

Review Article

Professional Development and Workforce Issues of Activity Providers in UK Care Homes: A Scoping Review

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Received 18 November 2024; Revised 4 July 2025; Accepted 9 July 2025

Academic Editor: Qing-Wei Chen

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Background and Aims: This scoping review explored the role of activity providers (APs), also known as activity coordinators, in care homes for older people, and focuses on workforce issues, resources and professional development of APs in the UK. An AP is a staff member of a care home who is typically responsible for implementing activities that meet the needs of residents. Engagement in meaningful activities in care homes for older adults plays an important role in promoting older adults' physical and mental well-being; however, despite this, evidence about AP roles is limited, and it is not known if the challenges faced in the social care workforce more generally are also a feature of activity provision roles.

Methods: The review used established scoping review methods to map concepts around AP roles, identify resources that are or are not available for activity provision in care homes and identify challenges relevant to AP roles in care homes.

Results: We identified 699 records across 11 databases, including grey literature. Sixty-eight publications were selected for screening, and 28 publications were included in the final data extraction. Thirteen publications were academic journal articles. Data extraction showed variation in the terms that are used to describe APs, with 'activity coordinator' being the most common. Resource issues were identified in funding, time and training for APs. The review identified recruitment and retention challenges specific to APs, such as inadequate support from frontline care staff and care home management. Most publications highlighted learning and development initiatives, which often included training in meaningful activities, dementia care and communication. These programmes produced positive outcomes: increased confidence and skills development for APs, and better community engagement.

Conclusion: The review underlines the importance of addressing workforce challenges, improving resource development and recognising the value of APs in care homes. It addresses a clear gap in the academic and grey literature by focussing specifically on APs in older people's care homes in the UK. The review highlights the diverse terminology used to describe the staff who provide activities in care homes and points to resource limitations and limited training and development for APs. The involvement of non-AP staff in activity provision suggests collaboration with other care home staff members but also reveals a lack of protected time and staffing for dedicated activity provision roles. Improving support and role clarity for APs and recognising the value of APs in care environments may help support staff recruitment and retention.

Keywords: activity provider; activity provision; care homes; older people; scoping review; social care workforce

1. Introduction

Care homes for older adults (over 65 years of age) in the UK provide long-term care, with support for personal care and activities of daily living. Some care homes also employ qualified nursing staff and provide nursing care. Older people living in care homes typically have needs resulting from multimorbidity, long-term conditions and cognitive impairment [1]. There is increasing understanding that purposeful and meaningful activity plays a key part in the physical and mental health and well-being of older adults in care homes [2–4].

1.1. The Significance of Activity Provision in Care Homes. Activities provide opportunities for social connection, supporting self-identity and maintaining cognitive and physical function [5], and can form an important part of the social environment within which people can exercise choice and autonomy [6]. A systematic review of international studies highlighted the prevalence of social isolation amongst older adults living in long-term care homes [7] and a link between lower social connectedness and earlier mortality [7] even though many studies in the review excluded residents with cognitive impairment who may be at greater risk of lacking social connectedness and the related impacts [7, 8]. The promotion of person-centred dementia care is advocated in policy [9], with research suggesting that personal care can serve as a context for meaningful social connection for people living with advanced dementia [10]. Several studies indicate that meaningful activities in care homes are important for residents [11–13], and that the activities should be embedded as an essential part of the person-centred care model [14, 15]. UK care homes have a duty to follow national quality and safety standards, including person-centred care practices [16], which means that residents' preferences must be respected, and their care should be tailored to their individual needs [14].

As understanding of the relationship between meaningful activity and health has evolved [17], many care providers have created roles such as health and well-being lead [18]. These roles are responsible for tracking the individual residents' lived experiences in the care home. Care homes have taken a range of approaches [19] to supporting engagement in activities, including employing designated staff to facilitate activities or detailing this as a core part of the role of staff in care roles. An activity provider (AP) (also known as an activity coordinator) is a staff member of a care home, typically responsible for planning, developing and implementing a plan of person-centred meaningful activities for residents. There is little research about the different approaches taken but some indication that there can be a tension between providing care and facilitating activities [20].

1.2. APs Within the Broader UK Adult Social Care Context. In the broader context of adult social care services, APs mainly contribute to residential care services and day care services. According to Adult Social Care Workforce Dataset

2022–3, only three percent of adult social care employees said they received activity provision/well-being training [21]. Analysis of the Skills for Care Adult Social Care Workforce Dataset (ASC-WDS) [22] revealed approximately 15,500 activity worker roles in England in 2022/23, accounting for 1.1% of all adult social care roles in England. Most AP roles are in independent care organisations, with only 400 out of 15,500 being held in local authorities. The ASC-WDS data also show that 92% of APs are employed on permanent contracts; 44% are employed full-time and 56% part-time, while eight percent are employed on zero-hour contracts.

Workforce challenges in adult social care, including high turnover rates and difficulty recruiting, are well-documented [21, 23]. In terms of recruitment and retention of AP roles, there was an estimated 4% vacancy rate in AP roles in the adult social care sector in England in 2022/23, as compared to vacancy rates of 5.3% for adult social care manager roles and 11.1% for direct care roles [22]. The 2022/23 Skills for Care data also show that APs are likely to have worked in the care sector for longer (47% having started in the sector prior to 2015) than those in direct care roles (34% started prior to 2015), but not as long as their managers (68% started prior to 2015); AP pay level (£27,900 (local authority); £21,500 (independent)) is on average higher than those in direct care roles (£23,400 (local authority); £20,100 (independent)) and is lower than managers (£42,600 (local authority); £30,300 (independent)); APs are far less likely (36%) than managers (74%) and slightly less than direct carers (48%) to have social care specific qualifications, such as the National Vocational Qualification (NVQ) Level 2 in health and social care [22].

Despite the significance of AP roles, there is limited evidence on professional development and workforce issues for APs in older people's care homes in the UK. This scoping review aims to address this gap, focussing on the resources, challenges and enablers related to activity provision, as well as recruitment and retention issues, within this workforce. Strengthening the social care workforce is seen as a key priority [24], and furthering the understanding of care home AP roles and development was a key rationale behind this scoping review. The importance of engaging residents in 'meaningful activities' and improving social connections [25] will continue to be vital in terms of resident well-being. Supporting and developing the roles of APs has unexplored potential [26]. Other than the Skills for Care [22] data on comparative vacancy rates for AP roles, there is very limited evidence about professional development and workforce challenges specific to APs.

