comprised of several NHS staff, various Academic staff from Plymouth Marjon University and several students.

Ethics

Prior to qualitative and quantitative data collection, ethical approval was sought and granted by Plymouth Marjon University, ensuring the research adhered to established ethical standards (BERA, 2018; Health Research Authority 2023). Before participating, individuals were provided with information detailing the study's purpose, methods, and potential implications. Informed consent was obtained from participants before engagement in the research. Participation in both qualitative and quantitative aspects of the study was entirely voluntary, with students, employers, academics, and staff invited to contribute. To protect confidentiality, all data was anonymised and securely stored on OneDrive, ensuring compliance with ethical guidelines and data protection under GDPR 2016 and the Data Protection Act 2018.

Results & Discussion

Introduction

An initial analysis of Practice Assessor and ASPIRE Student Progress Records (EPAD records) was conducted using three key areas: knowledge development, skill development, and student attributes. The findings (Table 4) emphasise the significance of continuous learning, problem-solving, and specialised expertise in clinical settings, particularly in mental health, learning disabilities, autism, and trauma-informed care.

Table 4: Illustrated core themes from the initial analysis focusing on knowledge development, Skill Development and Student Attributes

Development area	Core Theme
Knowledge Development:	<ul style="list-style-type: none"> • Highlights the ongoing professional growth of ASPIRE students in specialised areas such as autism, psychiatric care, and behavioural support. • Students have developed problem-solving and the application of theoretical knowledge in clinical practice.
Skill Development	<ul style="list-style-type: none"> • Students developed clinical expertise, adaptability, independent learning, and reflective thinking. • There was as strong focus on communication and interpersonal skills as a critical strength. • Collaborative work and continuous skill enhancement in mental health and trauma-informed care was evident.
Student Attributes	<ul style="list-style-type: none"> • Professionalism, and person-centered care were strengths. • Stresses the importance of empathy, approachability, and a positive attitude in interactions with colleagues and service users. • Confidence-building and leadership development was evident. • The value of self-directed learning and its application in clinical practice.

- | | |
|--|--|
| | <ul style="list-style-type: none"> • Recurring appreciation for professional attitudes, willingness to learn, and ethical practice. |
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Following the initial analysis against these themes, the themes were reviewed to explore links to the themes that emerged from the review of literature.

Learning Disability and Specialist Nurses

The Learning Disability Specialism highlights the significance of understanding and addressing the bespoke needs of individuals with learning disabilities. Within this theme, three key subthemes were identified: person-centered care, barriers, and enabling. The subtheme of person-centered care emphasised the importance of delivering holistic care that respects the individual's needs and ensures accessibility. Barriers, particularly communication challenges, were identified as significant obstacles to effective care, with difficulties in accessing healthcare and engaging with treatment being key concerns. Lastly, the subtheme of enabling reflects the role of practitioners in supportive roles, which enable service users to live life's as fulfilling as possible

EPAD Record identified that Learning Disability and Specialist Nurses play a crucial role in delivering person-centered care, advocating for service users, and adapting their approaches to meet diverse needs. Students on the ASPIRE Programme have demonstrated strong commitment to these principles, emphasizing empathy, communication, and professional development. Their ability to engage with service users, tailor interventions to individual needs, and continuously refine their practice highlights their suitability for specialist nursing roles. Their passion for learning disabilities, autism, and mental health ensures they can make meaningful contributions to healthcare settings.

'X student has developed her skills and knowledge in many clinical areas. Of particular note is an empathetical approach which puts the individual at the centre of the care episodes she has developed and/ or contributed to.' (EPAD final record extract)

'Student Z has built on her innate caring and approachable nature to tailor this to a professional setting and has a very positive attitude and is always up for getting involved and being part of things happening in the service. She puts the needs of the service user above all else.' (EPAD final record extract)

'Student F makes detailed references to individual presentations and care requirements, reflecting a broad understanding.' (EPAD interim record extract)

Person-Centered Care

One of the core components identified by participants was the need to provide comprehensive, coordinated, and person-centered care to individuals with learning disabilities. Participants emphasised that the care provided should always consider the unique needs of the service user, ensuring support as individuals with a respectful right enforcing approach. The ASPIRE programme provided students with the ability to build confidence and competence in the delivery of such care. Student participants highlighted the importance of adapting communication methods, allowing for longer appointment times, and creating environments that facilitate empathy, patience, and understanding. There was a clear specification mentioned by stakeholders in the research to make healthcare more accessible and effective for people with learning disabilities, ensuring that reasonable adjustments are made to support service users in making informed decisions about individual care. The CQC's guideline (Health and Social Care Act, 2008) reinforces the importance of working in partnership with the service user and making necessary adjustments to deliver care that is inclusive and tailored to individual needs.

