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Glasgow In-Work Progression Pilot Evaluation

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Executive Summary

This report presents the findings from the evaluation of the “In Work Progression in the Care Sector” pilot, which formed a part of the Glasgow City Region City Deal.

The pilot

The pilot aimed to support individuals in the care sector to improve their skills and earnings potential. The pilot took an employer led approach which supported businesses to improve their operations, and through this, support their staff to progress. The pilot was delivered by Glasgow City Council Business Advisers. The support offer included a custom-made range of interventions delivered to businesses and the provision of employee training to support the skills and earnings progression of low paid employees.

The pilot was developed in response to a wider context of welfare reform, local skills shortages and increased levels of in-work poverty. The key contextual issues which provided the rationale for the pilot were:

- High predicted growth of sectors with high levels of in-work poverty
- Local demand for skills to meet the growth needs of these sectors
- Universal Credit rollout

To fully evaluate the effectiveness of the pilot, the evaluation undertook three separate elements including: a retrospective evaluation of the development process, a formative evaluation of learning from pilot delivery and a summative evaluation of the outcomes and impacts achieved.

Retrospective Evaluation

The process of developing the pilot included desk based research. It successfully engaged relevant stakeholders and consulted with employers in the sector to inform the pilot design.

Stakeholders emphasised the lack of existing evidence regarding what works to promote in-work progression in the care sector and valued the pilot as an opportunity to learn. The review of literature and previous projects which aimed to tackle in-work poverty found limited success in the absence of employer involvement. Conversely, working with employers alone to improve business practice had not been shown to facilitate employee progression. The pilot was therefore designed as an integrated employer and employee focused approach based on supporting employee skills development in the workplace. The design phase also recognised factors specific to the care sector, including: the financial constraints it operates in, the importance of retaining skilled workers and the need to improve the sector’s reputation to support an ageing population.

This development process resulted in an employer led pilot, providing a range of interventions tailored to the need of individual businesses and their employees. This pilot was designed to support care homes to identify areas for improved business efficiency and support the progression of their staff. The employee offer was not fixed during the development stage as it was intended to follow individual business consultations.

Formative Evaluation

The delivery model followed a process of: employer engagement, business diagnosis, consultancy, employee training, with ongoing support from Business Advisers.

Key factors which affected pilot implementation were the funding model and challenges associated with operating within the care sector. Changes requested to the funding model had to go through DWP governance processes which caused delays. The care sector context presented specific difficulties for the pilot including time and funding constraints, staff capacity and the highly regulated nature of the sector. These challenges affected the ability of the pilot to engage employers and deliver pilot support in the timescales set.

Pilot stakeholders highlighted learning from employer engagement, pilot interventions and ongoing support. Stakeholders noted that delivery was continually adjusted to increase its effectiveness. This learning also offers valuable lessons for future similar interventions. Delivery staff reported that effective employer engagement was enabled by engaging with key decision makers; using knowledgeable and trusted advisers; and by flexibility in communication. The messaging of the pilot was vital for overcoming employers' barriers to pilot participation. Effective messaging included the offer of tailored, practical support addressing employers' main business difficulties and emphasising the prospect of business savings prior to discussing employee training interventions.

There were unanticipated challenges affecting the delivery of the pilot, particularly related to the employee training offers. Delivery staff highlighted some instances of businesses' need for support in organising training and to successfully identify their staff skills needs. External training needs analysis support would have been helpful to enhance both benefits to business and employee progression. A further challenge arose from condensed delivery timescales which prevented the effective sequencing of consultancy support and employee training.

Further learning from delivery included: the importance of prior mapping of provision to ensure that businesses could quickly access good quality training providers; the need to effectively promote the support among employers and employees, and the need to reflect accessibility issues such as shift patterns in the delivery.

Overall, it was found that engaging and retaining care sector employees in the pilot was time intensive. Stakeholders frequently noted that supportive and dedicated staff and partnerships were vital for successful implementation.

Summative Evaluation

The pilot met the amended target of engaging with 20 businesses. Fifteen businesses remained engaged. The number of interventions was exceeded with over 120 free interventions being accessed and over 60 consultancy sessions being undertaken.

Management information (MI) was provided by five of the fifteen care homes participating in the pilot. The MI indicated that in these five homes between 2015/16 and 2018/19 turnover increased (+28%), gross profits increased (+39%), employee numbers increased (+24%), the number of full-time employees increased (+44%) and the number of employees receiving training increased (+22%). In addition, net profits moved from being negative to being positive.

Employers reported several business benefits from pilot participation and consultancy offers including heightened business profiles, improved financial processes, better HR practice and improvements to the standard of care. They reported that improvements in these areas also produced a range of wider impacts such as improved business sustainability, improved staff recruitment and retention, cost savings and improved profitability. Some employers reported that the staff training had a positive impact on productivity, motivation, staff retention and progression. The business impacts of these were noted as increased referrals, improved operational efficiency and improved care ratings. However, while some benefits for employees had subsequent business benefits, others, such as changes to shift patterns, benefited residents and the business but did not necessarily impact positively on employees.

The target of reaching 400 employees was exceeded. 573 people undertook over 1400 training places. Employees were mostly positive about the pilot training they received and acknowledged a range of positive outcomes from participation. These included improvements in their financial wellbeing, development of job specific skills and instances of career progression. Employers corroborated this, noting improved confidence, knowledge and skills, satisfaction and morale amongst their employees who had participated in training. This led to employees having an improved ability to perform their roles and consequent improvements in the quality of care provided to care home residents.

Pilot stakeholders acknowledged instances of employee progression in the form of improvements to job specific and soft skills which led to more responsibility, internal promotions and increased appetite for further learning. However, there were mixed views as to the extent to which the pilot directly enabled progression of low paid individuals. Several employees were unaware of pilot aims to support progression as their employer had not explained this. Additionally, staff at all levels of the organisation received training, therefore senior staff were among those who obtained financial progressions and promotions. Employees and stakeholders noted a range of persistent barriers to progression. The key barrier was the requirement for SVQ qualifications to progress into higher roles, which were mandatory qualifications required by regulation which were not funded by the pilot. These qualifications were often linked directly to wage setting processes in care homes, particularly for those progressing out of lower paid roles. Stakeholders offered several solutions to improving progression outcomes including increasing the accessibility of training provision, improving processes for selecting staff for specific training and improving access to SVQ qualifications. Employees suggested a range of support needs to enable them to progress including careers and course advice, basic skills courses, financial support to access training, mentoring, benefits advice and improved workplace supervisory practices.

Cost Benefit Analysis

A Cost Benefit Analysis of the pilot was undertaken. This calculates the costs and benefits of the pilot to society and assesses whether the pilot provides a positive return on the money spent on it and so whether it represents value for money.

The total cost of delivering the pilot was £314,000. The analysis included the following potential benefits:

- earning increases for individuals;
- economic benefits from improved individual wellbeing; and
- economic benefits for the employer in terms of increased profit

The estimate of these benefits were as follows: earnings gain, £72,000, individual wellbeing gains, £253,000, and profitability gains, £36,000. Thus, total benefits are estimated as £361,000. Overall this means that the estimated difference between benefits and costs of the pilot is £48,000 and ratio of benefits to costs is 1.15. As the benefits from the pilot exceed its costs this indicates that the pilot has achieved value for money. However, this result is only indicative. The scarcity of quantitative data from the pilot means that our estimate of benefits had to be based on a number of assumptions using data from outside of the pilot.

Pilot transferability

The pilot contains a number of lessons which can potentially be used to inform similar employer led initiatives in other low paying sectors such as hospitality and retail.

Within an employer led pilot, progression outcomes for low paid workers are much more likely to eventuate if the intervention's design focuses delivery directly on these outcomes. This could require a more constrained approach to delivery for any initiative in retailing and hospitality with, for example, a fixed menu of support to ensure that the intervention is focused largely on enabling progression for low paid workers.

Differences between the care sector and the retail and hospitality sectors may affect the degree of transferability of the pilot model to these sectors.

Care Sector workers may be more motivated to engage with training opportunities even if it does not result in a pay rise. Care workers want to perform better in their jobs as this has an impact on the people they care for, whereas workers in other low pay sectors do not typically have this same type of motivation. However, there is a countervailing argument. Unlike retail and hospitality, the care sector is a highly regulated sector. Thus, the main requirement for staff there to achieve significant progression was to attain SVQ qualifications, which the pilot did not offer. There is no similar regulatory requirement in retail and hospitality, so the returns from general training offered by a similar pilot should be greater to workers in these sectors which ought to encourage their participation.

Employers in retail and hospitality may also take a different approach compared to those in the Care Sector. Care workers have specific skills which, if lost, have business impacts, whereas workers in the Retail and Hospitality have more generic skills (e.g. customer

interaction) which employers in those sectors view as readily available. For these reasons employers in these sectors may be comfortable with business models based on high rates of labour turnover, and not view training as a business priority.

One factor that is likely to be transferable across sectors is the need to support to SMEs to identify their training needs. The pilot found that many small care sector employers struggled to identify the training needs of their staff. This indicates a need for external support in the form of training needs analysis. This should help ensure that employees undertake suitable training that develops their skills appropriately.

Conclusions and Recommendations

The pilot aimed to improve care sector businesses access to interventions which would facilitate growth, and to improve care sector employees' access to interventions which would support skills improvement and increased earning potential. Both aims were grounded in improving staff progression and the financial situation of employees in low pay, and their households.

The conclusions relate to how well the support model worked to promote business impacts and individual earnings progression. Based on this, recommendations are made in relation to the design and delivery of future employer led progression initiatives.

Conclusions

The pilot had a noticeably positive impact on several of the participating SME's. There were clear business benefits reported by employers who participated in the pilot. They reported that the pilot offer enhanced the profiles of their homes, improved financial processes and provided tangible cost savings and care standards improvements. Even during the lifespan of the pilot, these business improvements had resulted in wider positive impacts on their organisation's financial sustainability, staff morale and recruitment and retention prospects.

The pilot also enabled employers to invest in employees' development which contributed to a range of soft outcomes such as increased confidence, knowledge and skills, satisfaction and morale among participating staff. The wellbeing benefits demonstrated are likely to flow through to benefit retention rates if sustained.

Employees reported a range of benefits from participation in pilot activity including improved financial wellbeing, development of job specific skills and instances of careers progression in some instances. There was also evidence of employee's improved ability to perform in their role leading to improvements in quality of care provided to care home residents. Increased responsibilities resulted in business benefits including a higher quality of service, improved operational efficiency, cost savings and greater likelihood of business generation.

The pilot provision of financial management training improved individual's abilities to manage their outgoings through the use of practical financial management tools and a link to tailored financial advice. There was evidence that this training improved the financial situations of employees and their households.

In summary, there are evident wide ranging benefits to employers, employees, residents and the sector as a result of the pilot. But there were mixed views on how well the pilot model had afforded direct earning progression. These limitations are explained under 3 headings:

Contextual
At the start of the pilot it was identified that the care sector had limited capacity to provide pay progression given financial constraints. The pilot demonstrated that business support could result in cost savings.

Funding for training in the pilot was restricted to non-mandatory training while pay increases relate to achievement of SVQs. While there was some evidence of improved skills and additional responsibilities in existing roles, this did not allow for progression to new roles. Employers cited the lack of an SVQ as the reason for not promoting employees.

Design
The support on offer for business development was more clearly defined than the employee offer. The employee offer was to be identified with each employer to avoid being prescriptive and ensure it was employer led. However, employers required significant support in this area which was not anticipated at the start of the pilot.
The training chosen was driven mainly by organisational pressure rather than individual progression needs linked to overall business development plans.
While there was evidence of business benefits through business support interventions and while there was evidence of gains for employees these did not always clearly align or result in employee progression outcomes.