2. Methods

To design our data extraction and data analysis processes in this scoping review, we used methodological guidance from Peters et al. [27] which outlines methodology for conducting scoping reviews aligned with the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR). Scoping review was the preferred type of review in this research; this is because compared to systematic reviews, they are more appropriate in assessing the extent of the knowledge in an emerging area

of work and/or identifying, reporting and discussing the concepts in that area [27]. Scoping reviews offer exploratory characteristics, which align with the aims and research questions of this study.

Before initiating the search activities, we defined the review's objectives, key questions, inclusion and exclusion criteria and the process of data extraction. Critical appraisal was not carried out in this review, as it is generally not recommended for scoping reviews because a scoping review aims to map the available evidence in a specific field rather than deliver a synthesised and clinically relevant response to a question, as it is the case with systematic reviews [27].

2.1. Review Questions and Objectives. The objectives of this scoping review were:

- To map *concepts* that relate to the role of APs in care homes for older people in the UK;
- To identify *resources* that are or are not available for activity provision in care homes in the UK;
- To identify *challenges* relevant to the AP roles in care homes in the UK.

We use the term AP to refer to the activity provision role as advocated by the National Activity Providers Association (NAPA). NAPA is the UK's leading activity and engagement charity and membership organisation that supports care services to prioritise well-being and promote engagement through activities.

The seven questions that guided our research were divided into four themes as shown in Table 1.

2.2. Search Strategy. To address the review questions, we developed a targeted search strategy focussed on activity provision in care homes for older people in the UK. We identified key search terms and grouped them into two clusters to capture publications from academic and grey literature relevant to the topic. The combination of the keywords (search strings) and the cluster names can be found in Appendix 1. We included all terms known to the review team, who have professional and practice knowledge from a diverse set of fields (activity provision, care home management, care home quality, social work, social care workforce development and health services research), which are used to refer to staff who organise activity provision.

We searched the keywords on a range of academic and grey literature databases and websites (Appendix 2). We assigned the databases to five researchers (GA, AK, ATK, MDM and GG) from the study team to conduct the searches.

2.3. Identification Phase and Eligibility Criteria. Three key inclusion criteria were used as the basis in identification phase:

- Contains two keywords in the abstract (or in full text if there is no abstract): one keyword from the AP cluster and one from the care home cluster (Appendix 1)
- Published after 1 January 2013 (for most up-to-date evidence from the past decade)

- Published in English

Due to the lack of advanced search tools on some databases that contained grey literature, the researchers carried out manual searches by looking up the keywords separately. Harzing's Publish or Perish software tool [28] was used to retrieve academic citations from Google Scholar, PubMed, and Scopus databases. The records from the remaining databases were identified by the study team, with no automation. All hits identified were saved on the Zotero web library of the review, using a separate folder for results from each database. This step was completed by November 2023.

After the web library was populated, some records were excluded before the screening stage due to the high number of distinctly unrelated matches in the Google Scholar database. Out of 924 hits returned within Google Scholar via Publish or Perish, 289 records were removed from the sample based on publication titles by a researcher (GA). Three exclusion criteria were used to exclude these publications, which can be found in Figure 1. After cleaning, 635 records remained in the Google Scholar sample. Appendix 3 shows the breakdown of all records ($n = 699$) across 11 databases from the identification phase.

2.4. Screening Phase. In the screening phase of the review, we applied the below inclusion and exclusion criteria to full text publications (Table 2) to ensure that we captured all UK publications focussed on older people's care homes that included discussion of employment, recruitment and other related areas of activity provision.

Screening took place in two rounds. In the first round, the records were divided into three categories by researchers (GA, ATK and GG) while evaluating against the inclusion/exclusion criteria: *yes*, *maybe* and *no*. Each record was screened once by one reviewer. There were 83 'plausible' (marked with *maybe* and *yes*) records at the end of round 1 screening. The duplicates were removed during the screening phase (not during the identification phase); this is because we did not have an automated process in place. After round 1 screening, we removed 15 duplicates (14 of which were identified within the Google Scholar hits) from the sample. This left a total of 68 full-text publications (*yes* $n = 4$, *maybe* $n = 64$).

We integrated dual screening via a second round of screening. Two researchers of the study team (AK and EM), who are experienced reviewers, assessed the plausible records against inclusion/exclusion criteria and their perceived potential to provide satisfactory answers to some or most of research questions. At the end of round 2 screening, 28 publications were selected for final data extraction/data charting, which constitutes 41% of the round 1 screening sample.

2.5. Synthesis. For evidence synthesis, we derived data categories from key research questions (see Review Questions and Objectives) to guide as a framework, similar to 'best-fit' framework synthesis [29]. We created a data-charting form based on the categories shown in Table 3.

TABLE 1: Research themes and questions.

1. Employment	2. Resource and time	3. Recruitment and retention	4. Learning and development
A. What are the different terms/titles used for staff who are responsible for activity provision?	A. What resources, time and funding are available for activity provision in care homes for older people?	A. What are the recruitment and retention challenges for activity providers in care homes for older people?	A. What learning and professional development is available for those who are responsible for activity provision/in activity provider roles in care homes for older people?
B. What percentage of roles in care homes for older people are roles specifically for activity provision?	B. What resources, time and funding are not available for activity provision in care homes for older people?		
C. What is the evidence for activity provision/coordination being included as a responsibility in other roles (general care roles, manager roles, etc.)?			