Barriers

Research participants discussed several significant barriers within the learning disability specialism, with communication challenges being a particularly prominent issue. "As future nurses, we are required to put reasonable adjustments into place to remove communication barriers" (Taken from the Forum Assessment). This links to Smith et al. (2020), stating approximately 60% of individuals with learning disabilities experience communication difficulties, which can impede individuals' ability to engage with healthcare professionals and work within treatment plans. These barriers can lead to delays in diagnosis and treatment, "treatment should be delivered without undue delay" (Taken from the Forum Assessment) and as noted in the CIPOLD report, which found that individuals with learning disabilities often experience premature death due to issues with diagnosis, treatment delays, and inadequate care provision (Heslop et al., 2013). Individuals with learning disabilities are more likely to live in poverty, which can further hinder their access to healthcare and contribute to health inequalities (New Policy Institute, 2016). Research participants also pointed out that the gap in implementing Evidence-Based Practice within this specialised nursing sector is a significant barrier, where Participant 3 highlights "...research that's evidence based and research that's... using the best quality resources ...to make a point. Which does enhance clinical practice". As Greenhalgh et al. (2018) highlighted, this gap can delay the application of new knowledge in practice, especially as research struggles to keep pace with the evolving needs of individuals with learning disabilities. Furthermore, marginalised, or

othered groups often face challenges in being adequately represented in research studies due to difficulties with informed consent or exclusion criteria (Pellicano et al., 2021). Geographical disparities in service provision—often referred to as the "postcode lottery" were also highlighted by participants as a challenge in equitable healthcare delivery.

Enablers

Research participants highlighted how LD/ MH Nurses are essential in enabling individuals to access and navigate healthcare settings effectively. This is achieved by providing bespoke communication strategies, as discussed throughout the Forum, reflective pieces and interviews. Ensuring that information is accessible and understandable, and advocating for reasonable adjustments to be made in care environments is required in patient centered care. LD/ MH Nurses are also key in developing a supportive and inclusive atmosphere where service users feel valued and heard. Through the ASPIRE programme, students gained the necessary skills to adopt person-centered approaches, enabling the building of strong relationships with service users, understanding unique needs, and advocating for changes that would improve healthcare experiences.

“We're advocating for our people's learning disabilities.” (Participant 2)

This enabling approach ensures that service users with learning disabilities are not only treated with dignity and respect but also empowered to make informed decisions about their care, ultimately leading to better health outcomes. The ASPIRE programme was seen as key in helping students acquire specialist knowledge and skills that are critical for supporting individuals with learning disabilities. By supporting students in gaining expertise in person-centered care, addressing barriers to healthcare access, and promoting inclusivity in healthcare settings, the programme equips future nurses with various tools needed to improve health outcomes for individuals with learning disabilities and enhance the quality of care provided.

Nursing Competencies

The provision of effective care to individuals with learning disabilities requires a multidimensional approach situated in competencies, such as effective communication, knowledge and training, and collaboration through multiagency working. Each thread is essential for nurses to deliver person-centered care and support individuals with LD in health and well-being. The Health and Care Act (2022) and the ASPIRE programme work towards ensuring trained professionals are adapt at working within these competencies and are fulfilling responsibilities to the service users. The subthemes which fall

under the nursing competencies are Communication, Multiagency working, Knowledge and training and Health Promotion.

Communication

Effective communication is essential for providing high-quality care to individuals with learning disabilities, providing connection between healthcare professionals and service users. Communication challenges can vary widely among individuals with LD/MH, and nurses must be prepared to use a range of strategies to ensure that service users are able to have their voices heard. Research participants discussed the various methods that can be employed to support their work with service users, such as visual aids, easy-read formats, gestures, or employing sign language, depending on the individual's needs. Furthermore, the research raised the need for longer appointment times to process information or may need information presented in a simpler, more accessible format, a thread that was clear in the forum assessments, where provision of "reasonable adjustments, such as additional time and support from carers during appointments" were specified as essential.