Implementation/Delivery
Changes were made based on delivery experience (availability of finance and amount of support required by businesses). These impacted on: delivery timescales and sequencing of supports; communication within homes (articulating the context of the pilot and training); attendance at training (pressures on time and staff resource and shift patterns) and gathering data on impacts.

Recommendations

The interaction between business development and employee progression must be must be more clearly defined to ensure interventions can result in progression in future provision in any sector. Therefore the recommendations mainly reflect this.

1. Refine the design

- Ensure funding is flexible and responsive (consider mandatory vs non mandatory training focus and consideration of whether to expand eligibility beyond SMEs)
- Consider targeting of employees (eg. limiting the training offer to low paid workers and/or focusing on staff with additional barriers to upskilling, such as part time workers or those working night shifts)
- If other low pay sectors are to be targeted, ensure prior engagement with employers to raise awareness of the offer

- Build tighter data collection methods with a view to capturing longer-term gains for businesses and employees

2. Refine the delivery

- Engaging businesses and people into unfamiliar support can take significantly longer than anticipated so future provision should allow a substantial lead in time or development phase prior to the delivery of interventions.
- Implement a clear sequenced approach to delivery
- Implement consultancy support first to provide a tangible business benefit or cost saving which link to progression
- Always include HR business support to clarify the link between the business development and identifying employee skills gaps to ensure training is suitable for selected individuals prior to employee training offers
- Following that, employee engagement should be carried out by employers with input from trainers to ensure consistency of messaging and a clear understanding of the whole package of support
- Develop a menu of support for employees that is linked to progression and could include access to careers and course advice, basic skills courses, financial support to access training, mentoring and improved workplace supervision practice.
- Widen access to financial management support for all staff

3. Share the learning

- Share the learning across a range of stakeholders. The learning for the role employers in addressing in work poverty is of use to organisations/ policymakers

Introduction

This report presents findings from the evaluation of the "In Work Progression in the Care Sector" pilot which aimed to devise, deliver and refine a sustainable employer-led model of employee progression, improving the skills and earnings potential of people in the care sector, particularly those impacted by in-work poverty.

Glasgow City Council commissioned Learning and Work Institute to carry out this evaluation of the pilot. The findings reported are based on analysis of programme management information alongside qualitative interviews with pilot participants, staff involved in the management and delivery of the pilot, and wider stakeholders. This chapter provides an overview of the pilot, the evaluation approach and the structure of the report.

The pilot

The "In Work Progression in the Care Sector" pilot formed a part of the Glasgow and Clyde Valley City Deal and was funded by DWP and matched by Glasgow City Council. The pilot was designed and delivered by the Economic Development Division of Glasgow City Council Development and Regeneration Services.

The pilot aimed to support individuals in the care sector to improve their skills and earning potential. This was delivered through an employer led approach which supported businesses to improve their operations, and through this support their staff to progress. It was delivered by Business Advisers previously established within the Economic Development Division of Glasgow City Council Development and Regeneration Services. The support offer included a tailored range of interventions delivered to businesses to support their development and the provision of employee training to support the skills and earnings progression of low paid employees. In this way, it aimed to bridge the gap between employment support, skills development, and business growth/economic development and provide joined-up support.

The evaluation

The evaluation of the pilot utilises a range of research methods and data sources to evaluate the effectiveness of "In Work Progression in the Care Sector" in achieving its aims, objectives, targets and impacts. There are three separate elements of the evaluation:

- A **retrospective evaluation** of the research and development process that led to the establishment of the delivery model and evaluation framework.
- A **formative evaluation** of the pilot during which the evaluation team worked with the Steering Group for the pilot to continually assess and improve the pilot's delivery and performance.

- A **summative evaluation** of the pilot which includes recommendations for adapting the delivery model, including the transferability of the model to other low paid sectors within the region such as retail and hospitality.

These elements provided a broad evaluation framework. The evaluation methods also included qualitative research to explore key stakeholder's views of pilot development, delivery and impact. These interviews provided insight into a range of stakeholder experiences which enabled the refinement of the delivery model and views of transferability to other sectors.

The evaluation undertook a range of research including:

- **Research with involved employers conducted at the mid and end point of the pilot.** These interviews covered views of pilot support, the extent to which this overcame their barriers, how involvement in the pilot impacted the business and individual employees, and lessons for improvement of the support.
- **Research with employees who participated in the pilot at the mid and end point of the pilot.** These interviews explored aspirations, progression opportunities and barriers; pilot experience; changes experienced because of pilot participation including soft outcomes and job-related outcomes; and barriers to achieving outcomes.
- **Research with pilot stakeholders involved in the design and delivery of the pilot, including trainers and consultants, Business Advisers and Steering Group members.** This included interviews and workshops with operational and strategic stakeholders to capture views on pilot design, management and delivery, partnership working and achievements; pilot model implementation; and any gaps in provision or areas for improvement.
- **Management information and outcomes analysis** Management information from the five care homes who responded to data requests was analysed to spot trends in business turnover, profits, employee numbers and employees receiving training. These were also benchmarked against trends for Scottish care sector businesses using data from official sources.
- **Cost Benefit Analysis (CBA)** A CBA of the pilot was undertaken. This calculates the costs and benefits of the pilot to society and assesses whether the pilot provides a positive return on the money spent on it and so whether it represents value for money.

Structure of report:

The remainder of the report is structured as follows:

- Chapter 2 describes the background to the pilot
- Chapter 3, the retrospective evaluation, explores pilot design and development

- Chapter 4, the formative evaluation, provides stakeholder views of the implementation of the pilot.
- Chapter 5, the summative evaluation, presents our qualitative research and findings from the pilot.
- Chapter 6 sets our quantitative analysis of the management information, and the Cost Benefit Analysis which assesses the pilot's value for money.
- Chapter 7 presents the Theory of Change for the pilot.
- Chapter 8 explores the transferability of the pilot model to other sectors or other local authorities
- Chapter 9 presents conclusions and recommendations to improve the design and delivery of future employer-led in-work progression initiatives.

Background to the pilot

The “In Work Progression in the Care Sector” pilot was a key project in the labour market strand of the Glasgow City Region City Deal agreed with the UK Government and Scottish Government in 2014. The Glasgow City Region area is the largest urban area in Scotland and one of the largest in the UK, covering over 1.75 million people and acting as a key engine of growth for the Scottish and UK economies. The region’s City Deal was the largest in the UK, comprising a total of £1.13 billion for 27 projects across eight Local Authorities in Glasgow and the Clyde Valley. The pilot comprised one of the interventions delivered under the theme: “Supporting Growth – Tackling Long Term Unemployment and Increasing Earnings”.

The pilot was set within an overall context of driving business growth and improving business sustainability within the care sector specifically. It intended to implement a sustainable model of employee progression which improved the skills and earning potential of people working in the care sector. The pilot was designed to test a new way of boosting the incomes of people in low paid work by taking a business led approach, providing business support to increase the sustainability of jobs, retention of employees and improved perception of the care sector.

Pilot context

The “In Work Progression in the Care Sector” pilot was developed in response to a wider context of welfare reform, local skills shortages and increased levels of in-work poverty. The key contextual issues which provided the rationale for the pilot were:

- Increased levels of in-work poverty
- High predicted growth of sectors with high levels of in-work poverty
- Local demand for skills to meet the growth needs of these sectors
- Universal Credit rollout

At the time of pilot development, there was increasing levels of in-work poverty at national, regional and local levels. In both Scotland and the UK as a whole, the majority of people in poverty were in working households. Glasgow had relatively high rates of the population experiencing in-work poverty (estimated at 8% of the working population compared with 6% of Scotland as a whole[1]). Child poverty statistics demonstrated that two thirds of children who were living in poverty had a working parent.[2]

There was concern about the significant and negative effect of in-work poverty on working people and their families. Research into in-work poverty in Glasgow identified a high level

[1] Ipsos Mori (2014) Hard Work, Hard Times: In Work Poverty in Glasgow.

[2] Padley, M. Hirsch, D., (2013). The child poverty map of the UK 2013.

of poor-quality work and a range of barriers for individuals to obtain better work. The research uncovered a lack of financial resilience and debt issues, which often resulted in difficulties meeting basic needs such as housing, fuel, food, transport and childcare. In-work poverty had further demonstratable impacts on physical and mental health problems, relationship problems and overall wellbeing[3]. Tackling low pay was recognised as important to addressing poverty reduction and improving the competitiveness of the City Region. Expected economic benefits to improving pay included a reduced social security bill and increased economic activity.

Incidences of in-work poverty were concentrated in certain sectors with high proportions of people in low pay. Three main sectors – retail, catering and care – formed over half of the total UK low-paid workforce[4]. These three sectors were forecast as key growth sectors in Glasgow City Region[5]. The care sector was identified as an inevitable growth sector locally due to the ageing population. The care sector also has a predominantly female workforce which was linked to the incidence of child poverty among working households.

The pilot context also included a changing structure of employment locally, where the numbers of jobs not requiring qualifications was constricting. In the Glasgow City Region at the time of pilot development, ONS data showed high levels of people with no qualifications (32% of people aged 16 and over), or low levels of qualifications. Nearly half of households (48.2%) did not include a working age individual with a qualification at level 2 or above. Furthermore, a quarter of Glasgow & Clyde Valley employers reported that not all their staff were fully proficient in work, which was above the average for Scotland as a whole[6]. An HR Benchmarking Survey commissioned by the Voluntary Sector HR Network also found a lack of suitably skilled applicants for supervisory and management posts in
the care sector was contributing to recruitment issues[7]. Taken together, these skills gaps provided a strong rationale for improving skills within the region and focussing on the care sector.

The pilot was also developed in response to broad welfare changes associated with the introduction and rollout of Universal Credit (UC). Universal Credit requires low-income workers to increase their earnings towards the equivalent of the full-time National Minimum Wage. This prompted concern that low-paid workers with low hourly earnings and/or a low

[3] Ipsos Mori (2014) Hard Work, Hard Times: In Work Poverty in Glasgow.

[4] Devins, D. et al (2014) Improving progression in low-paid, low-skilled retail, catering and care jobs.

[5] Oxford Economics (2012) Glasgow Labour Market Study.

[6] Skills Development Scotland (2014). Regional Skills Assessment: Glasgow & Clyde Valley

[7] Coalition of Care and Support Providers in Scotland (2014) Benchmarking Report for Voluntary Sector HR Network and Coalition of Care Providers

number of hours per week were being faced with new conditionality requirements but had insufficient skills or support to enable them to increase their earnings. Therefore, the pilot was designed to inform the rollout of Universal Credit which will require low paid workers in receipt of the benefit to increase their earnings.

Pilot design

The pilot was designed as an employer led pilot where the delivered interventions were tailored to the context of each business.. The care sector was chosen due to its status as a growth sector and the importance of attracting and retaining a skilled workforce within the care sector in the context of an aging population.

A budget of £600,000 was secured for delivery of the pilot over two years. £300,000 of this was drawn down from the DWP local budget and the remaining £300,000 was matched by Glasgow City Council.

Glasgow City Council undertook a review of the available research on how to support low-paid workers to increase their incomes in work. This evidence suggested that support for progression should be focussed on employers as well as individuals and integrated with other services as upskilling individuals alone will not change the type and pay levels of jobs on offer. Therefore, the pilot was designed to provide progression support to individuals as part of a wider package of support to employers to boost their productivity and stimulate growth.