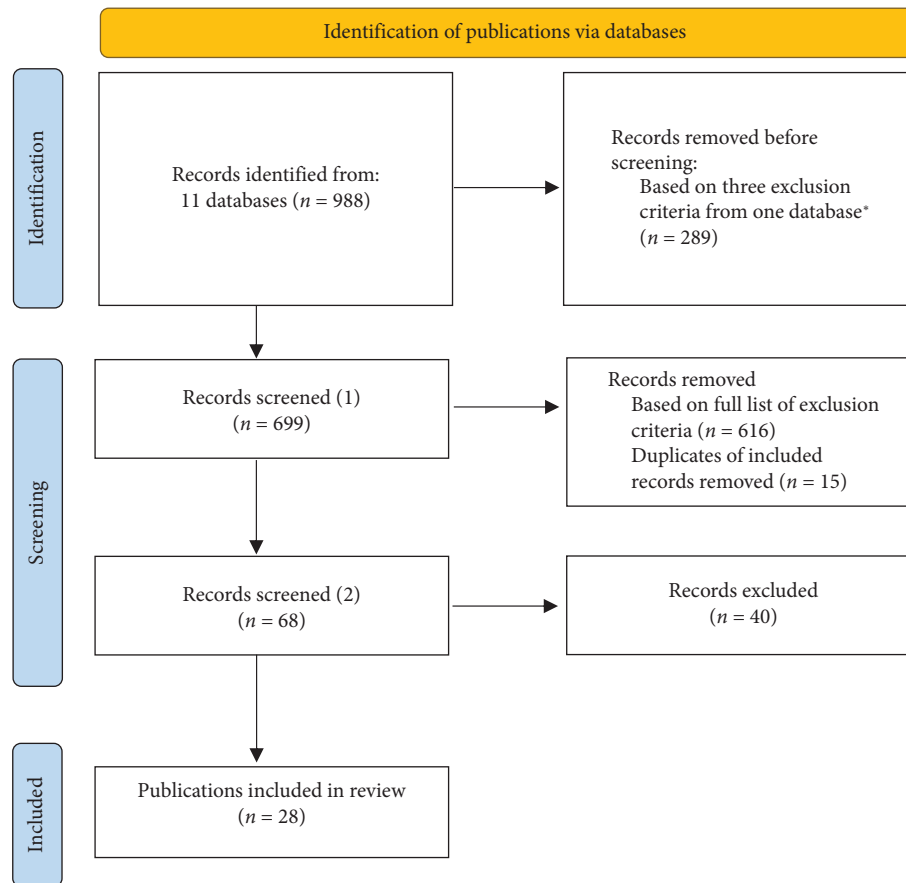


FIGURE 1: PRISMA flow diagram. *These three exclusion criteria are as follows: the title is in a language other than English, the title indicates study is about non-UK contexts (e.g., contained terms such as USA, American, Norwegian and city names outside the UK) and the title indicates that the reference is a governmental inspection report of a specific care home. These records were removed from the Google Scholar sample.

To keep careful records of the publications, we also extracted these types of information in the data-charting form: reference number of the source, the author(s), publication year, access URL to the source, the database(s) that the source was identified in, publication type (academic article, evaluation report, etc.) and the unique Zotero web library identifier of the source. All these characteristics and data extraction categories were tabulated using Microsoft Excel.

We followed methodological guidance from the Cochrane Rapid Reviews Methods Group [30] for multiple assessment on a proportion of records (20% is recommended). Before the full data charting was carried out, we had four members of the study team (AK, EM, GA and ATK) extracting information from 25% ($n = 7$) of the total included publications to discuss and resolve any conflicting decisions that might arise. Each reviewer's data extraction process revealed similarities in findings, and the team discussed further clarifications relating to some of the categories where needed. Because the reviewer agreement was high after this multiassessment phase, the team felt confident that reviewers completing a single-reviewer screening could make consistent judgements [30]. Three team members (AK, EM and GA) then completed single reviewer data extraction for 21 publications.

3. Results

The PRISMA flow diagram [31] in Figure 1 shows the full process of identification and screening that took place in this review. Please see Identification Phase and Eligibility Criteria for explanation of why some records were removed from the Google Scholar database before screening.

3.1. Characteristics of Included Publications. Within the reviewed sample, there were publications from each year between 2013 and 2023, except for 2016. Most publications were academic journal articles of qualitative nature ($n = 13$), and evaluation reports ($n = 9$). Almost all publications ($n = 24$) were identified via Google Scholar database searches.

Table 4 shows the characteristics of included publications with reference numbers attached to each publication in the first row. These reference numbers are used throughout the sections of *Results*. These sections are titled with the appropriate data extraction categories are shown in Table 3.

3.2. Role Names and Titles Used for Staff Responsible for Activity Provision (1A). Apart from one publication (ref 25), all other publications ($n = 27$) did not use our initial term 'AP'

TABLE 2: Inclusion and exclusion criteria for full-text screening.

Inclusion criteria	Exclusion criteria
• Related to older people's (over 65-year-olds) care homes • Based in the UK • Peer-reviewed academic literature (primary data studies, secondary data studies); grey literature • Review of existing reviews; evidence reviews (systematic, rapid and scoping); primary qualitative or quantitative evaluation studies; evidence gathering studies; expert opinion pieces • Related to activity providers' (at least one): - o Employment - o Recruitment - o Retention - o Learning - o Professional development - o Funding - o Resources	• Conference abstracts without full text • Governance reports (e.g., care home inspection reports) • Activities handbook/booklet • Day care settings • Domiciliary settings • Hospital settings

TABLE 3: Data extraction categories.

(1A) Role names and titles used for staff responsible for activity provision
(1B) Percentage of roles that are specifically activity providers
(1C) Activity provision as a part of other roles than activity providers
(2A) Resources/funding/time available for activity provision
(2B) Resources/funding/time not available for activity provision
(3A) Recruitment/retention challenges for activity providers in care homes
(4A) Learning and professional development available to activity providers

to refer to individuals who provide activities in care homes. Most publications ($n = 26$) had the term 'activity coordinator' used within text. Some publications ($n = 8$) had a mix of different terms used within text, two of which (refs 25–27) did not have the term 'activity coordinator' used at all; instead substituted by 'activity and engagement specialist' (ref 25) and 'activity and well-being coordinator' (ref 27).

Table 5 shows all the variations of the role names/titles. Some titles included diverse words such as well-being, lifestyle, independence and engagement to represent the role.

3.3. Percentage of Roles in the Care Home That Are Specifically APs (1B). We aimed to find out the percentage of AP population relative to other care home staff; however, we only had one publication (ref 15) that reported this. To expand this category further, we also focussed on a second figure: the AP population who took part in projects/research studies relative to other care home staff. We identified four other studies/evaluations with this expanded category. Therefore, we reported findings from five publications (refs 6, 10, 12, 15, 17).