Nurses must also be aware of the importance of non-verbal communication, as many individuals with LD/MH may struggle to express themselves verbally. Being attuned to body language, facial expressions, and other non-verbal cues is crucial in understanding a patient's needs and ensuring they feel heard and understood. Moreover, communication is not just about conveying information but also about building trust and a therapeutic relationship, which is essential for person-centered care.

"Actually, the way I was working with the patients was the right thing that I was doing... I lacked confidence and having moved across to learning disability specialism, I didn't really know how was the best way to interact with them. But I had a lot of feedback from everybody out saying ... I'm really person centered". (Participant 4)

Nurses must also consider cultural and social factors that may affect communication, ensuring they are sensitive to these aspects when interacting with service users. By developing advanced communication skills, nurses can promote better patient outcomes, reduce the risk of misunderstandings, and enhance the overall quality of care provided to individuals with LD/MH. The ASPIRE programme supports this development in the students.

Multiagency Working

Multiagency working as a collaborative approach is key to providing holistic, person-centered care. Students in the ASPIRE programme emphasised the value of working together with professionals from different disciplines to address the complex needs of individuals with LD/ MH. This teamwork ensures

that all aspects of a patient's care are considered, from physical health to social support and mental well-being. Therefore, linking to The Nursing and Midwifery Council (NMC, 2015) code which specifies the importance of working in partnership with service users and other professionals to prioritise care. Examples were provided by stakeholders where Multiagency working has created positive outcomes for the service user. In this way, multiagency working not only improves the efficiency of care delivery but also enhances the quality of support provided to individuals with LD/ MH.

Knowledge and Training

LD/ MH Nurses must have an in-depth understanding of the health issues commonly associated with learning disabilities, such as epilepsy, respiratory diseases, and cardiovascular conditions, as well as the potential challenges in diagnosing and managing these conditions in service users with LD/ MH. Inadequate knowledge can lead to misunderstandings, delayed diagnoses, and ineffective treatments, which can adversely impact the health and well-being of individuals with LD/ MH. The research identified the use of the simulation suite as a crucial factor in the ASPIRE programme where student nurses could really focus on practical skills before being in the workplace. One requirement was that more nursing skills to be embedded in the programme, where this would assist the students to explain procedures to service users. This links closely to The Health and Care Act (2022) and other national frameworks which require healthcare professionals to undergo training that equips them with the necessary knowledge to support individuals with learning disabilities effectively. The ASPIRE programme provides comprehensive training to nursing students, covering a wide range of competencies, from compassion and resilience to conflict management. By emphasising evidence-based practice and ensuring that students are assessed in both theory and practice, the programme helps develop a clear understanding of how to address the specific needs of individuals with LD. Practitioners are encouraged to stay informed about the latest research and advancements in LD care to ensure that they are using the most effective interventions. Again, this is developed in the ASPIRE programme through competent staff who are at the front of research and practice innovations. The staffing of the programme was observed as a strength by the student participants.

The ASPIRE programme's structured training modules allow for students to engage in hands-on practice and receive continuous feedback. This includes assessments in both practice and theory, ensuring that students are not only knowledgeable but also capable of applying their knowledge in real-world settings. *"I think thanks to being able to embed the knowledge into placements within each module I've learnt a lot"*, (Participant 2). The training also encourages self-reflection, enabling students

to examine their own biases and assumptions, which is critical in developing a compassionate, non-judgmental approach to care, an aspect that is mentioned throughout all areas of the data collection.

EPAD records highlighted that ASPIRE students develop strong nursing competencies which is essential for delivering safe, effective, and compassionate care. Students on the ASPIRE programme have demonstrated proficiency in medication administration, risk assessment, care planning, and adherence to professional standards. Their ability to integrate theoretical knowledge with practical application has strengthened their critical thinking and decision-making skills. They have also shown professionalism, integrity, and teamwork, contributing effectively to multidisciplinary teams. Through self-directed learning and reflective practice, they have enhanced their clinical skills, ensuring they provide high-quality, evidence-based care.