The Economic Development Division of DRS (Development and Regeneration Services) were responsible for the design and delivery of the pilot. It was determined that an intervention would have the greatest chance of success and impact if integrated within existing delivery arrangements. Therefore, the pilot was designed to sit within a team of established Business Advisors within the Economic Development Division of Glasgow City Council Development and Regeneration Services. This team had the skills and experience to support local companies to grow and innovate and through the pilot, extend this support to the care sector.

Furthermore, embedding the pilot in Glasgow City Council's established Business Support Team enabled the learning from this pilot to directly inform local, regional and national policy, as variations of Business Support provision exist in other local authorities in Scotland. Learning from the pilot would be used to refine the model of delivery for transferability to other low paid sectors such as retail and hospitality.
It was hoped that this pilot would inform broader policy and practice debates concerning models of employee progression within the workplace which are led by the employer and set within the context of the local area skills strategy.

In summary, there was a clear national and local support gap for a pilot which supported business sustainability, skills development and the alleviation of in-work poverty. City Deal funding was utilised to deliver an employer led, in work progression pilot for the care sector to meet these needs. This approach aimed to support care sector businesses to identify how they could operate more effectively as a business and through this, support the progression of their staff. This approach was designed to subsequently contribute to the alleviation of in-work poverty and sustainability of the care sector in Glasgow. The pilot represents the first of its kind in the UK to take a sector based, business led approach to enhancing career pathways through business development activity in a low paid sector.

Retrospective Evaluation

This chapter presents the retrospective evaluation of the research and development process which informed the key elements of the pilot design. It reviews the pilot development process and explores the views of stakeholders involved at this stage.

Methodology

The retrospective evaluation comprised a review of available pilot documentation and semi-structured in-depth interviews with eleven Steering Group members involved in the pilot development. Stakeholder interviews took place in September 2016 and explored their views of the pilot development process, targets and anticipated challenges. Interviewees included representatives from Glasgow City Council's Development and Regeneration and Adult Employment teams; Scottish Government; Department for Work and Pensions, NHS, Scottish Social Services Council and local care sector businesses.

The document review and scoping interviews informed the development of a pilot logic model, employer data capture tools and the overall evaluation framework.

The logic model described how the pilot intended to affect change in the care sector, including the resources and activities which comprise pilot inputs and the anticipated outcomes and wider impacts of the pilot. Management information (MI) was reviewed to ensure that the data collected allowed full measurement of all success measures identified in the logic model including individual employee progression and business impacts. This logic model was further developed into a detailed theory of change which mapped the pathways and connections between pilot activities and outcomes to explain how change should occur. The theory of change is presented in Chapter 6 of this report.

Pilot design

This section reviews the pilot design process which involved consultation with employers and stakeholders in Glasgow and Scotland, and a research review on approaches to addressing in-work poverty. It then outlines the resultant approach taken to delivery and provides information on the pilot governance structure and the role of the Steering Group.

Consultation

The pilot funding requirements specified that the pilot must be employer led, based in the care sector and embedded within the existing service provision landscape. The care sector was selected due to the need to develop high value sectors and minimise the impacts of in-work poverty for those in low pay. Retail and hospitality were considered, but the care sector was chosen due to the strategic relevance of enhancing the sector's capacity in the context of an ageing population.

The consultation phase involved engagement with employers, potential delivery partners and sector experts to understand the wider landscape and their approach to in-work progression. This was conducted through a range of approaches including focus groups, meetings and questionnaires distributed through existing contacts and intermediaries such as Jobcentre Plus. Overall, sixteen care sector employers across the voluntary and private sector engaged with the consultation. This consultation was supplemented by the 2014 Voluntary Sector HR Network Benchmarking Report for the Coalition of Care Providers which secured returns from 26 voluntary sector organisations.

The consultation aimed to determine the issues and barriers around in-work poverty in the sector, establish the support already available to employers, identify gaps in provision and gather views on solutions. The prominent issues and barriers regarding in work poverty in the care sector were identified as: pay and conditions, barriers to accessing training and the wider context of the sector.

Pay and conditions

Just a quarter of consulted employers felt that low pay was a concern. Half of these paid the Living Wage and provided annual wage increases. A more pertinent concern was the working hours of the sector, which included zero-hour contracts, part time staff regularly working over their contracted hours, a lack of family friendly working time arrangements and comparatively high use of agency staff. For consulted employers, the working conditions and extent of HR practice was identified as a higher priority than increasing pay rates. The benchmarking report highlighted higher than average absence rates for the sector (10 days annually in comparison to 6.6 days for the general economy), and particularly high rates of long-term absence of 4 weeks or more. The consultation found mixed views to the extent of staff engagement and HR practice, and concerns about their limited induction programmes to support new staff. Recruitment and retention were identified as the main barrier and stakeholders reported increased expenditure on recruitment. Stakeholders emphasised that the sector was losing experienced staff and struggling to replace them due to pay related constraints, insufficient qualifications and competition from other sectors with similar pay rates and less stringent skills requirements.

Barriers to accessing training

The consultation identified that ‘significant’ in-house training was already taking place with consulted employers. There was also a strong commitment from consulted employers to progressing staff to SVQ levels 2 and 3 as directed by care regulations, and most had plans in place. However, generally organisations reported that they were not providing salary enhancements for staff undertaking in-house workplace assessments. Furthermore, three quarters admitted their training budget did not cover all training costs. Stakeholders also identified employee barriers to accessing training. Difficulties covering shifts of staff undertaking training was noted as a key difficulty. Lack of basic skills and a lack of confidence were recognised as the key barriers for employees to undertaking a formal qualification.

Sector challenges and external context

All stakeholders involved in the consultation recognised the need to improve the image of the care sector to improve recruitment and retention of staff, which was inextricably linked to improving pay and conditions. Stakeholders felt it was vital for the pilot to account for the limitations of the sector to provide financial progression given the context of significant financial constraints across government and local authorities, and fluctuations in income from local authority contracts.

Consulted employers felt that the key areas for support which would address these issues were: workplace related literacy and numeracy support, basic education skills in IT, recruitment support, access to training sessions and information packs and funding for companies to deliver in house training.

Research review

A review of available research into low pay and progression was undertaken to supplement the consultation with local stakeholders. This reviewed several approaches to reducing in-work poverty including the introduction and raising of the national minimum wage, encouraging employers to pay a living wage and training to improve the skills and earning potential of people in low pay. The review explored the limitations of these approaches, including negative impacts on employment and costs to the government and public sector.

At the time of the research review, there was limited evidence about how to support people in low pay to progress their skills and earning potential. The research review found that there was a **strong association between skills and occupational progression for those in low pay**. It was identified that the dominant approach to improving progression for low paid workers was a focus on skills *supply*. However, research highlighted that low demand for skills in local areas resulted in low skills equilibrium where the local labour market was characterised by weak demand, limited availability and underutilisation of skills. Therefore, there was emerging consensus that **policy needed to address both supply and demand for skills**. The research review therefore emphasised the **importance of changing employer practice** as a means of increasing access to skills development and progression. The review found that a business case could be made for the **commercial benefit of improving staff retention and progression** in low pay sectors such as retail, hospitality and care which experience high labour turnover costs, skills gaps and insufficient training. In the adult social care sector particularly, it was stated that **investing in improved HR practices** could offer employers a financial return to employers through higher productivity, improved performance, reduced labour turnover costs and lower absenteeism. The review also highlighted that **investing in training and development opportunities for staff could improve productivity and employee motivation** if these skills can be utilised effectively in their roles, however training alone will not result in progression, as factors such as pay structures and transferability of skills were larger determinants.

The key components identified through the consultation and desk-based research were:

- Employee skill development is an important aspect of enhancing their potential to progress in work, but a focus on the employee alone does not address the issue of in-work progression. It was vital to consider the role of the employer, particularly within sectors with a high proportion of low-paid workers.
- The opportunity for employee development *within* the workplace, led by the employer in collaboration with their employees and embedded in positive employee friendly practice.
- The importance of setting this approach within the overall local skills strategy, to drive the demand for skilled staff and increased wages.
- The acknowledgement of factors specific to the care sector, including: the financial constraints which limit the ability for employers to increase pay and improve employee conditions; the importance of attracting and retaining skilled workers to support an ageing population; the need to improve the reputation of the sector.

This development process resulted in a pilot design which was employer led, with the ability to provide a range of interventions tailored to the need of individual businesses and their employees. This pilot was designed to support care sector companies to identify areas for increased efficiency in their business and support the progression of their staff. The pilot was designed as a 'proof of concept' model to demonstrate the business benefits of investing in employee development and progression, including productivity, motivation and retention, to the care sector, and to other low paying sectors. The further development and refinement of the pilot delivery model is explored in the Formative Evaluation (Chapter 4).

Pilot aims, objectives and targets

The aim of the pilot was to devise, deliver and refine a sustainable model of employee progression which improves the skills and increases the earnings potential of people working in the care sector, particularly those affected by in work poverty. To meet this aim, the pilot had a series of objectives and measurable targets. The pilot objectives were to:

- Through a dedicated Business Adviser, and with a specific focus on the progression of staff, identify business development needs and improve access to the range of interventions available to facilitate the development and growth of the business;
- In collaboration with the business, identify the support needs of care sector employees and improve access to and uptake of interventions to support the improvement of skills and increase in earning potential;
- Improve the financial situation of employees' whole household, thus reducing their reliance on in work benefits;

- Identify how the model can be rolled out to retail and hospitality sectors

The pilot had a set of targets set to meet these objectives. These included:

- Providing support and access to interventions to **40** care sector businesses.
- Providing support and access to interventions for **400** staff, with 250 of these staff members developing their skills and earning potential.
- **300** employees taking positive steps to achieving financial independence, with 250 of these staff members improving their financial situation.
- Producing a refined model of employer led in-work progression support for use in other sectors such as hospitality and retail.

Pilot Governance

As a Glasgow City Deal project, governance took place at pilot level and at the City Deal programme level. Glasgow City Council established a City Deal Executive Board for all Glasgow projects which was chaired by the Chief Executive of the Council. The City Deal Executive Board was supported by a Governance Framework which details how the programme would be managed by Glasgow City Council to ensure its effective delivery and compliance.

Glasgow City Council were the Lead Accountable Body to DWP, who made the decisions regarding the Grant spend. Glasgow City Council were also a delivery partner. Pilot management was led by the GCC Lead and a team within the Economic Development Department, who oversaw delivery and implementation, led on the development and procurement of services and supported the Steering Group.

The governance structure is summarised below:

- The Operational Project Team who were responsible for project delivery met monthly to review project performance. This team consisted of key staff across Glasgow City Council Adult Employment, Business Advisers and evaluation consultants.
- Economic Development Managers for Adult Employment and Business Services acted as Project Managers with responsibility for the day to day running of the pilot.
- The project team were supported by the Steering Group who had oversight of strategic direction and delivery of the pilot.
- The pilot had two project sponsors who supported the Steering Group with any escalated issues concerning the development phase, evaluation and delivery.

- The Executive Director of Development and Regeneration Services acted as the Senior Responsible Officer (SRO) who had overall accountability for project delivery and sat on the City Deal Executive Board.

Pilot Steering Group

Steering Group members were recruited through group meetings with potential key stakeholders which outlined the pilot and invited them to join or be added to a database to receive information about the pilot. The Steering Group comprised key stakeholders from Glasgow City Council (Glasgow Programme Management Office and Region Programme Management Office), Department for Work and Pensions (DWP), care sector employers, NHS Health Scotland, Healthy Working Lives, Enable, Scottish Care, Workers Educational Association (WEA) and the evaluation team.

The pilot steering group oversaw the overall strategic direction of the pilot. The Steering Group provided a forum for discussion of operational issues, drew on the member's expertise, advice and guidance, and enabled the sharing of emerging learning to their contacts.

Overview of findings

This section reviews stakeholders' views of the pilot development process, pilot design and the targets set, concluding with key lessons from the design and development process.