One publication (ref 15) indicated that there were four APs out of 130 care home staff in a large care home, meaning that only three percent of the care home workforce were APs. The ratio of AP to care home staff in other roles (carer, manager, etc.) is calculated to be 2:63.

Based on the four publications (refs 6, 10, 12, 17), which reported the following numbers for research studies/evaluations, the average figure for AP inclusion in research studies/evaluations is 29% amongst all care home staff, meaning that the approximate ratio of AP to care home staff in other roles is 3:7. This indicates a higher inclusion of APs, compared to AP presence in a single care home, when it concerns a research study or an evaluation about care home activities and communities.

- Four APs in a group of 25 care home staff (16%) [ref 6]
- 12 APs in a group of 20 care home staff (60%) [ref 10]
- Six APs in a group of 47 care home staff (13%) [ref 12]
- Seven APs in a group of 25 care home staff (28%) [ref 17]

The 60% figure from ref 10 may be considered an outlier when compared to other studies, because the study was specifically about the delivery of arts activities by APs and arts facilitators.

3.4. Activity Provision as a Part of Other Roles Than APs (1C). Almost two-thirds of the publications ($n = 17$; refs 1–4, 6, 8, 11, 13, 14, 17–19, 21–24, 26) talked about the provision of activities in care homes by staff other than APs. Out of the

17, only one publication (ref 24) stated that, due to the absence of APs in the care home, the manager and care home staff fully provided activities. All remaining publications ($n = 16$) mentioned that care home staff, including managers, conducted activities alongside APs, when their workload allowed.

Four publications (refs 3, 8, 17, 18) specified that, alongside staff, volunteers contributed to activities, and two publications (refs 4, 21) stated the contribution of residents' family members in activities. Three publications mentioned the following roles, respectively, who helped APs and care home staff in care home activity provision: allied health professionals (ref 8), professional arts practitioners (ref 21) and minibuses drivers (ref 17). One publication (ref 3) mentioned a care home team called 'independence and well-being team' that includes APs and care home staff, who all took part in the activities.

3.5. Resources/Funding/Time Available for Activity Provision (2A). Sixty percent of the publications ($n = 17$; refs 1, 4, 6, 10, 12–15, 17, 19, 21, 23–28) provided some details on the resources, funding and time that are available for activity provision and/or for APs in care homes. Table 6 summarises these resources, funding and time available and shows how many of the publications mentioned these factors. Having a dedicated space for activities was the most cited resource, followed by availability of training, workshops and forums specifically for activity provision.

3.6. Resources/Funding/Time That Are Not Available for Activity Provision (2B). Fifty-seven percent of the publications ($n = 16$; refs 1–3, 5, 8–10, 12, 15, 17–19, 22, 23, 26, 28) provided details on the resources, funding and time that are lacking/inadequate for activity provision and/or for APs in care homes. Table 7 summarises these resources, funding and time and shows how many of the publications mentioned these factors. Lack of funding for activities and/or for activities staff was the most cited item.

3.7. Recruitment/Retention Challenges for APs in Care Homes (3A). Data were available from more than one-third of the publications ($n = 10$, refs 2, 4, 6, 14, 15, 18, 19, 23, 24, 26) for this category. We identified those factors that could potentially impact the recruitment and retention of APs. Table 8 summarises the challenges/obstacles faced in the recruitment/retention of APs; the first two challenges as listed in the table were reported to affect all adult social workforce, including the AP roles. A widely-cited specific challenge for APs was inadequate support from frontline care staff and from care home management.

TABLE 4: Characteristics of included publications.

Reference number (ref)	Database(s) identified in	Author(s), year	Title	UK region (where research took place)	Participant groups (in research)	Publication type (and research method if relevant)
1	Google Scholar	[2]	A qualitative interview study comparing and contrasting resident and staff perspectives of engaging in meaningful activity in a UK care home	London	Care home residents and staff members*	Academic journal article; qualitative primary research
2	EBSCO, Google Scholar, PubMed, Scopus	[32]	A realist evaluation of the feasibility of a randomised controlled trial of a digital music and movement intervention for older people living in care homes	Across Scotland	Care home residents	Academic journal article; mixed-methods primary research
3	Google Scholar	[33]	Connections with nature for people living with dementia Evaluation of a psychomotor dance therapy intervention (DANCIN) for behaviour change in dementia: Attitudes and beliefs of participating residents and staff	Across the UK	Care home managers and staff members, residents, family carers	Academic journal article; mixed-method primary research
4	Google Scholar	[34]	Imagine arts: How the arts can transform care homes Long-term implementation of the managing agitation and raising quality of life intervention in care homes: A qualitative study	North East England	Care home residents and staff members	Academic journal article; mixed-method primary research
5	Google Scholar	[35]	Making care homes part of the community? An evaluation of the Gloucestershire partnerships for older people project	East Midlands	Care home residents, managers and staff members, arts practitioners	Academic journal article; qualitative primary research
6	Google Scholar	[36]	Physical activity for people with dementia: A scoping study	Across England	Care home managers and staff	Academic journal article; qualitative primary research
7	Google Scholar	[37]	The provision of person-centred care for care home residents with stroke: An ethnographic study	South West England	Care home residents and staff members	Academic journal article; mixed-method primary research
8	Google Scholar	[38]		Across the UK	Activity providers, care home managers, managers of other services, occupational therapists	Academic journal article; mixed-method primary and secondary research
9	Google Scholar	[39]		London	Care home residents, managers, staff members	Academic journal article; qualitative primary research

TABLE 4: Continued.