'Student V has expanded upon his knowledge of both complex LD and MH conditions and able to give good understanding and knowledge of these conditions. The understandings of Positive Behavioural Support (PBS) and trauma-informed care has been significantly developed.' (EPAD interim record extract)

'Student P displays an excellent breadth of knowledge in psychiatric disorders, treatments, risk assessments, and care planning.' (EPAD OAR record extract)

'Her understanding of specific psychiatric disorders, treatments available for these disorders and the risk assessments and care planning associated with the management of patients with different disorders, has been excellent. She has shown willingness to learn from others and also study independently to increase her knowledge base.' (EPAD interim record extract)

Health Promotion

The ASPIRE programme integrates health promotion into the rollout of training by equipping future nurses with the necessary skills to support individuals with learning disabilities in making informed health decisions. The programme emphasises preventative care, showcasing how students can identify early warning signs of illness, promote healthier behaviours, and deliver health education that is accessible and engaging for service users. Within the forum, students aligned to theory such as Bronfenbrenner as situating and positioning individuals within social and cultural aspects. A key focus of the programme is ensuring that students understand the social determinants of health and how these impact individuals with learning disabilities. For example, lifestyle factors such as diet, physical activity, and access to healthcare services are often shaped by environmental and social barriers. Through development of a proactive approach to health, the programme prepares nurses to not only

support individuals with existing conditions but also to prevent future health complications, improving quality of life and reducing health inequalities in the long term. As mentioned by Participant 2 *“Everybody is being prescribed this medication, but I know that if you have this medication, you're at more risk of this, this and this.”*

Recruitment and Retention

The section on recruitment and retention explores key themes highlighted in the literature review and in the data collection analysis. Within the healthcare workforce, there are key aspects that specify a focus on responsibility, identity, and the opportunities provided by programmes like ASPIRE. These subthemes are critical to understanding how initiatives like ASPIRE can scaffold positive change in the workforce, not only by attracting new talent but also by retaining and developing Learning Disability, (LD) and Mental Health (MH) Nurses within the healthcare sector.

Recruiting to ASPIRE

The ASPIRE programme is a shorter, more accessible programme shown to successfully attract individuals into nursing and specified specialist fields. Stakeholders have shared thoughts around onboarding and as such have discussed the individualistic options for coming into the scheme, *“... The thing that really appealed was obviously the fact that if you already had a degree, you could go on to it”* (Student Participant 4), showcasing an option that then delivers in acknowledgement of previous training. Furthermore, an alignment with a more mature student's focus has been alluded to where support for return to study is relatable to the course being funded, *“Being a mature student with responsibilities I couldn't afford to go back to uni ... so this was a way of learning and earning and fulfilling a final dream 30 years on”* (Student Participant 2). However, concerns have been raised not only with regard to recruitment to the programme but regarding recruitment to the sector with a genuine thread that within general contexts, such as social, cultural and political arenas, there is a lack of awareness of the role of LD/MH Nurses or that this is and can be a career pathway. *“It's just been a way of being like explaining what a learning ability nurse is as well because a lot of people...I don't think a lot of people know about it”* (Student Participant 1). The situation calls for marketing and publicising in order to raise awareness and acknowledgment of the pathway into this career and highlight the longevity of such a career.

Retaining the workforce

The ASPIRE programme is designed with the intent of developing both confidence and competence, the programme ensures that students feel prepared and supported as they enter the workforce.

Student participants have highlighted the threads within the programme that are supportive in this area, these being but not limited to, subject knowledge, a strong theory base and research abilities. Alongside these aspects there is a strong awareness of skills and attributes that are required to be effective in role in practice which link not only to retention but also to the subthemes of identity and responsibility, these being effective communication, time management and the confidence to speak up in team meetings. According to one NHS stakeholder participant, the ASPIRE programme has made a significant impact on the workforce from a regional perspective, as the above-mentioned threads are observed in the students in placements, because of this, there is a desire to see this model adapted and implemented on a national scale so that other regions can benefit from its success.

A positive attitude, commitment to professional growth, and strong communication skills are key to retaining and developing skilled nurses. EPAD records identified that students have exemplified these qualities, demonstrating a strong work ethic and enthusiasm for learning. Their ability to integrate into teams, contribute meaningfully to service delivery, and continuously seek improvement makes them valuable assets to healthcare settings. As they gain confidence and refine their leadership skills, their potential for long-term success in specialist nursing roles increases, contributing to a strong and sustainable workforce.