Views of pilot development

The pilot was developed through a combination of desk research, consultations with employers and information gathered through the pilot steering group. Stakeholders generally felt that this process was effective but that **some engagement activities with employers were less successful**. For example, it was initially envisaged that consultation with employers would involve workshops with business representatives, but in practice there were difficulties securing employer attendance. Stakeholders reported that the consultation approach was changed to online surveys and individual face to face meetings with employers, which was more effective in securing employer participation. This ability and willingness to adapt their approach was viewed positively.

Stakeholders felt that the consultation with employers was valuable in identifying potential barriers to employee uptake of training including low confidence, limited literacy and numeracy skills. This enabled the pilot to include employee facing interventions designed to mitigate these barriers. For example, some grant funding was allocated to cover transport or childcare costs, employers were able to spend their training budget to fund job rotation to replace workers while they were on training, and out of hours services for employees working shifts were considered.

Stakeholders were positive about the Steering Group and felt that it played a key role in the successful development of the pilot by facilitating a range of consultancy input and

developing the Business Advisers' knowledge of the care sector. In this way, it was felt that the **Steering Group provided added value through their sector specific knowledge and contacts**. For example, one stakeholder arranged for the Business Advisers to trial the diagnostic tools in the stakeholder's care homes. Several stakeholders felt that the Steering Group, and early project development, would benefit from the inclusion of a Scottish Trade Union representative and a representative for care sector employees to provide "*first-hand knowledge of the people experiencing the difficulty we're trying to improve".*

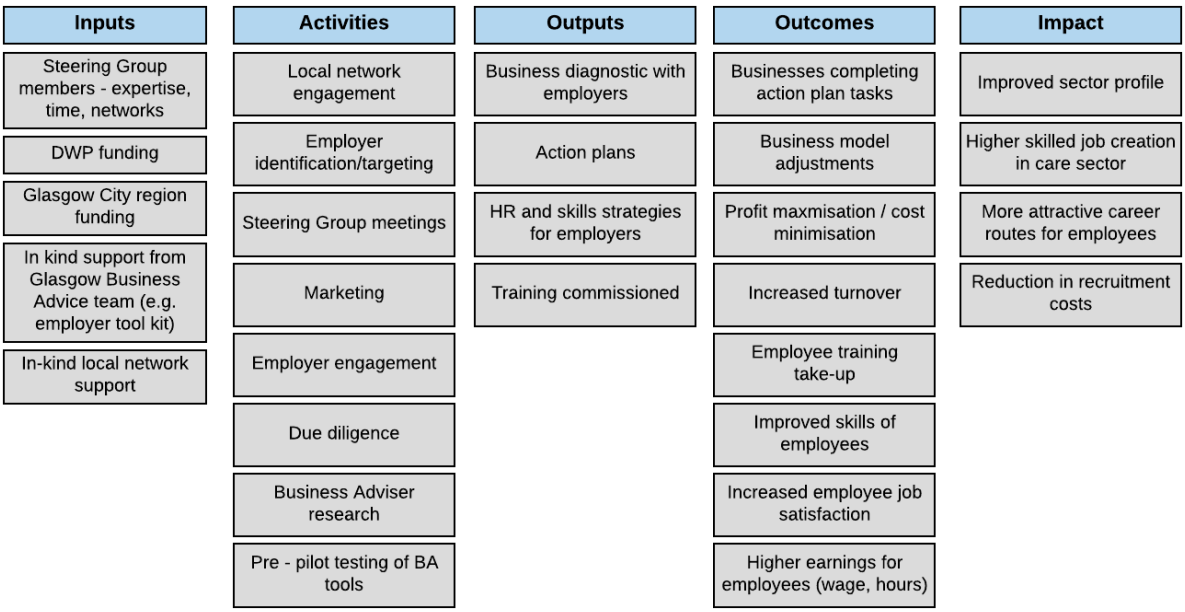
There were delays in accessing the funding for the pilot due to the required due diligence processes, which were felt to be not well-aligned to the nature of an employer-led pilot. Stakeholders noted that the staff involved were adaptable and helpful, but these processes were not proportionate and that it was important that a pilot is able to remain flexible to accommodate emerging learning. The delay in the sign off did allow an additional few months of lead in time for the pilot. This was felt to be used to good effect as **Business Advisers were able to improve their knowledge of the care sector,** which was regarded as vitally important for successful engagement with the sector. This was seen as an advantage as previously Business Advisers were not working with the care sector. During the delay in funding sign off, Business Advisers reviewed the original desk-based research, attended social care conferences, met employers and training providers to build their sector specific knowledge.

Views of pilot design and targets

Pilot logic model

Figure 1 shows the logic model for the pilot, which graphically illustrates the pilot components including project inputs, activities, outputs, outcomes and impacts and how these are generally related.

Figure 1: Glasgow In-Work Progression Pilot Logic Model



At the time of the scoping research, **stakeholders felt that the pilot was sufficiently resourced**, did not feel that there were any gaps in provision for employers and felt that the provision available clearly related to business level outcomes[8]. Stakeholders felt that the support offer to employees through the pilot was less well-defined than the employer facing offer. Additionally, stakeholders identified that there were some barriers to progression faced by care sector employees which were outside the scope of pilot delivery, particularly relating to the public sector financial constraints which set the context for pay and conditions in the care sector.

Stakeholders felt that the inputs and initial activities planned as part of the pilot were well developed and understood. They also identified a wide range of potential outcomes and impacts from the pilot, but stakeholders initially lacked clarity about the mechanisms by which these would be achieved. This was particularly evident for employee outcomes, which were less well understood among stakeholders than the business level outcomes. This was due to the design of the pilot which intended employee training to be identified following business interventions. Consequently, several stakeholders were not confident that identified outcomes would be achieved within the pilot timeframe. The pilot was designed to test the extent to which these interventions did achieve the intended outcomes.

[8] Subsequently, the Business Advisers identified a further issue during their engagement with employers concerning the resources available for employee training. It was found that employers did not have sufficient resource to co-fund employee training, which was a condition of the employee intervention funding from DWP. Therefore, the pilot had to seek a variation to the existing funding agreement. This is explored in the Formative Evaluation.

Delivery concerns

Initial concerns raised about the pilot design included the eligibility criteria being limited to SMEs, the economic context of the care sector and the role of Glasgow City Council within the pilot.

The eligibility criteria were limited to SMEs due to funding stipulations about grants for employers. This was felt to create **a challenge for achieving the target number of employers engaged due to a reduced pool of available businesses for recruitment**. Some stakeholders also felt that it presented a missed opportunity to draw comparisons about constraints and opportunities for in-work progression for larger and smaller sector employers.

Another key challenge identified was the economic context of the care sector. It was felt that it will be difficult for businesses in this sector to grow, given the funding challenges, which could not be overcome through the proposed pilot model. Consequently, "growth" was felt to be more about more effective business management, cost minimisation and retention of staff, rather than expansion or earnings progression.

Finally, a concern was raised about the role of Glasgow City Council in both pilot delivery and as a key care sector commissioner. Some stakeholders considered that this could act as a potential barrier to business engagement with the pilot.

Targets

Stakeholders felt that the engagement targets were particularly challenging due to the eligibility criteria for the pilot and restriction to SME's. The targets regarding the numbers of businesses and employees engaged were developed based on a review of the potential sample of businesses from the Business Register and Employment Survey. These were subsequently reviewed against prior experiences of Business Adviser caseloads and reduced to 40. However, stakeholders reported that it was later identified that there were less than 40 eligible SME's according to Company House information.

Stakeholders commented that the employer consultation demonstrated that many care home employers were already committed to paying the Glasgow Living Wage as a minimum wage prior to the pilot. It was felt that the Scottish Government's supporting initiative was a key enabling factor behind this[9]. Stakeholders identified that this may have implications for the numbers of employees engaged and the types of progression outcomes achieved by the pilot as most employees may be above the 'low pay' threshold. Some stakeholders felt that progression outcomes may be predominantly gained through additional hours (weekly earnings) rather than an increase in hourly wage. It was accepted that any earnings gains would have to be set within the context of an individual's household circumstances. For example, employees requiring childcare could potentially be

[9] Since October 2016, the Scottish Government has provided (non ring-fenced) funding to Local Authorities to enable adult social care workers to be paid the real Living Wage in recognition of the need to improve pay for frontline staff working in this sector.

affected negatively by additional hours which impacted both the hours and cost of childcare required.

Stakeholders understood the intervention as a pilot and were keen that it presented an opportunity to learn about effective practice, making changes as necessary through the pilot delivery. Several stakeholders felt that the targets should be flexible to reflect the emerging learning and inform future programmes.

Summary

This chapter presents the retrospective evaluation of the research and development processes which informed the pilot, including stakeholder reflections of the process and key design elements. The process of developing the pilot was successful in engaging relevant stakeholders and consulting with employers in the sector, which fed through into the pilot design.

Stakeholders emphasised the relative paucity of evidence regarding in-work progression in this sector and valued the pilot as an opportunity to learn about what works. The review of literature and previous projects which aimed to tackle in-work poverty found that approaches had limited success without employer involvement and conversely working with employers to improve business practice did not result in employee progression. The pilot was therefore designed as an approach which integrated an employer and employee focussed approach. It was based on design principles which supported employee skills development in the workplace in context of local skills needs. The design phase also acknowledged factors specific to the care sector, including: the financial constraints it operates in, the importance of retaining skilled workers and the need to improve the sector's reputation to support an ageing population.

This development process resulted in a pilot design which was employer led, with the ability to provide a range of interventions tailored to the need of individual businesses and their employees. This pilot was designed to support care sector companies to identify areas for increased efficiency in their business and support the progression of their staff. The pilot was designed as a 'proof of concept' model to demonstrate the business benefits of investing in employee development and progression, including productivity, motivation and retention, to the care sector, and to other low paying sectors.

Stakeholders were positive about the development process, which identified employee barriers to training and changed the grant funding to reflect these. They also highlighted the role of the Steering Group who supported Business Advisers to improve their knowledge of the sector prior to the pilot start. There were concerns about the pilot design, particularly the employee offer which was less regarded as less well defined. While causal pathways for business outcomes were relatively clear to stakeholders, the processes by which employee outcomes might emerge initially lacked clarity and was designed to be tested through the pilot. This was largely due to the sequencing of employee focussed support, which was to be decided following a bespoke business consultation.

There were also concerns that wider issues concerning the economic context of the sector would constrain the ability to which homes could deliver on growth and financial progression outcomes. Several stakeholders felt it that targets should be flexible to reflect the ‘pilot’ status.

Formative evaluation

This chapter explores the delivery model and implementation of the 'In Work Progression in the Care Sector' pilot. It incorporates views of employers, Business Advisers, trainers and consultants, employees and wider stakeholders. The chapter first describes the intended delivery model and rationale for pilot design. It then reviews good practice and challenges in pilot implementation, how the delivery changed and adapted to these challenges and concludes with a summary of key learning about how the model could be more effectively delivered in the future.

Delivery model

The 'In Work Progression in the Care Sector' pilot aimed to design and deliver a sustainable model of employee progression which improved the skills and increased the earning potential of people working in the care sector in Glasgow, particularly those affected by in-work poverty.

The pilot was designed to run for a two-year period and was funded by £300,000 from the DWP local budget, matched by an additional £300,000 from Glasgow City Council. The Glasgow City Council funded the staffing, business engagement costs and evaluation. The DWP funding was allocated to business development interventions and employee training. It also linked into pre-existing mainstream service provision in the local area.