Reference number (ref)	Database(s) identified in	Author(s), year	Title	UK region (where research took place)	Participant groups (in research)	Publication type (and research method if relevant)
10	Google Scholar, SCIE	[40]	The role of collaborative working between the arts and care sectors in successfully delivering participatory arts activities for older people in residential care settings	East of England	Care home staff members and arts facilitators	Academic journal article; qualitative primary research
11	Google Scholar	[41]	The social value of the arts for care home residents in England: A social return on investment (SROI) analysis of the imagine arts programme	East Midlands and West Midlands	Care home residents staff members	Academic journal article; mixed-method primary research
12	Google Scholar	[42]	What influences the sustainability of an effective psychosocial intervention for people with dementia living in care homes?	Across the UK	Care home staff members	Academic journal article; qualitative primary research
13	Google Scholar, Scopus	[43]	Participatory arts in care settings: A multiple case study: Innovative practice	East Midlands	Managers, activity providers, arts practitioners	Academic journal article; qualitative primary research
14	Google Scholar	[44]	A qualitative evaluation of psychosocial outcomes of the creative communications pilot project for people with dementia	South East England	Care home staff and arts facilitators	Evaluation report; qualitative primary research
15	Google Scholar	[45]	A whole setting approach to food in care homes	Yorkshire and the Humber	Care home managers and staff members	Evaluation report; qualitative primary and secondary research
16	Google Scholar	[46]	Age UK's cascade training programme	Across England	Managers of various programmes, volunteers, activity providers	Evaluation report; mixed-method primary and secondary research
17	Google Scholar	[47]	Care homes in the community	South West England	Care home residents, managers and staff members	Evaluation report; qualitative primary research
18	Google Scholar	[48]	Dementia adventure in a box final evaluation report	Across the UK	Care home residents and staff members, family carers, volunteers	Evaluation report; mixed-method primary research
19	Google Scholar	[49]	Evaluation of the 'connecting residents in Scotland's care homes' programme	Across Scotland	Care home staff members	Evaluation report; mixed-method primary and secondary research
20	Google Scholar	[50]	Football reminiscence for men with dementia in a care home: A 12-week pilot study in Scotland	Across Scotland	Care home residents and staff members, facilitators	Evaluation report; mixed-method primary and secondary research
21	Google Scholar	[51]	Bringing arts interventions into care settings	—	—	Professional journal article
22	Google Scholar	[52]	Vibrant communities: The care homes of the future	—	—	Professional journal article

TABLE 4: Continued.

Reference number (ref)	Database(s) identified in	Author(s), year	Title	UK region (where research took place)	Participant groups (in research)	Publication type (and research method if relevant)
23	Google Scholar	[53]	Everything from sadness to absolute delirium: Exploring the perspectives and experiences of key professional groups supporting live music services in UK care homes	Across the UK	Care home staff members	Academic thesis; qualitative primary research
24	Google Scholar	[54]	Promoting wellbeing for individuals living with dementia in care homes by improving opportunities for engagement in meaningful activities	South East England	Care home residents and staff members	Academic thesis; qualitative primary research
25	NAPA	[55]	Connected communities conference	—	—	Blog article
26	Skills for Care	[56]	The provision of meaningful activities in fifteen Sunderland care homes	North East England	Care home managers and staff members, family carers	Evaluation report; qualitative primary research
27	Skills for Care	[57]	Networking groups support activity and wellbeing coordinators	—	—	Blog article
28	Skills for Care	[58]	The alive! difference-An evaluation of alive! workshops and training	South West England	Care home managers, residents and staff members	Evaluation report; qualitative primary and secondary research

*Care home staff members refer to both care workers and activity providers in care homes.

TABLE 5: Role names and titles used for staff responsible for activity provision.

Role name/title	Number of publications	Publication reference numbers (see Table 4)
Activity coordinator	26	1-24, 26, 28
Activity/activities staff	2	17, 28
Well-being coordinator	2	17, 19
Activity and engagement specialist	1	25
Activity and well-being coordinator	1	27
Activities assistant	1	24
Activities lead	1	17
Activity provider	1	25
Independence and well-being team member	1	3
Lifestyle coordinator	1	10
Social coordinator	1	22
Well-being team member	1	17

3.8. *Learning and Professional Development Available to APs (4A).* Three-quarters (75%) of the publications ($n=21$; refs 2,4-7,11-22,25-28) provided details on the learning and development offered for activity provision as part of a research study, training programme or an evidence review. Some of the publications also highlighted the effects of interventions on activity provision after the study/programme ended.

Individual interventions/programmes aimed to improve various aspects in care homes via different forms of training. Some of these aspects were physical activity, quality of life, management of agitation, well-being of care home residents and integration of care homes within communities. Most training was offered to all care home staff including APs to train them on dementia, meaningful activities, digital resources, dance therapy, arts, nutrition, gardening, outdoor activities and reminiscence therapy. Specific interventions/programmes included in-person training sessions, staff forums, weekly support by consultants, online training and dedicated conferences for APs. Table 9 summarises the types of learning and development available to APs as highlighted in 21 publications.

Interventions and programmes demonstrated effects on the empowerment of APs, sustained activities in care homes, professional skills development, increased confidence of APs, job satisfaction, collaboration and innovative use of digital tools. Community integration was also achieved in some interventions/programmes. Table 10 shows a summary of the types of postintervention/programme effects from 15 publications that highlight learning and professional development of APs.

Please refer to Appendix 4 for details of each publication, including the aim of the intervention, review or evaluation; the learning and development provided to APs and any reported postintervention or programme effects on APs (where specified).

4. Discussion

This scoping review explored the role, resources and professional development of APs in UK older people's care homes, alongside broader social care workforce issues. Evidence about the AP role remains limited, and the level of engagement on the topic of professional development and workforce issues of APs fluctuated between 2013 and 2023. Limited information about APs in academic and grey literature (only 28 out of 699

publications returned relevant results) demonstrates general lack of information about the AP role in care homes.

The analysis highlighted three major themes: (1) fragmented role terminology; (2) inequitable resource allocation and (3) limited role recognition and access to structured professional development for APs. In relation to the diverse terminology used to describe the staff who provide activities in care homes, the term 'AP', as advocated by NAPA, is rarely used, and 'activity coordinator' is the most common term in the literature. Other titles like 'well-being coordinator', 'lifestyle coordinator' and 'engagement specialist' highlight an emphasis on resident well-being and engagement, in line with the increasing understanding of the relationship between engagement in meaningful activities and physical and mental well-being and health [2, 17].