'Student W is an excellent student, his passion and knowledge shine through. The LD Health team are fortunate to have him. He will go far in his career.' (EPAD final record extract)

'Student X has developed effectively team working skills and is well accepted by the clinical team to give feedback observations and suggestion for care.' (EPAD OAR record extract)

'Student L is an excellent student, he has sound knowledge of LD and Autism. They have continued to develop their skills and awareness. Student L has attended other services in order to continue expanding his awareness/knowledge. They are going to go far in his nursing career.' (EPAD final record extract)

Identity

The collated research emphasises the importance of making reasonable adjustments to remove communication barriers and ensure that care is delivered effectively to all service users. According to the participants, this approach is essential to providing inclusive care, ensuring that as individual nurses they are able to meet the specific needs of each service user, to advocate for individuals with whom they work. These aspects are situated in individuals' identity, and this came across strongly in the data. The decision to pursue nursing was often driven by an internal desire to make a meaningful difference

in the lives of others. One participant reflected on their journey, describing how they were torn between a career in social care or healthcare, ultimately choosing the latter due to the possibility of being able to influence as many lives as possible. This commitment to improving patient care was a common theme among participants, with many expressing a strong sense of purpose and dedication to the nursing profession. Therefore, linking to identity, and to recruitment and retention, as a significant factor in the data analysis of the ASPIRE project. For the participants, their sense of identity as nurses was central to their career choices and long-term commitment to the profession. The participants expressed how they viewed themselves as LD/ MH Nurses and the values they held were crucial to their decisions to proceed in the workforce. These values, which include the aspects of providing compassionate, patient-centered care and making a positive impact on the lives of those they support, directly influence retention rates. In the literature, (McClimens, & Burns. 2016) a strong alignment between personal values and professional identity was seen as crucial for maintaining job satisfaction, resilience, and longevity in the workforce.

Responsibility

Within the context of the ASPIRE course, and particularly for Newly Registered Nurses the theme of responsibility emerged as a central topic of discussion. There is a clear call for the roles and responsibilities of each professional within the healthcare setting to be set, but also to be fluid in collaboration for supporting individual service users. Participants in the ASPIRE programme emphasised the importance of avoiding duplication of efforts and ensuring accountability across the team, with themselves as practitioners included within this. One of the core principles highlighted was that nurses must make the care of service users their primary concern, treating them as individuals and respecting dignity. Stakeholders in the study expressed that the responsibility nurses hold is high, largely because the individual service users supported are often considered vulnerable by society, culture, and policy. The responsibility described by participants extends beyond following procedures or relying on the information presented in patient records. Instead, there is an extension taken on by the students in ensuring there is always clear recognition of the patient as an individual, advocating for their needs, and acting in a way that is ethically and professionally correct. Participants noted that nurses must not merely accept what is documented in paperwork or what information is fed forward by others; rather, practitioners should take the initiative to move forward, exploring and researching how the information presented to them may be incomplete or inaccurate, as Participant 4 discussed, *“I did some digging... autism, there was never actually any official report to say that there'd been an assessment for the autism”*. Thus, providing a clear example of how confidence developed for the

students to investigate and explore. This approach involves questioning assumptions, identifying potential discrepancies, and working to correct any misinformation that could affect patient care.

Self-Efficacy and Well-being

Within this section there is exploration of three sub themes, policy, reflection, and resilience, each identified in the literature and the data collection. These aspects highlight the influence on service provision and professional development of practitioners. The ASPIRE programme has supported the development and knowledge building of these key threads in the students who participated in the programme and the study. Through the structured learning experiences, ASPIRE equips future healthcare professionals with skills needed to navigate policy complexities, engage in meaningful reflection, and build resilience, each which enhances the quality of care provided to individuals with learning disabilities.