The pilot model was designed following extensive consultation with key stakeholders, as detailed in chapter 3. It was developed to respond to key sectorial issues identified in this initial consultation including the role of employers in addressing in work poverty and staff progression; the financial constraints of the care sector; the need for the care sector to develop resilience and sustainability in their business models; the need for the sector to grow to support an ageing population; and the need for the care sector to recruit and retain skilled and committed staff to achieve sustainability.

To address these issues, the pilot was designed as an employer led model where interventions were decided in the context of a full business diagnosis to identify how the business could be supported to operate more effectively and support the skills and financial progression of their staff.

Eligibility

The pilot was targeted to residential care sector SME's operating in Glasgow. To be eligible for the pilot, business had to:

- Be a charity, social enterprise or private company which provided home care, social care or residential care and operated within Glasgow City.
- Employ between 10 to 250 staff across the whole company

- Adhere to state aid/*de minimis* thresholds as specified by DWP/GCC and the EU and be prepared to share company accounts with the Business Adviser

- Be committed to the progression of their staff through the development of their business; intend to implement the principles of Fair Work and the Glasgow Living Wage.

Delivery model

The pilot was designed and delivered by Glasgow City Council's Development and Regeneration Services (DRS). The pilot integrated Glasgow City Council's Adult Employment Team, who led the pilot development and evaluation, with the Business Support team. This team offers business interventions to small and medium-sized enterprises (SMEs) in Glasgow. The pilot was embedded within this existing Business Support team, which meant that Business Advisers had the skills to work with employers. A further benefit of this is that the approach could be sustainable beyond the length of the pilot, and transferable to other locations with these types of Business Support services.

Day to day delivery of the pilot was conducted by two Business Advisers from this team, who worked on the pilot on a part-time basis, while continuing to work in their mainstream service and share learning. The two Business Advisers were equivalent to one full time position. The pilot design specified delivery by Business Advisers, rather than Employability Advisers to maximize the role of the employer and effectively test an employer led approach to the development of their staff.

The pilot delivery model included four main elements: initial employer engagement; business diagnostic and action planning; the provision of business and employee interventions; and ongoing support.

1) **Initial employer engagement:** Business Advisers raised awareness of the pilot and engaged employers through services such as Scottish Social Services Council (SSSC), Glasgow City Council's Social Work department and Healthy Working Lives, attending sector forums and events and organising pilot events. This stage aimed to deliver specific engagement (defined as meeting with an Adviser or attending an event) with 50 businesses.

2) **Business Diagnostic and action planning:** Business Advisers met with employers to assess their eligibility and conduct a business diagnostic. This diagnostic provided an overview of areas for support within the business, focusing on six key areas: Growth, Finance, Resilience, Digital Innovation, Human Resource and Management and Structure. This fed into the development of a tailored action plan of interventions designed to support business growth and facilitate employee progression.

3) **Interventions:** This involved the co-ordination of a range of business interventions drawn from existing business support and resources, as well as a menu of

employee training interventions. The interventions included linking employers with mainstream services and wider employment programmes. This approach aimed to maximise existing interventions, avoid duplication and promote partnership working.

The pilot interventions fitted into two categories: business development and employee interventions designed to support their development and progression. The interventions also included linking with existing service provision.

- **Business development interventions** were procured from the existing framework to develop Glasgow SME's. Areas covered included: Human Resources and people management; Business growth strategy; Digital innovation and marketing; Finance: Resilience, incidence support and cyber security; and Legal consultancy support.

- **Employee training packages**, which were intended to be identified following business interventions which identified skills needs. Following this, the Business Adviser and employer would work together to develop a practical training proposal for the business to equip those in entry level positions with the skills to progress.

- **Employee financial management workshops** were delivered by GEMAP, who also provided employees with a link to further one to one financial support as needed in the future.

- **Links with other service provision** including skills development initiatives such as Healthy Working Lives, Skills Development Scotland; into work programmes such as Glasgow Guarantee, DWP Care Sector academy; and financial inclusion services in Glasgow. This approach to combine business support and support for staff was designed to join up existing local efforts to tackle in-work poverty and grow the economy.

4) **Ongoing support**: Business Adviser support to maintain contact with the homes to facilitate the delivery of interventions.

Involved stakeholders

The Business Advisers were supported by an internal Operational Group, who were in turn supported by an overall pilot Steering Group. The Steering Group had a wealth of expertise in relation to the care sector and provided overall oversight of the strategic direction and delivery of the pilot. The pilot sought to integrate the Adult Employment and Business Services through an operational team and project managers from these departments. This cross divisional approach intended to build partnership working across business support and skills agendas within Glasgow City Council and stakeholders.

Pilot delivery

This section explores the key learning from pilot delivery, how the pilot adapted to this learning and the main factors which impacted the delivery of the pilot, including the challenges of working with the care sector and funding challenges. It incorporates findings from research conducted with Business Advisers, consultants, training providers and employers.

The two main factors which impacted pilot delivery were the flexibility of the funding model and the challenges linked to operating within the context of the care sector. These are explored in detail below:

Funding model flexibility

The pilot funding model was one factor which impacted the implementation of the pilot. The pilot was funded in part by DWP, which financed the employee training and business development interventions. Where the delivery experience suggested changes were required and this affected the funding agreement, authorisation to change the funding agreement were requested. For example, Business Advisers reported that the requirement for businesses to part fund employee training was not appearing viable for many of the homes to fund. A request to remove the requirement for employers to part fund training took several months to be approved. This caused delays to the delivery model as the pilot was unable to authorise training interventions during this time. Some pilot staff felt that the funding model was not sufficiently flexible to adapt to this 'test and learn' approach in the pilot.

'A pilot is a pilot. You're changing … finding out something that was critical or relevant that should have been easy enough to change it. You couldn't do it without jumping through umpteen hoops.' (Pilot Stakeholder)

The delays caused by changes to the funding model, as well as a protracted length of employer engagement, resulted in consultancy support and training occurring simultaneously to ensure they were completed within the pilot timescale. Most of the pilot activity took place towards the end of the second year of delivery and an extension to the funding period was requested and granted.

'Because of the long lead-in time as to get the employers on board, signing the service level agreement, diagnostic action plan, in hindsight probably two years wasn't enough. You're a good six, seven, eight months into it before you're actually delivering the interventions' (Pilot Stakeholder)

The restricted timescales for delivery also impacted on sourcing training providers, as training providers were unable to absorb the amount of training required at short notice. A large amount of training was scheduled in a short space of time, which impacted on attendance to training. This was particularly noted regarding the financial inclusion training which took place directly after the skills training due to time constraints. This impacted attendance as just 80 of the 260 organised places were taken up.

'Once consultancy support starts, you've also got to get all the training in place and all the financial inclusion ... there's pressure in our care homes now to get it all done because the pilot's going to end, and we don't want to walk away with anything half-finished' (Pilot Stakeholder)

Care sector challenges

The second main factor impacting the implementation of the pilot related to the pressures and challenges within the care sector. The pilot was designed to operate within the care sector as it has a high proportion of people in low pay and/or experiencing in work poverty, is a high value sector and is important for supporting our ageing society. However, as explored in chapter 3, the sector faces several challenges with recruitment, retention and sustainability in the context of significant financial constraints.

The pilot intended to address some of these challenges impacting the sustainability of the care sector while increasing the capacity of local care home businesses to support progression and tackle in-work poverty. However, there were several challenges pilot staff experienced when working with the care sector in this context. The challenges impacted the businesses capacity to provide progression opportunities, as well as the ability and willingness of care sector employees to access these.

The prominent challenges included time and funding constraints, staff capacity and structures and the highly regulated nature of the sector. These challenges were all interrelated and compounded one another. These sector related challenges also impacted the ability of the pilot to effectively engage employers and deliver pilot support.

The main challenge of working with the care sector was related to the service delivered. Several pilot stakeholders noted the **time poor and emergency driven** nature of the sector. Unlike other sectors, the care sector is a 24-hour service which requires constant staffing. It was often necessary for employers to prioritise the day-to-day running of their care home over longer term priorities. Care home employers time constraints had several levels of impact on pilot delivery, including the ability of employers to commit to pilot involvement initially, and in the longer term, as well as their ability to source and arrange non-mandatory training (i.e. training which is not required by regulation).

'Throughout the pilot we've found the work is with keeping them engaged, not because they didn't like the idea of what we were trying to do…but the reality of the day to day job steps in… they deliver care, they've got to do the job' (Business Adviser)

A further challenge noted by stakeholders was related to staff turnover. Pilot stakeholders noted that the sector struggles with **recruitment and retention of staff**, which exacerbates existing time constraints. Factors behind this included the low-pay reputation of the sector, the skills required and high levels of regulation and compliance requirements.

Staff turnover at manager level impacted the delivery of the pilot, particularly as Business Advisers had to re-engage employers into the pilot and communication lapses impacted attendance at consultancy and training support:

'We had a little blip where they lost a couple of managers of care homes so it was almost like...going back to the beginning because you have to get the new manager up to speed and buying into what's gone on, what's happened already and how we would like them to continue with that' (Business Adviser)

A further contextual challenge in the care sector is that the sector is **heavily regulated** and subject to rigorous inspection requirements to ensure compliance, which exacerbates the previously identified factors. Stakeholders reported that care has become an increasingly skilled job in the context of health and social care integration which has increased the need to provide 24-hour care, palliative care and care for people with multiple health conditions. As a result, care home employers had to maintain their knowledge of the latest regulations to ensure they were compliant, including the requirements for care sector employees to achieve SVQ qualifications to remain in the sector[10]. In this context of managing several mandatory requirements, the non-mandatory training offered through the pilot became a lower priority, especially at particularly busy points.

Finally, the care sector is **reliant on public sector funding.** Several stakeholders highlighted a mismatch between the highly regulated nature of the care sector and the funding available to invest in business development and staff training. This also impacts the ability of the care sector to offer financial progression to staff. The reliance on public sector funding also impacted on engagement initially as Business Advisers noted some initial employer reluctance to provide the local authority with financially sensitive data needed for pilot involvement. This improved following reassurance of confidentiality.

Learning through delivery and pilot adaptions

Changes to pilot model

Key changes were made during pilot delivery from what was initially envisaged in the design phase. These were made in response to learning from delivery and included changes to the number of employers worked with, the amount of consultancy support and the funding of employee training.

- Initially, the pilot aimed to provide support and access to interventions to 400 staff and to 40 care sector businesses. In practice, the pilot engaged 20 care sector businesses. Of these, 15 care homes remained engaged until the end of pilot

[10] To reflect the increased complexity of care delivery, those in front line care roles are now required to gain an SVQ level 2, complete sixty hours of documented post registration training and learning. From 2020, new managers will have to achieve SVQF qualifications at level 9 to practice. http://www.scottishcare.org/wp-content/uploads/2018/11/Care-homes-then-now-and-the-uncertain-future.pdf

delivery. This was in part because of eligibility criteria which precluded some homes from being able to take part. Additionally, it became apparent through delivery that a considerable amount of time and resource was required to engage and progress the homes and engagement with more homes would stretch the Business Advisor resource too far. However, the pilot did meet the target of numbers of staff trained despite working with a smaller number of homes.

- The pilot design initially specified that 40 homes would each receive 4 days of business consultancy support. This was increased where appropriate as the number of homes supported had reduced and the amount of support required in the sector was higher than anticipated as noted above.

- In the pilot design, it was initially envisaged that employers would access a grant to partially fund employee training (covering up to 50 per cent of the overall training cost). However following engagement with employers, Business Advisers reported that this would not be viable for many of the homes to fund. Therefore, the model was changed to fully fund employee training.