The review shows that a small proportion of care home staff were explicitly APs, with only 3% in a single care home, however with higher numbers in research/evaluation studies. The figure three percent echoes the training data from Adult Social Care Workforce Dataset 2022-3, which reflects that only three percent of adult social care employees received activity provision training [21]. However, this figure is nearly three times higher than the estimated AP population of 1.1% amongst all adult social care positions in England, based on data from Skills for Care 2022/23 ASC-WDS [22], and this shows that non-AP staff in care homes also receive activity provision training. Care homes may vary in training only 'activity' designated staff versus all care staff in activity provision, but from a person-centred care perspective, activities are increasingly understood as part of all care staff's role [59]. However, the findings indicate that when staff resources are constrained, 'direct care' work is prioritised (refs 1, 12, 22, 26); therefore, having dedicated APs in care homes may protect provision of meaningful activities and create better dialogue with residents.

Most publications noted the involvement of non-APs in activity provision. The reliance on, and the collaboration with, other care home staff members, and volunteers and family members, suggest that activities in care homes are sometimes implemented on an ad hoc basis. Due to the unpredictable availability of staff dedicated to roles other than activities and volunteers, this flexible approach to activity provision may not be sustainable in the long term. Tension between activity provision and direct care provision

TABLE 6: Resources/funding/time that are available for activity provision.

Resource/funding/time	Number of publications	Publication reference numbers (see Table 4)
Suitable/dedicated environment/room	5	10, 13, 14, 24, 26
Training/workshops/forums available for staff for activity provision	3	6, 25, 27
Involvement of care home staff members	2	4, 28
Designated time for activities (e.g., two one-hour group activities per week)	1	1
Involvement of residents' family members	1	12
Sufficient number of activity providers in a care home	1	15
Alliance between two care homes to initiate different activities for all residents	1	17
Autonomy for activity providers in developing own activities	1	19
Reliable internet connection and availability of electronic devices in the care home	1	21
Opportunities to subsidise activities through partnerships, donations and grants secured from charitable bodies and from local and national authorities	1	23
Involvement of external professionals	1	24
Availability in a care home to move from being a care staff member to being an activity provider	1	26

TABLE 7: Resources/funding/time that are not available for activity provision.

Resource/funding/time	Number of publications	Publication reference numbers (see Table 4)
Lack of funding for activities and/or for activities staff	5	2, 5, 9, 18, 23
Care staff seeing activities as a separate task; direct care seen as priority	4	1, 12, 22, 26
Lack of suitable/dedicated space	4	1, 2, 9, 15
Lack of training and awareness (e.g., about the needs of people involved in activities, about technology, about activity budgets)	4	9, 19, 26, 28
No dedicated activities staff	3	3, 10, 28
Lack of time/no protected time for activities or for staff to prepare activities	3	8, 9, 15
Poor internet connection	2	2, 19
Lack of capacity of staff	1	17
High turnover causing lack of consistency	1	10

TABLE 8: Recruitment and/or retention challenges specific to activity providers.

Challenges	Number of publications	Publication reference numbers (see Table 4)
High levels of staff turnover	7	6, 15, 18, 19, 23, 24, 26
High workload due to being short-staffed	4	2, 4, 14, 24
Having not enough support or buy-in from frontline care staff and care home management	4	2, 4, 24, 26
High workload due to low staffing and no further funding available for more staff	2	2, 4
High levels of staff movement within the sector to different social care roles	1	23
Struggling to set up space for activity sessions because of logistical problems	1	2
Poor internet connection and faults with electronic devices that hinder the APs' work	1	2
Volunteers leading some activities creating reliance on nonspecialist workforce and unreliable numbers	1	4
Lack of clarity in the APs' job descriptions regarding meaningful activities	1	15
Pandemic conditions creating decreased opportunity for activities	1	19
Being seen by management as the most expendable members of staff	1	24
Not being seen as an essential part of care	1	24
Being asked to cover for staff absences in care or to run errands	1	24

TABLE 9: Types of learning and professional development available to activity providers.

Type of learning and development provided	Number of publications	Publication reference numbers (see Table 4)
Topic-based training sessions and/or workshops	15	2, 4, 5, 7, 11, 12, 13, 15, 17, 18, 19, 20, 21, 22, 26
AP network/forum development	4	7, 19, 27, 28
Support from a researcher or consultant/coach	3	12, 16, 17
Access to digital resources about specific topics	2	2, 19
Manuals/booklets provided for specific skills	2	6, 16
Meetings and communication sessions between APs and residents	2	14, 26
Website to promote new activities	1	7
Skills to organise food-related activities	1	15
Conference dedicated to APs	1	25

TABLE 10: Types of postintervention/programme effects relating to APs.

Types of postintervention/programme effects	Number of publications	Publication reference numbers (see Table 4)
Sustained activity and process uptake by APs and other care home staff after the intervention	5	4, 12, 14, 15, 19
Greater job satisfaction and/or motivation of APs and other care home staff	5	11, 13, 17, 18, 21
Empowerment and increased confidence of APs and other care home staff	4	2, 5, 17, 18
Improved knowledge of APs and other care home staff around the needs of residents	2	11, 16
Better integration of the care home with the wider health and social care community	2	7, 17
Greater collaboration between care home staff members	1	6

may be rooted in the medical tradition, where everyday activities are considered only peripheral to care [20] and may reflect the attention on direct care-related outcomes in quality monitoring rather than concern with quality of life and well-being, which are important to people living in care homes themselves [26, 60]. Equally, we also argue that the involvement of care home managers, care workers and health professionals in activity provision, alongside APs, might be reflective of a positive trend towards incorporating activity provision into the holistic care model [54].

The review found some care homes have assigned time, funding and suitable environments for activities and training opportunities for APs, while other care homes might be facing shortages in the same areas. The employment structure with a high prevalence of 64% part-time and/or zero-hour contract employment within the AP workforce [22] may contribute to the lack of a sustainable approach to creating protected time for activities. These challenges and barriers suggest variability across care homes with some better equipped to provide activities.