Policy

Policies play a crucial role in shaping the care and support available to individuals with learning disabilities. Participants in the study highlighted the importance of strong social support systems, such as access to healthcare and family services, in mitigating risk factors associated with learning disabilities. For example, research has shown that the implementation of Child Tax Credit in the United States has contributed to reducing child poverty, leading to improved cognitive outcomes (Shaefer et al., 2020). Similarly, policies within the UK, such as the Equality Act (2010), mandate that healthcare professionals make reasonable adjustments to ensure that individuals with learning disabilities receive equitable access to services. The ASPIRE integrates in the teaching of all modules the links to policy and how at each moment of the day in practice, LD/ MH Nurses are following policy and procedures. The Mental Health Act (1983) and the Care Act (2014) place strong emphasis on ensuring individuals with learning disabilities receive appropriate mental health services and social care support that promote their well-being and independence (UK Government, 2014). Furthermore, the Mental Capacity Act (2005) establishes a legal framework to protect individuals' rights, ensuring they are supported in making informed decisions (Department of Health, 2005). The Health and Social Care Act (2008) reinforces the principle of personalised care, requiring service providers to deliver tailored, person-centred support based on individual needs and preferences (Care Quality Commission, 2024). These link directly to the research participants' discussion of the role of policy in workforce development, and Nursing and Midwifery Council standards.

Reflection

Reflection is a significant theme in the data, with participants emphasising the importance of personal and professional growth. Self-reflection supports healthcare professionals to identify biases, recognise areas for improvement, and enhance practice in supporting individuals with learning disabilities. Participants noted that engaging in regular reflection allowed development of deeper understanding of ethical responsibilities associated with learning disability nursing, including the complexities of autonomy, consent, and advocacy. As Participant 1 states, *“I think reflection has been a big thing... that's been pushed and like that's really helped and will go on to help”*. The ASPIRE programme places a clear emphasis on reflective practice, incorporating the models and practice into both theoretical learning and practical assessments. This approach ensures students not only develop technical competencies but also develop the ability to critically evaluate their experiences and interactions with service users and colleagues.

Resilience

Resilience was another key theme identified in the study, with participants discussing the importance of both personal and professional resilience in learning disability nursing. The demanding nature of the role requires healthcare professionals to be aware of emotional challenges, workload pressures, and ethical dilemmas while maintaining a high standard of care. Research participants expressed confidence in seeking support when needed, highlighting the availability of academic and professional networks that contribute to resilience. Many acknowledged that knowing of accessible channels for guidance and mentorship provided reassurance. This sense of security is critical in developing a resilient workforce capable of handling the complexities of learning disability nursing and as Participant 4 stated, *“uni provided, and they were amazing”* showcasing Marjon excels in this area. This links into the ASPIRE programme which plays a significant role in developing resilience among trainees by incorporating modules that focus on stress management, conflict resolution, and ethical decision-making. Exposure to diverse perspectives from lecturers with different professional backgrounds further enhances students' ability to adapt and respond to challenges, as discussed by across the data collected. Additionally, an emphasis on autonomy and proactive skill development within the programme equips future nurses with the confidence to take initiative in their practice, seek advice when necessary, and advocate effectively for their service users.

Building self-efficacy and maintaining well-being are essential for professional resilience and growth. According to the EPAD records students have shown dedication to developing confidence, leadership, and assertiveness, recognizing the importance of continuous learning. ASPIRE students have actively sought opportunities to expand their knowledge, refine their clinical skills, and balance professionalism

with approachability. Their proactive attitudes and willingness to seek support demonstrate a strong foundation for long-term career success. By fostering self-awareness and resilience, they can enhance both their professional effectiveness and personal well-being.

'Student V has used a lot of self-directed learning and research that he has brought to meetings for discussion.' (EPAD final record extract)

'Student Y has shown self-awareness of limitations and willingness to seek support when needed. They have demonstrated resourcefulness and reflective practice, learning from successes and setbacks.' (EPAD interim record extract)

'Student Q and I have discussed these areas throughout her placement in an ongoing and evolving process of reflection. I feel she has developed good critical insight into the many clinical environments and situations she has been involved with. This in a contributory way that has had benefits beyond her own learning needs.' (EPAD interview 3 record extract)

Conclusions

The programme's success is largely attributed to Plymouth Marjon University's ability to remain flexible and innovative, crafting a creative curriculum that meets the evolving needs of the healthcare sector. This level of adaptability is considered one of the key elements that sets ASPIRE apart as an impactful educational offering.