The pilot adopted a test and learn style of delivery, as the delivery staff adapted to challenges and findings from the evaluation were regularly fed back to the pilot's steering group to inform pilot delivery. This section reviews the key learning from pilot stakeholders through each element of delivery, including employer engagement, the provision of business support and employee support interventions. It explores the key learning and ways in which the pilot delivery adapted to overcome some of the challenges faced.

Engaging employers into support

The pilot was testing an employer led approach to supporting in-work progression. Therefore, engaging employers and promoting the business benefits of in-work progression was vital to pilot success and to provide learning about effective employer engagement in this context.

Business Advisers were responsible for building and maintaining relationships with employers to engage them into the pilot. Efforts to engage employers into pilot support, and maintain this engagement, were hindered by time constraints and staff turnover. The pilot also presented an unfamiliar offer to employers, as the care sector was not previously accessing Business Support. Therefore, employer engagement was identified as a particularly challenging aspect of pilot delivery by several pilot stakeholders.

Key learning about effective engagement of employers throughout the pilot included the importance of: engaging key decision makers; knowledgeable and trusted advisers; flexibility in communication; and essential messaging to overcome barriers to participation faced by employers. These are explored in further detail below.

Business Advisers found that it was vital to **engage both managers and care home owners with the pilot.** Decision making power was generally split between directors who

had oversight of business finance and managers with oversight of the day-to-day operational running of the homes. Business Advisers, and those delivering interventions to employers, found that both director and manager engagement was required. In the initial stages, it was vital to ensure that the directors were engaged and informed about the pilot so that they agreed to pilot participation. Meeting with relevant decision makers was a challenge due to time constraints of employers, which slowed the process of implementing the pilot at several homes.

The Business Advisers **knowledge and approach** was particularly important to facilitating employer engagement. Employers were positive about the Business Advisers' knowledge of the care sector, which they developed during the pilot development period. This sectorial knowledge was viewed as vitally important for successful engagement with the care home employers. Their toolkit for working with employers, which was tested with care sector businesses during the development phase, was also found to be comprehensive, while also general enough to suit the needs of most employers. The fact that Business Advisers were operating under an existing and established business support scheme and were representatives of the local authority also increased their credibility with employers.

Flexibility in communication was vital to overcome the time constraints of care sector employers to engage with the pilot. Employers had varying communication preferences; some found email preferable while others disregarded written communication and valued face to face meetings. Face to face meetings initially were important to explain the pilot and for employers to develop trust in the support offer.

The **messaging**, or how the pilot was described and sold to employers, was a key factor to effective engagement. The initial messaging was important to overcome key barriers including employer unfamiliarity with business support and their lack of time to engage with the pilot. This meant that Business Advisers had to quickly clarify their role and sell the benefits of participating in the pilot. This pilot messaging was finessed over time as Business Advisers learned which aspects of support were most attractive to care sector employers. They found that the **offer of tailored, practical support** with their main business difficulties was most appealing. These business difficulties varied, but generally included finances and staff retention, therefore Business Adviser's 'sales pitch' was tailored towards the pilot objective of making the care sector more financially stable and attractive to potential employees.

'A lot of the sales pitch was about trying to support the care sector to be more stable, more attractive. When I was doing the research there was a lot about small care homes going to the wall week after week' (Business Adviser)

Business Advisers found it important to emphasise the offer of a **free and comprehensive business diagnostic and tailored business support** to secure employer interest. They reported that it was important to talk about business savings, particularly to secure the interest of directors or owners. Therefore, their initial messaging often included wider pilot offers such as support to access grants for recruitment and ways they could reduce their

overheads. The Business Advisers offered support with recruitment through the pilot's links with other programmes. While this didn't relate to the pilot itself, this was an important aspect of support to 'sell' to employers, as recruitment was often a key concern. Business Advisers utilised their links with 'Glasgow Guarantee' scheme which offered into work support and funded 50 per cent of staff wages for the first nine months, so would save the business owner money on recruitment and wage costs. Business Advisers also incorporated tangible examples of savings made by other businesses through the pilot, which supported engagement.

'We realised quite quickly that if it was the owner of the business we had to talk about savings…if you are looking to recruit new people we can get you grant funded towards that, we can maybe look at reducing your overheads, get your gas and electricity down and giving them real life examples of how much businesses have saved' (Business Adviser)Business Advisers reported that this staged approach to engagement worked best; by first highlighting the business support offer and cost savings, before highlighting the ability to provide training to staff to upskill and progress.

The approach to engagement taken meant that employers were initially less clear about the employee progression aspect of the pilot, particularly the processes by which employee outcomes might emerge. The support that was available to employees was also initially less well-defined for employers than the business support. Some employers reported that they were initially unsure whether several non-mandatory training courses would be funded, as they did not have direct progression routes associated with them.

Maintaining engagement

The time needed to engage employers and sustain their engagement throughout delivery was a key point of learning from the pilot. The initial engagement with employers was a protracted process, rather than a one-off event. The timescales for Business Advisers to engage employers, arrange a meeting with relevant decision makers and finalise a Service Level Agreement to register them onto the pilot were far longer than initially envisaged.

There was also sufficiently more ongoing effort required to sustain the employer relationship than initially envisaged. Maintaining a strong line of communication with employers was an ongoing challenge which continued throughout the pilot, particularly as homes had to be re-engaged into pilot support if managers left the home. Business Advisers highlighted the importance of sustaining employer engagement throughout the pilot by building rapport with employers, communicating regularly to encourage their participation and highlighting the time-limited nature of support as pilot delivery continued.

'Building relationships with the managers was the most important thing.…I would email the manager a couple of times a week just to keep on top of things, asking how they're doing, just having a chat very quickly or by email' (Business Adviser)

Business support

Business Advisers met with care home managers and owners to undertake a business diagnostic and create a tailored action plan. This process reviewed key business areas (resilience, HR skills and capacity, legal/structure, digital innovation, growth and finance) and suggested potential useful interventions which were tailored to business needs (see Appendix 1). Following this meeting, employers met with six consultants for half a day to hear a 'pitch' about their offer for their business.

Consultants then compiled a report of the business needs, which was sent to the employer and Business Adviser to discuss and prioritise according to business need. Employers could receive 8 days of consultancy support overall from a mix of these consultants. The days and interventions were decided through discussion between the Business Advisers and employers. In some cases, Business Advisers negotiated with consultants on the days required to ensure the employers could access the range of business support they required. Employers and Business Advisers felt that this decision-making process worked well as they were initially guided by the areas of need identified in the action plan, and the Business Advisers ensured that employers received a package of support which would most benefit their business.

'One care home had quite good social media and website...[but] they wanted to spend four days to develop a digital marketing strategy. I pointed out "You've got quite a bit of traffic going there anyway, I think you've got a problem with recruiting and training staff so why not look at the buddy system and work with Connect 3 [HR]' (Business Adviser)

There were variations in consultant support accessed by the homes depending on business need, however Business Advisers noted that there were some common themes. Notably, Human Resources (HR) consultancy was a highly popular offer as care homes commonly expressed concerns about staff recruitment and retention.

The consultancy offers were well received by employers, who valued the objective and independent expert support and felt the offers were well researched and grounded in the sector's need with wide ranging options to select from. Consultants and employers were positive about initial one to one meetings which enabled the support to be tailored to the needs of each home. Meetings held with owners and managers were felt to be most effective as owners had decision-making power and managers had complimentary knowledge of the care home's day-to-day strengths and challenges.

'I definitely involved the managers to get their view and my co-director, and we worked out what we thought the priorities were in terms of what we thought would be the most value to the business.' (Employer 10)

The consultancy support was a welcome offer for businesses as it enabled them to access objective, independent and expert support. Decision making was informed by the business

diagnostic, Business Adviser discussions and pre-existing business need identified from recent inspection reports or consultation with senior managers.

'We had had our inspection report and managers fed back that the current supervision and appraisal system wasn't really working…[HR consultant] completely redesigned it to be much more user friendly and we implemented that…It had been an issue for us, getting an outside view and taking the time to sit down and do it…had a real practical value.' (Employer 10)

Challenges

There were a few instances where employers desired more information about the role of consultants due to their lack of familiarity with business support. One employer recommended a written resource which outlined the services and business benefit to aid decision making.

The main challenges identified in the delivery of consultancy support related to the employer's time constraints. Consultants reported difficulties arranging meetings with the homes due to the limited availability of the owners and managers. There were also instances of limited communication between managers and owners which hindered effective support delivery and implementation of consultant recommendations. These difficulties were exacerbated by manager turnover during the pilot.

The effectiveness of consultant support was also constrained by a condensed timescale for delivery due to the protracted period of employer engagement, and difficulties with adapting the funding model. Some consultants reported that care home managers were working with several consultants at once, which caused a larger time burden and reduced employer capacity to engage fully with the individual consultants. Some consultants felt that the pilot did not run for a sufficient length of time for employers to act on the guidance given through consultancy support. Other pilot stakeholders also reported that the condensed timescales for delivery prevented efficient sequencing of pilot support as ideally, the business support would be delivered prior to training interventions. This was particularly notable for HR support, which was felt would support employers to identify skills gaps for their staff prior to arranging employee training.

'In the consultancy work, especially the leadership and management training, the consultants have been able to pinpoint what gaps there are or what follow on training is needed to carry that forward and that could be paid for through the training budgets.' (Pilot Stakeholder)

There were mixed views from consultants and employers about the time allocated for business development support. It was initially envisaged that employers would access 4 days of consultancy support each. This was extended to 8 days based on a reprofiling of numbers of employers the pilot would work with. Most employers found the 8-day allocation sufficient to utilise amongst their chosen consultants, however some consultants felt that the time they were allocated for support was not sufficient to deliver the guidance

required and for the employers to act on the guidance. This was exacerbated when care homes had little initial knowledge of a support provider's area of provision as they had not previously accessed business support, so required more time to prepare the data needed for consultants. This suggested that the initially proposed 4-day consultant intervention may have not been sufficient to meet business need.

Employee interventions

The pilot funded a range of non-mandatory training for employees including financial inclusion interventions, leadership training and care related topics such as care planning, dementia, medicines administration and palliative care (see Appendix 1). Over 1400 training places were undertaken by 573 staff. This section highlights the key challenges found in delivery including: the identification of staff training needs, sourcing and organising training and securing attendance, as well as how the delivery partners adapted to these difficulties.

Identification of training need

The main learning from this support delivery was the extent to which **employers needed support to identify the training needs of employees**. The extent to which employers were aware of the training needs of their employees varied across homes, but Business Advisers reported that most employers required support to identify training for their employees. This was not foreseen in the initial pilot design.

One of the challenges faced by employers which hindered their ability to identify training needs was the lack of time and financial resources to consider training beyond the mandatory requirements. This linked with the sector being highly regulated and required to provide several mandated courses, as well as being reliant on local authority funding. Some employers did not have a non-mandatory training budget, so had not fully considered non-mandatory training for staff.

'Saying to the managers that you can get non-mandatory training paid for…it was blank looks and they say, "I'm trying to run a business, keep the care sector happy, make sure that all my employees are trained in the mandatory training, why would I want to add on non-mandatory training as well, that's things they don't really need to help them do their job.' (Business Adviser)

Business Advisers sought to address these challenges in pilot delivery. They assisted employers with the selection of courses by providing tangible examples of the training that other employers were accessing through the pilot. To further streamline the process, the Business Advisers developed 'crib sheets' of different training offers for businesses to choose from.

A further challenge reported by employers and Business Advisers was that the businesses often did not have the level of supervisory processes in place to understand the skills needs and gaps of their individual staff. Therefore, managers did not always know what

training individual staff members would benefit from. This was identified as the main challenge by one Business Adviser, who felt that this could not be addressed through the pilot, unless the pilot introduced a specialist training needs analysis for staff.