Challenges faced by APs are highlighted by high turnover and workload issues identified in the review, which echoes the work by Skills for Care [21]. High staff vacancy rates and the workload implications for care teams have been linked to care home quality [61, 62]. APs also face other challenges such as lack of support, unclear job descriptions and being seen as unessential, which could further compound recruitment and retention issues. We were aware of some anecdotal evidence that there may be recruitment into AP roles from a wider pool of previous experience than into care worker roles, but there was no information about the work background of recruits into activity provision from any of the articles or the Skills for Care data. The findings indicate the need for better support mechanisms for AP roles, clearer role descriptions and recognition of the significance of activity provision in residents' everyday care.

Most learning and development opportunities identified in the publications were linked to research projects, with APs often more involved in research and evaluation activities than staff in other roles. APs are well-placed to interact with research and evaluation activity as they already interact with organisations beyond the care home and have an implicit understanding of the home's routines and needs of its residents [26]. Positive learning and development outcomes were highlighted in various interventions, such as those aimed at increasing physical activity of residents, managing dementia-related behaviours, and integrating care homes within the community. The continued use of training resources in the postintervention period suggests that there is effective capacity building in activity provision in care homes. These initiatives can both empower APs and contribute to improved resident outcomes.

4.1. Implications for Research, Practice and Policy. Existing literature offers limited insight into the professional development and workforce issues specific to APs, despite their important role in care home settings. Evidence from the literature highlights the importance of social engagement,

meaningful connection and tailored activities in care homes on the quality of life and well-being of residents, especially those living with dementia [7, 8, 25, 63–65]. Older adults in care homes, a group with complex health and social care needs, often experience social isolation and cognitive decline; this can be mitigated through building social connections, and one way of doing this is through facilitated activities. Our review highlights that there is limited training and development for the meaningful use of activity in person-centred care. Further research could usefully compare whole team and activity specialist approaches to staff development.

We found evidence that focus on activity roles is regularly de-prioritised when resources are challenged. It is notable that the DHSC's recent guidance, Care workforce pathway for adult social care, makes little reference to meaningful activity [24]. Increasing explicit consideration of activity in the workforce pathway could help prioritisation of activity facilitation in care settings. Given the link between person-centred care and activity provision in care homes, recognising and supporting APs could also improve regulatory outcomes for care homes, such as complying with those standards by the CQC [66]. We recommend integrating 'activity coordination competencies' into the NVQ for care workers and reinforcing activity provision standards in CQC inspections.

Care providers' involvement in local and national initiatives can play a key role in promoting a culture that values activity provision, by supporting access to training, professional development and opportunities for shared learning. These align with national research and funding priorities, such as those priorities set by the National Institute for Health and Care Research, which focus on workforce development and quality and service improvement in adult social care [67].

4.2. Strengths and Limitations. To our knowledge, this is the first review in the UK that focuses on professional development and workforce issues of APs. The review addresses a clear gap in the academic and grey literature by focussing specifically on APs in older people's care homes in the UK. We adopted a broad and inclusive search strategy across a range of academic and grey literature databases; however, we did not conduct a sensitivity check to evaluate the robustness of our search terms and approach. This may have limited our ability to identify some relevant publications. Although the study is highly relevant to UK policy and practice, it does not include international research that might offer transferable insights for the UK context. This limits our findings from being widely applied beyond their specific context.

4.3. Future Research. The relative lack of information on APs represents a challenge that can be improved in future studies. More research should focus on activity provision in older people's care homes; what challenges staff providing activities face and how activity provision and the role of AP can contribute to quality of care. Future research could focus on long-term effects of training, skills development and retention; explore how APs view their own professional identity and how recognition by other care home staff influences their job satisfaction.

5. Conclusion

This scoping review found a lack of literature focussed on examining the AP role. By analysing and synthesising findings from the literature which included some reference to AP roles, we were able to identify resources for activity provision and challenges relevant to AP roles in care homes. We identified evidence relating to the employment of APs, resources and funding available/unavailable in care homes for activity provision, recruitment and retention challenges in care homes and the learning and development opportunities available to APs.

Several factors can enable or hinder activity provision. Although the collaborative, flexible and ad hoc nature of activity provision might be seen as an asset that is currently characteristic of the activity roles, this also indicates

a reliance on nonspecialist staff to provide activities in care homes, which may raise questions about its sustainability. Equally, we suggest that the participation of non-AP staff (care home managers, care workers and health care professionals) in activity provision may indicate a more holistic approach to engagement.

Resource limitations create significant obstacles that must be addressed, especially in terms of staff funding and the infrastructure support for activity environments. Tensions between resourcing 'activities' and 'care', the varying AP terminology across homes/studies and problems with recruitment and retention highlight the need to more consistently recognise the value of APs in care environments.

Appendices

APPENDIX 1: Search strings.

Activity provider cluster:

'Activity coordinator' OR 'activity assistant' OR 'activity manager' OR 'wellbeing coordinator' OR 'leisure and Wellness coordinator' OR 'Lifestyle Lead' OR 'Life Enrichment manager' OR 'Event manager' OR 'recreational officer' OR 'Resident Engagement manager' OR 'activity Professional'

AND

Care home cluster:

'Residential care' OR 'care home*' OR 'nursing home' OR 'older age care home' OR 'Geriatric care home' OR 'elder care' OR 'geriatric care' OR 'home* for the aged' OR 'long-term care' OR 'long term care' OR 'nursing home*' OR 'old people* home' OR 'residential home*' OR 'long-term care facilit*' OR 'long term care facilit*' OR 'residential facilit*' OR 'assisted living facilit*' OR 'residential care facilit*' OR 'long term residential care' OR 'long-term residential care' OR 'Elderly and Mentally infirm (EMI) unit' OR 'assisted living'

APPENDIX 2: Reviewed databases.

- Care Quality Commission (CQC)
- Cochrane
- Department for Work and Pensions (DWP)
- Department of Health and Social Care (DHSC)
- EBSCO
- Google Scholar
- IDOX/GLA Information Service
- Improving Adult Care Together (IMPACT)
- IRISS
- National Activity Providers Association (NAPA)
- NICE
- NIHR School for Social Care Research (NIHR SSCR)
- Prince's Trust
- PubMed
- ResearchGate
- Scopus
- Shaw Trust
- Skills for Care
- Social Care Institute for Excellence (SCIE)
- Social Care Workforce Research Unit (SCWRU)
- The Centre for Care
- The Curiosity Partnership
- The King's Fund
- Trade unions, e.g., TUC, Unite, UNISON, AEP, British Association of Occupational Therapists, Equal Justice the Union, RCN Nursing Union, BASW, WEU

APPENDIX 3: Records identified across databases before the screening phase.