The shortage of qualified staff, particularly registered nurses, contributes to the imbalance between healthcare needs and service availability, impacting both patient care and staff retention. The rise of support workers, while providing extra hands, increases the pressure and responsibility on Newly Registered Nurses, leading to inefficiencies, compromised care, and a lack of teamwork (Buchan et al., 2020; Amara, 2024). This increase in support workers, combined with staffing shortages and an aging workforce, places significant pressure on LD/ MH Nurses, affecting workload, professional identity, and retention. These factors not only undermine patient care but also strain team dynamics, which further exacerbates challenges in delivering effective healthcare. Through addressing these issues within the context of recruitment and retention strategies, such as those offered by the ASPIRE programme, healthcare organisations can better understand how to alleviate these pressures and promote a more sustainable and supportive workforce.

For students on the ASPIRE programme, barriers also included the level of commitment required for the full-time course. Many participants were mature students with families and other responsibilities,

which made balancing their studies, work, and personal lives particularly challenging. The need to meet the NMC standards within tight timelines added to the pressure, as placements needed to be identified, and students rotated through various clinical settings to ensure they received excellent learning experiences. Despite the barriers identified, the ASPIRE programme was seen as an enabling force for both students and the field of learning disability nursing. Participants emphasised that the programme helped them gain specialised knowledge and start their careers as confident and competent registered nurses. For many students, completing the ASPIRE programme allowed them to transition from different disciplines into nursing, while also offering the flexibility to step off the programme with a Postgraduate Certificate if they did not wish to continue to the master's level.

The course also provided students with the opportunity to gain hands-on experience in both learning disability and mental health settings, offering a unique trail approach to future careers. This was seen as an invaluable asset for students, enabling them to explore different areas of practice and refine professional identities before committing to a particular path. Students were able to learn specific interventions that would help reduce barriers faced by individuals with learning disabilities, such as better communication strategies and adapting healthcare environments to meet the needs of the LD population.

Furthermore, participants discussed the importance of holistic and inclusive approaches in nursing practice. Health professionals must not only be aware of the clinical needs of individuals with learning disabilities but also consider the social determinants of health, such as socioeconomic status, education, and employment, which significantly impact health outcomes (WHO, 2019). These factors are particularly relevant for individuals with learning disabilities, who are more likely to experience chronic loneliness, stress, and other health issues, such as cardiovascular disease, due to the combined effects of lower socioeconomic status and limited access to healthcare (Adler & Ostrove, 1999; Gilmore & Cuskelly, 2014). The competencies of communication, multiagency working, knowledge, training, and health promotion are relevant to the provision of high-quality, person-centered care for individuals with learning disabilities. These competencies ensure that nurses are equipped with the necessary skills and knowledge to deliver holistic, coordinated care, address the specific needs of this population, and advocate for better health outcomes. By developing collaboration, continuously enhancing training, and prioritising effective communication, LD/ MH Nurses can make a clear impact on the lives of individuals with learning disabilities, ensuring that care is received in a timely and respectful way. The integration of these competencies into nursing practice is essential for improving

the quality of care and addressing the health disparities that exist within the learning disability community.

Recommendations

Based on the findings of the study exploring the impact of the developing of the PGCert ASPIRE programme in the South West, the following recommendations are suggested under 7 themes (Figure 6).



Figure 6: The seven recommendation themes

The ASPIRE programme represents a transformative approach to preparing a compassionate, skilled, and resilient workforce to meet the complex needs of individuals with learning disabilities and mental health challenges. Scaling and embedding these recommendations nationally would not only enhance recruitment and retention but also improve outcomes for service users across the healthcare system.

1. Recruitment & Access Pathways

Findings Support:

- The ASPIRE programme is shorter and accessible, attracting individuals with prior degrees or life experience.
- It offers practical solutions for mature students, such as earning while learning.
- ASPIRE equips future nurses with essential knowledge and skills in person-centred care, barrier reduction, and enabling approaches.
- Stakeholders value the programme's impact and want to see broader implementation.

Recommendations

- Expand flexible, accelerated routes into nursing (e.g., top up degrees, mature learner pathways, apprenticeships), continuing to target mature learners by highlighting the financial accessibility and compatibility with adult responsibilities.
- Secure long-term funding and national rollout of the ASPIRE programme and other employment routes into the profession to ensure consistent training of LDRNs and MHRNs, using ASPIRE as a benchmark for similar programmes aiming to build specialism capacity within the workforce.
- Develop tailored marketing materials, recruitment campaigns and digital engagement that spotlight real participant stories to attract similar demographics, to reach underrepresented groups increasing its visibility across diverse social and cultural groups to raise awareness of LDRN and MHRN as distinct and fulfilling careers.
- Work with existing LDRN and MHRN to raise awareness of pre-registration and apprentice routes into the profession alongside the traditional undergraduate route.