'There was an issue in them identifying the training, but we worked through that. The issue probably was more about them understanding their staff base and not having an analysis for putting some people in training that it was going to be all that useful for them.' (Business Adviser)

Most employers reported that their decision making about the non-mandatory training offer was informed by the examples of other homes, 'pressing issues' from the sector (such as the new health and social care standards from the Care Inspectorate) or pressing issues in their home as identified in recent inspections. This ensured that staff in their homes would undertake training, which was beneficial to the business, but some stakeholders felt that this limited the extent that training was tailored to the needs of individuals, and their progression goals.

In some cases, the employers utilised the HR consultancy to implement supervisory processes which improved their ability to conduct a skills analysis of their staff. However, the potential of this approach was largely limited by the condensed pilot timescales for delivery, which meant that consultancy and training interventions were not sequenced and, in some cases, occurred concurrently.

Sourcing and organising training

The Business Advisers also took a larger role than anticipated in sourcing the training providers to deliver the training as they initially envisaged that employers would use their preferred trainers. They reported challenges identifying training providers who had the capacity to deliver a large amount of training across several homes in a short period of time. This was completed successfully, however advisers highlighted that **mapping the availability of training provision prior to pilot implementation** would have eased this process.

Employers also found it difficult to organise the training. In the initial design, it was envisaged that employers would organise the staff training independently, drawing down pilot funds as needed. In practice, some employers found the administration requirements challenging to complete.

'There was an initial "Oh, let's get some training done," and then it just fell away because it was a lot of organising…it's problematic around the time constraint to get it actually, physically applied for' (Employer 1)

The need to apply for training caused delays in delivery, so Business Advisers took a more proactive role to coordinate the training by proactively linking the homes with the training providers and completing grant applications. This offer of practical support was not usual

practice for Business Advisers when they worked with different sectors but was key to the successful implementation of this pilot.

Trainers highlighted that there were some communication difficulties with employers due to their time constraints and manager turnover. In some cases, training was cancelled at short notice, or managers would not be aware that training had been agreed to take place. Trainers highlighted the importance of regular communication in advance, and on the day of the session to confirm the training. The financial inclusion trainer felt it was important to communicate regularly with the homes and to promote the training themselves, as care home managers were less familiar with this type of support.

Employee access to training

Pilot stakeholders highlighted several challenges in supporting employees to access the training interventions and financial inclusion workshops. These included attitudinal barriers and time constraints.

Several stakeholders highlighted that some employees were not interested in undertaking training or accessing career progression opportunities. It was particularly difficult to encourage some staff to attend training on their days off, but there were challenges in arranging training on their working days as this resulted in the home being short staffed. There were also challenges in encouraging employees to access financial support workshops due to perceived stigma attached to this. Stakeholders highlighted efforts to overcome this stigma, including managers attending financial inclusion workshops to promote their usefulness. The financial inclusion trainer also visited homes and explained the programme to managers, which led to higher levels of attendance.

'I think it's the human contact that makes the difference, so then the manager is on board. One place I went to because I'd been to visit…the manager had spoken to every single department within the care home, she had one person there from each department.' (Trainer)

One key enabling factor to overcome employee reticence was the organic peer promotion of training as employees shared positive experiences of training undertaken through the pilot.

'People that had been trained in a care home would go back and maybe talk about it to their colleagues and the colleagues would then be saying to the general managers, "When are we doing that training because I heard it was great and I'd love to go on it," so there was a bit of peer promotion' (Business Adviser)

A further barrier to training attendance was employee working patterns, which was identified as a key issue in all trainer interviews. Trainers regularly highlighted the need to plan as far in advance as possible to organise dates with the homes to ensure staff attendance. There were difficulties co-ordinating training, particularly for staff working shifts and night shifts as night shift staff had to come in on their days off to access training. There were also several reported instances of care staff being removed from training to

deal with emergencies. There was limited evidence in the research of grant funding being used to cover transport or childcare costs, job rotation or out of hours services to widen access to employees.

The financial inclusion trainer highlighted that part time staff were not accessing financial inclusion support but may be at greater risk of in work poverty. They suggested that part time staff should be identified and encouraged to attend this training, and the support should aim to address their barriers to participation.

Employee views of progression

Care sector employees also expressed mixed views of the extent of progression opportunities available, and how desirable the opportunities were.

The main factors which impacted on feelings about career progression were attitudinal barriers and circumstances, such as age, health and family situations. Childcare was a key factor for parents, particularly concerning pre-nursey age children. Most interviewees with young children had informal or familial childcare arrangements and valued spending spare time with their children, rather than studying or job searching. Some older interviewees described feeling 'too old' to train in the necessary skills to access a promotion such as medication management, or nursing. **Health issues** could also impact the scope of potential roles employees felt that they could undertake, and the relative priority of progression compared to managing their health.

'I've been offered the position to be a senior, which entails everything that I do just now, but the only difference is that you're giving medication, so I'd need the medication training. I feel, I know it's a bad thing to say, but I feel I'm too old now.' (Female, 51, Support Worker)

Some interviewees reported that they were uninterested in the next step up in the care sector due to the increased responsibilities. Some of these carers felt they would rather consider a 'sideways' move to a different employer to attain financial progression. This was often related to witnessing senior staff under pressure and with a high burden of responsibility in adverse circumstances.

'I'm quite happy doing my job to the best of my ability then going home because…becoming a senior, too much responsibility, the buck stops with you, not interested. I don't want it.' (Focus group participant)

Other employees were comfortable in their job, due to factors such as a supportive manager and the location of the home and were **uninterested in progression,** particularly if there were not progression opportunities in their own care home. Others highlighted the importance of caring as a vocation and stated that they did not wish to progress as it would involve moving away from providing a caring role to residents.

Employees who were actively interested in progression opportunities were motivated by the opportunity to increase their household income. However, in some cases they faced

substantial barriers to accessing a progression. The most common barriers were related to the requirement to attain qualifications, and difficulties in accessing the training necessary. Prior to their participation in the pilot, employee experiences of training varied. Some employees were able to access training to refresh their skills and knowledge, but others reported that previous requests for training had been denied due to funding pressures. Carers who wished to progress to senior carers highlighted that SVQ qualifications were required to access promotion opportunities in the care sector, however this qualification was only funded for those aged 25 or under. Most of the interviewees felt unable to self-fund their SVQ level and therefore needed an alternative source of finance:

'I went to college for two years…financially, it was a nightmare for me, and I don't know that I'd be able to do that again' (Female, 46, Senior Carer)

Employees and stakeholders highlighted additional barriers including pressures of balancing work and studying, which were pronounced for those with childcare responsibilities and a limited support network. Some employees highlighted that they were financially unable to reduce their hours to balance studying and family life. Others highlighted that the SVQ qualification was at odds with the vocational nature of the role and would prefer more practice based, experiential qualifications rather than a focus on written exercises which presented a barrier for some.

Partnership working

Pilot stakeholders were positive about the partnership working in place which supported the delivery of the pilot. Several trainers regarded the Business Advisers as passionate about the pilot, and highly supportive through challenges. Similarly, a key enabling factor of employee training was supportive training organisations which adapted their delivery role to reduce the burden on Business Advisers and employers. For example, one college developed courses specifically to suit the individual needs of employers and the financial inclusion trainer proactively promoted their training to the homes and their staff.

The pilot steering group, which included representatives from Glasgow City Council, DWP, care sector employers and sector representative organisations also played a key role in the successful development of the pilot as described in chapter 3. The Steering Group also supported the implementation of learning from the evaluation to inform ongoing delivery and ensured the pilot stuck to its core aims and objectives through reviewing pilot spend.

Some stakeholders felt that additional trade union and/or employee representation on the steering group could have been beneficial to meet pilot aims. One stakeholder also felt that it would have been advantageous to include consultants and training in the Steering group meetings to gain an understanding of their offer. This viewpoint which was echoed by some of the consultants and training providers who were keen to gain a fuller understanding of the pilot overall.

'I don't get to meet the people involved in the direct delivery of the consultancy. That would have been interesting and definitely would have improved my understanding of what the

packages of support were going to look like, how they would be delivered and what individual companies had to offer...I didn't necessarily have that wider understanding.' (Pilot Stakeholder)

Summary

The 'In Work Progression in the Care Sector' pilot aimed to deliver a sustainable model of employee progression to improve the skills and increase the earning potential of people working in the care sector in Glasgow, particularly those affected by in-work poverty. It was designed as an employer led model, featuring a business diagnosis to identify support interventions which would allow businesses to operate more effectively and improve the skills and financial progression of their staff. The delivery model followed a process of employer engagement, business diagnostic, consultancy and employee training interventions, and ongoing support from Business Advisers.

The key factors which impacted the pilot implementation were the funding model and challenges associated with operating within the care sector. Several changes were made to the original pilot intention, which caused delays as changes to the funding model had to be agreed. Crucially, operating the pilot within the care sector presented sector specific difficulties including time and funding constraints, staff capacity and the highly regulated nature of the sector. These challenges also impacted the ability of the pilot to engage employers and deliver pilot support.

Pilot stakeholders highlighted learning from employer engagement, pilot interventions and ongoing support. Stakeholders described how best practice from delivery was continually implemented to increase the effectiveness of delivery. This learning also provides valuable lessons for future interventions of this type. Pilot delivery staff found that factors enabling effective employer engagement included: engaging key decision makers; knowledgeable and trusted advisers; and flexibility in communication. The messaging of the pilot was also essential to overcome employer's barriers to pilot participation. Effective messaging included the offer of tailored, practical support with employer's main business difficulties and emphasising the prospect of business savings before discussing employee training interventions.

There were unforeseen challenges relating to the delivery of pilot interventions. These particularly related to employee training, as pilot delivery staff highlighted the need for support for businesses to organise training and effectively identify their staff skills needs. It was imperative for Business Advisers to support employers to access training, and it was identified that a form of training needs analysis would have been useful to support pilot aims of business improvements and employee progression. Condensed timescales for delivery prohibited the effective sequencing of consultancy support and employee training in some cases, which could have enabled training needs analysis from consultants prior to the implementation of employee training.

Further learning from delivery included the importance of prior mapping of provision to ensure that businesses could easily access good quality training providers, the need to effectively promote the pilot among employers and employees and the need to purposefully design pilots to overcome accessibility issues such as shift patterns. Overall, it was found that engagement and sustaining engagement with care sector employees was time consuming due to the aforementioned challenges. However, stakeholders frequently highlighted that supportive and dedicated staff and partnerships were a key enabling factor in the pilot implementation.

Summative Evaluation

Qualitative findings

This chapter presents the outcomes, learning and recommendations of pilot stakeholders including employees, employers and delivery partners.

Employee Outcomes

This section reviews the outcomes achieved by employees who took part in the pilot and provides an assessment of the extent to which it met employee needs and enhanced progression opportunities. It draws on data from interviews with 30 employees of varying roles such as carer, senior carer, activity co-ordinator, nurse and cleaner, predominately on full-time permanent contracts. Employees accessed a range of job-specific courses including Care Planning, Dementia Training, Health and Safety, Human Rights and Medicine Administration, as well as financial wellbeing courses.

Employees interviewed reported a range of outcomes as a result of their participation in the pilot training offers such as improvements to their financial wellbeing, development of job specific skills and career progression. Employers also perceived a range of benefits for employees who accessed training and financial management workshops which encompassed both financial progression outcomes and soft outcomes experienced through engagement in the pilot.

Financial wellbeing

Prior to participation in the pilot, around a third of employees interviewed were experiencing at least moderate financial difficulties at the household level attributed to insufficient income. Several reported that they were ‘just about managing’, affording essentials and bills by foregoing ‘extra’ costs, such as activities for their children or holidays. This meant that an unforeseen emergency, such as a repair, would lead to financial difficulty or debt.