Database	Number of records identified
Cochrane	3
EBSCO	6
Google Scholar	635
NAPA	13
NIHR SSCR	6
PubMed	4
SCIE	8
Scopus	12
SCWUR	1
Skills for Care	10
UNISON (trade union)	1
Total	699

APPENDIX 4: Learning and professional development available to activity providers per publication.

Intervention/programme aim	Publication reference numbers (see Table 4)	Learning and development offered	Postintervention/programme effects (where specified)
To increase physical activity of residents through digital music and movement	2	- Training offered for care home staff. - The study provided access to their digital resources. - Staff training was delivered for a group of staff members (including activity providers) in a two-hour session.	Empowerment of care home staff (including activity providers) through training
For behaviour change in dementia through dance therapy	4	- Multiple topics were delivered such as therapy principles, effects of dancing in dementia, music and dancing safety considerations.	The dance therapy was sustained in care homes, with 78% indicating that they were very interested in further training.
To improve the care and quality of life of residents through arts	5	Multiple training sessions	APs gained a few techniques and confidence to do other things outside of the usual activities
To manage agitation and raise quality of life of residents	6	Manuals and tools provided about managing resident agitation	Greater collaboration between care home staff members when responding to the behaviour of residents.
To improve the integration of care homes with community and health and social care services	7	- Specific training for APs and a website to promote new activities - Development of an AP network	- Care homes integrated with the health and social care community. - Cost savings were made through reduced hospital bed use. - Arts participation led to greater job satisfaction, increased social opportunities and improved knowledge around the needs of people that APs cared for
Improved attention and positive engagement for older people through direct involvement in creative activities	11	- Training in dementia - Training course in creativity and meaningful activities	APs' professional skills development
To improve quality of life outcomes and neuropsychiatric symptoms for residents	12	- Four-day training and weekly support from a research therapist about personalised care and activities.	Staff continued to use activities and processes learnt during the intervention.
To introduce arts practice that engages residents to have access to cultural opportunities	13, 21	Training sessions	- Staff had a greater appreciation for working in care settings - APs were given the opportunity to gain new skills and creative techniques for future.
To evaluate psychosocial outcomes of person-centred dance, movement and visual arts	14	Creative communications sessions by facilitators involving APs and residents	APs could sustain the activities on a weekly basis in the absence of the facilitators.

TABLE 4: Continued.

Intervention/programme aim	Publication reference numbers (see Table 4)	Learning and development offered	Postintervention/programme effects (where specified)
To improve nutrition and well-being of older people	15	- Training sessions and workshops - Gardening and food-related activities	APs used their gained skills to deliver appropriate therapeutic food activity
To promote the benefits of healthy eating, physical activity and well-being	16	- Training booklets - Training funding - Consultancy support	APs had a different outlook after the training about the benefits of encouraging independence - It was reported after the programme that: more than 90% of staff reported increased confidence and increased skill levels; more than 80% reported increased motivation and all staff reported increased knowledge - Staff were more confident to make community links.
To connect older people with their local communities using co-production techniques	17	- Coaching and training for care home staff about multiple courses on co-production and community engagement, meaningful activity, gardening activities, etc.	Increased confidence, satisfaction and motivation - Staff developed a wider range of uses for the tablets and used them in creative ways. - Interactive screens became embedded into staff routines.
To build long-term partnerships to increase the choice of activities for people living with dementia	18	Five full-day training workshops on topics such as dementia and creating outdoor experiences. - Learning and support forums for all care home staff	Increased confidence, satisfaction and motivation - Staff developed a wider range of uses for the tablets and used them in creative ways. - Interactive screens became embedded into staff routines.
To equip care homes with digital devices and provide necessary training for staff	19	- Online training to enable activity providers to become digital champions	Increased confidence, satisfaction and motivation - Staff developed a wider range of uses for the tablets and used them in creative ways. - Interactive screens became embedded into staff routines.
To improve self-awareness, recall, anticipation and social inclusion of residents with dementia through football reminiscence	20	Football reminiscence training provided for activity providers	Not specified
To support personalised and vibrant care provision	22	Staff training workshops in creative communication	Not specified
To raise the profile of activity provision	25	A dedicated conference for APs to showcase positive practice in the AP sector	Not specified
To understand the importance of meaningful activities	26	- Training around meaningful activity - Regular meetings between residents, families and APs to discuss activities - Forums offered to APs to support them	Not specified
To support continuing professional development for APs via exchanging ideas and resources	27	- Online and in-person meetings Forums to provide professional development and peer support for care home staff	Not specified
To improve the quality of life for residents through meaningful activity	28		Not specified

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Ethics Statement

Ethics approval was not required for this review.

Disclosure

The views expressed are those of the authors and not necessarily those of the National Institute for Health and Care Research (NIHR) or the Department of Health and Social Care.

Conflicts of Interest

The authors declare no conflicts of interest.

Funding

This review is part of the CHAPPI (Care Home Activity Providers facilitating Public Involvement in research as meaningful activity for care home residents) study, funded through the Research for Social Care stream of the National Institute for Health and Care Research (NIHR) (Award ID: NIHR204264). CHAPPI is supported by the NIHR Applied Research Collaboration East of England (ARC EoE) at Cambridgeshire and Peterborough NHS Foundation Trust.

Acknowledgements

We are grateful for the contributions of the CHAPPI study team members and co-applicants who contributed to the discussions about this review and different work streams throughout the CHAPPI project: Marlene Kelly (Auburn Mere), Talia Leaf (London Borough of Barnet), Natalie Ravenscroft (NAPA), Hilary Woodhead (NAPA) and Margaret Fox (Skills for Care, former co-applicant of CHAPPI). We thank Graham Geddes (GG) from the Skills for Care Research & Impact Team for his contributions during the identification phase of the review. We also thank Will Fenton and Anna O'Gara from the Skills for Care Workforce Intelligence Team for providing the study team with descriptive data about activity providers.

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