2. Education & Workforce Development

Findings Support:

- ASPIRE builds confidence and competence, positively impacting readiness and performance in practice.
- Skills such as communication, time management, and professional voice were key to student success and retention.

Recommendations:

- Scale the ASPIRE programme nationally as a standard for LDRN and MHRN nursing training across regions.
- Strengthen simulation and practical skills training to prepare students and strengthen clinical skills pre-placement.

- Align curricula with national policy (e.g., Health and Care Act 2022), incorporate comprehensive training in condition-specific knowledge and ensure staff are engaged in current research.
- Support continual learning by connecting students to evidence-based research and encouraging regular updates in practice knowledge, embed ongoing evidence-based training to bridge research-practice gaps.

3. Foster Professional Identity in Student and New Nurses

Findings Support:

- ASPIRE's design develops autonomy, initiative, and a well-supported transition into practice.
- Participants linked strong personal values and identity with their choice to remain in the profession.
- A sense of purpose and commitment to patient-centered care drives long-term retention.
- Combining technical, emotional, ethical, and reflective training prepares students for complex realities of LDRN and MHRN roles.

Recommendations:

- Strengthen identity formation within the curriculum, using reflective practices and value-based learning.
- Create peer and alumni networks to nurture identity and foster a sense of belonging to the LDRN and MHRN community.
- Promote narratives of impact and success to reinforce personal alignment with professional roles.

4. Reflective & Ethical Practice

Findings Support:

- Participants stressed responsibility as being more than procedural; it includes ethical advocacy and proactive care.
- There's a need to empower nurses to question, research, and verify care decisions independently.

Recommendations:

- Integrate real-world case studies and ethical scenarios into training to build clinical reasoning and moral resilience, enhancing ethical understanding through case-based learning
- Promote a culture of inquiry and reflection, encouraging students to challenge assumptions and advocate for vulnerable patients, making structured reflective practice a core training component.

- Reinforce accountability frameworks while also encouraging interprofessional collaboration and role clarity.
- Create reflective spaces (e.g., peer sessions, digital journals) to encourage critical thinking and the use of reflection models across theory and placement.

5. Multiagency & Collaborative Care

Findings Support:

- Collaborative working improves holistic care delivery for individuals with complex needs.
- ASPIRE prepares students for team-based care, in line with NMC standards.

Recommendations:

- Integrate interprofessional learning into training pathways to foster collaboration between disciplines.
- Establish structured care pathways and joint care planning processes, promoting shared decision-making, involving service users and their families wherever possible.
- Promote whole-person care through multidisciplinary collaboration, developing clear multiagency pathways that outline responsibilities, reduce duplication, and enhance care coordination.

6. Resilience & Wellbeing

Findings Support:

- The ASPIRE programme supports students through exposure to stress management, peer networks, and mentorship.
- Resilience is crucial for retention and professional sustainability in LD and MH nursing.

Recommendations:

- Embed resilience education into training: emotional literacy, conflict management, self-care, ethical dilemma navigation.
- Provide access to formal mentorship, wellbeing support and skills reinforcement beyond the programme duration, especially in early career stages, extending the support given through preceptorship.
- Develop supervisor training in coaching and mentoring to better prepare mentors and supervisors for their role in training.
- Build a culture of help-seeking and peer support in clinical environments, creating a psychologically safe environment that promotes long-term wellbeing.

- Equip students with proactive self-care and coping strategies to sustain high-quality practice under pressure.

7. Health Promotion & Advocacy

Findings Support:

- Students gained insight into how policy underpins everyday care and impacts service delivery.
- Awareness of legal frameworks like the Equality Act (2010), Health and Care Act (2022), and Mental Capacity Act (2005) strengthens advocacy and practice quality.

Recommendations:

- Train nurses in delivering tailored, preventative health education to individuals with LD and MH needs.
- Address health inequalities by equipping nurses to respond to social determinants and advocate for changes in access, lifestyle, and community support.
- Create accessible, engaging health promotion resources to support patient understanding and empowerment.

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Appendix - Case Studies