Many employees who avoided immediate financial difficulties relied on supplementing their wages by regularly working overtime or taking on an additional job. Some employees with children had to reduce their hours from full-time to part-time in order to provide childcare because their full-time salary did not cover childcare costs. Others reported relying on adult children to financially support them. In addition, for some employees, the cost of

travel to work was a key factor in the determination of disposable household income. Several noted that their place of work was local which reduced the need for spending their earnings on travel.

Following completion of Financial Inclusion and Managing your Money training courses delivered through the pilot, employees **reported a range of positive impacts on their short and long-term financial wellbeing**. Some employees learned how to better manage their monetary outgoings through the use of tools such as expense sheets, as well as techniques such as expense prioritisation. Others reported learning how to conduct debt-restructuring, implement payment plans and assess borrowing options in order to better manage existing and future debt and escape debt cycles, with some staff already utilising this learning to consolidate their debt into more manageable payments.

'I learned how to manage the bills…there are certain things that we need to pay for us to survive like your rent, your tax, your electricity things like that, they are more important…pay for these before you pay any other bill…' (Female, 35, Care Assistant)

Some staff, in addition, spoke of how they learned to better save money through saving schemes and more informed consumer purchases via, for example, price comparison websites. In some cases, employees shared their newly-gained finance-related knowledge with their family and friends, dispelling their own and others' misconceptions and contributing to an information trickle-down effect throughout their wider communities.

Some employers reported that employees who accessed financial health support experienced a range of benefits including improved money management, knowledge of their welfare entitlements and support with debt. One employer reported that some employees came off benefits after increasing their hours at work which they perceived as an indication that employees felt more able to make decisions regarding their finances. Employers felt that one to one support was particularly beneficial for employees accessing financial health support.

Job-specific skills

Employees acquired a range of specialised job-specific knowledge through the various training courses accessed through the pilot. Employees reported utilising what they had learned within their roles to considerable effect. For instance, some employees who completed Health and Social Care Standards training felt they developed an improved understanding of the rights and agency of clients. Other employees who accessed Dementia Awareness training felt subsequently better able to identify vulnerable clients' stress triggers and adapt their own approach to reduce the likelihood of activating these triggers. As a result, these **employees felt they were able to improve their relationships with clients and provide a better-quality service**.

Management and Leadership training was deemed particularly useful by employees occupying management roles. These employees commented that it enabled them to better

engage with staff and provide junior staff with better quality feedback, which in turn supported junior staff's professional development and general productivity.

'It's taught me how to be with other people when you're working alongside...deal with problems and how to get the best out of the staff' (Female, 46, Senior Carer)

Some staff also spoke of how attending group training improved staff cohesion. These employees reported that classes imparted practical coping tips and techniques doubled as forums, providing staff with the opportunity to exchange knowledge and opinions. These forums were also felt to enable staff to better manage difficult situations and support vulnerable clients, such as those with dementia and subsequently improve the quality of service. For some employees, feeling ill-equipped to deal with difficult situations was previously a source of dissatisfaction and stress in their roles and learning coping techniques was vital.

'Just the way (the trainer) was portraying it and how he was telling us what to do, what not to do. Any situation that was too much for us, walk away, go and take a five-minute break. We didn't know that we could just go and take a break away from it' (Male, 51, Support Worker)

Soft skills

Through the course of training, many employees perceived that they had **developed a range of soft skills including confidence, motivation and communication which was felt to improve their ability to perform their roles effectively**. This was particularly recognisable for employees who had completed Dementia Awareness training, who reported that increased knowledge of best practice had provided them with confidence in supporting residents with dementia, and in their role more generally.

'I think it's helped the job because the training is good, there's lots I didn't know, like stress and dementia… it gave me a bit more confidence' (Female, 34, Care Assistant)

These soft skills enabled employees to improve the quality of care for residents who they previously found it difficult to support. For example, one employee reported that they were able to utilise skills learned through their training to better communicate with clients who they had previously experienced difficulties communicating, including those with language barriers.

'We have got Chinese clients, but we can tell with their body language and eye contact, so I can better deal with people' (Female, 54, Care Assistant)

Employers and delivery partners also noted employees' experiencing a range of soft outcomes, which was attributed to engagement with training. These soft outcomes included:

- increased confidence

- increased knowledge and skills and improved ability to perform in role
- improved job satisfaction, morale and motivation
- improved wellbeing
- more positive perception of training

Increased confidence

The most commonly reported soft outcome was increased confidence. This was strongly attributed to participation and engagement in training. In some cases, increased confidence was attributed to employees feeling more supported in their roles. Delivery partners and employers also noted that increased confidence supported the development of wider soft skills and in some cases supported employees to secure higher paying roles as they performed well at interview. Increased confidence was also seen as a key factor in carers' ability to provide high quality care to residents and in their motivation to access further training.

'I notice that there is a little bit more confidence and a wee bit of a thirst to know more in some of them' (Training provider)

Increased ability to perform their role

Overall, employers and partners felt employees were better able to meet residents' needs and provide relevant and effective care following pilot training.

'The more training they have, the more understanding of the residents' needs and how they can help them and how to do things properly, care for them properly.' (Employer 2)

One trainer also illustrated this finding by noticing that employees were better able to communicate and interact with residents and their families:

'You could see that their interactions with the patients were quite different from what they were before. Communication had improved, you could see them giving more reflection and choice for individuals…and them talking to families more where before they…[were] maybe a wee bit apprehensive.' (Training provider)

Some employers and partners noted that this outcome was most noticeable when employees were able to apply new knowledge and skills to directly to resident care. One trainer echoed this point by explaining that training had been tailored to meet the individual needs of the home so that the knowledge and skills gained would be relevant to their daily responsibilities. Therefore, employees who accessed this training were able to put the skills and knowledge gained into practice immediately.

One employer highlighted that employees who accessed the training shared the knowledge they had gained with others who had not engaged. In this way, the training fostered a wider culture of knowledge exchange in the workplace, positively impacting on employees.

'They would share knowledge with other people, and they have that knowledge now within the care home.' (Employer 4)

Improved job satisfaction, morale and motivation

Some employers reported that training and better supervision practices had improved employee job satisfaction and overall morale and motivation. Often this was attributed to employees' increased knowledge and skills and ability to perform in their role.

'The staff are more positive in their role.... they were taking what they had learned, and they were trying to take it forwards within their job' (Employer 8)

One employer reported that higher employee satisfaction led to higher retention and less need for agency workers, which provided a business saving. Another employer reported that higher employee morale had resulted in employees becoming more involved in the home's activities outside of their working hours, such as accompanying residents on day trips indicating increased motivation for their job:

'At the start you wouldn't think it would affect staff morale that much, but the staff are keen. The staff are enthusiastic. They're so much happier in the workplace… now the morale's high... they're actually eager for this place to progress. They're now fundraising…they speak to families, they come in on their days off to take the residents away. They're just happy to be at work.' (Employer 3)

Other employers noted that improved supervision processes created a more pleasant working environment for employees, increasing their job satisfaction overall:

'It feels like a nicer more relaxed home. I think the staff feel a bit more like we are a team which is probably a result of things that have been going on as well, that they feel that they are being valued and invested in' (Employer 7)

Improved wellbeing

Employers highlighted that training had a positive effect on staff morale and wellbeing at work. One employer reported that the training had had a noticeable impact on employees' ability to manage stress, which was previously a leading cause of staff absence. They found that after pilot involvement in training, there was a significant decrease in incidences of sick leave:

'Sickness absence had gone up and peaked at that point in time and after the training had been done, even though the same people were there, the same issues, the same incidences were happening, we found that the sickness, absence went down to what would be the average for that time of the year.' (Employer 5)

Employee perception of training

Some employers felt that since engaging in the pilot, **employees appeared to view training more positively** as they could see the value of training. As a result, new staff and

those who hadn't participated became more interested in engaging in future training opportunities.

'If you think of these meetings way back at the beginning, they were a bit hesitant, whereas now you talk to the staff who've felt the benefit of the training and… you can feel their confidence and their desire for more. Especially…new staff hearing that tend to want into this as well. So, they'll sign up.' (Employer 7)

Family and community impact

In some cases, **employees utilised knowledge gained from training to improve the wellbeing of their families and wider communities**. This impact was particularly evident from the financial inclusion sessions as employees were able to make better financial decisions to benefit their families. Other employees felt they were able to utilise skills learned from job-specific training to care for members of their family. For example, one employee utilised their new knowledge of mental health issues and strategies to promote positive thinking to better support family members with their mental health and neurological issues. Some employees also suggested they could apply their learning to better their local communities. One employee who completed Dementia Awareness training was keen to use their new learning within their own community to better recognise and support those with dementia.

'You can meet someone in the street and the people are confused because they've got some dementia and you can help them' (Female, 46, Domestic Assistant)

Career progression

Some employees noted how an **improvement in their job-specific skills combined with their soft skills enabled them to take on more responsibilities** at work, such as medication administration or supervision of junior staff, resulting in reduced reliance on other staff and enhanced recognition of their contribution within the workplace.

'I've maybe got a wee bit more responsibility given to me by my seniors because they know that I'm quite confident in my roles, so I could say that I went forward…' (Female, 33, Support Worker)

In some cases, this led to career progression, or the expectation of progression in their role. This progression took various forms including a rise in responsibilities, salary or hours, movement to a new role with their existing employer or a new employer, movement within care related roles or from a non-care role to a care role.

Moreover, it was noted that **the breadth of skills offered by a proportionately broad range of courses endowed employees with an excellent foundation for progression**. Several employees felt that the non-mandatory training offered through the pilot was useful for progression as it complemented the contents of their SVQ qualification, which was the real prerequisite for promotion in their home.

Employees with positive experiences of the training often reported feeling more motivated and ambitious and, recognising that the training delivered through the pilot formed a sound foundation for further knowledge development, **planned to access additional study to improve their skills**. In some cases, there was a clearly defined next step such as accessing SVQs through their employer, or using the practical experience gained to strengthen their applications for further learning:

'I have had practical training, I have all of this knowledge within me, because I have seen how nurses deal with the user service… it will help (my application for a nursing course) …' (Female, 29, Support Worker)

There were instances of external progression through the pilot, particularly where internal opportunities were limited. For example, one employee noted how the training courses helped them to become more aware of their own skills and aspirations and the steps required to meet those aspirations, which resulted in them leaving their existing employer to progress to a care home with these opportunities.

Employee Impact

Extent support met needs

Financial-wellbeing training generally met employees' need for improved financial position and stability. The most valued aspects of the financial inclusion training were the practical support offered such as support to address problem debt and implement payment plans, as well as guidance on concepts such as money management and expense prioritisation. Other valued topics included previously unknown issues such as the difference between 'good and bad debts' and awareness of their rights regarding debt collections.

The group setting was felt to have worked well, but the offer of further one to one support for specific financial issues was particularly useful for several employees interviewed as it provided a comfortable, private environment for them to discuss personal issues. This offer of follow up support was also important as it provided an access-point to support needed in the future.

'"The trainers were lovely, they were very helpful and when they got the chance afterwards to sit with us, they offered good advice, like, here's our number, give us a call if you've got any problems, we'll help you to deal with it. They were very, good that way and happy to help' (Female, 60, Activities Co-ordinator)

Moreover, for those employees who had not received similar training in the past, the job-specific training received through pilot generally provided the job-specific skills, soft skills and knowledge required to carry out their role effectively, support clients and make steps towards to progression. However, the staff who had completed similar job-specific training in the past often found the training delivered through the pilot to be too basic, maintaining existing knowledge and skills but usually not leading to the development of new skills nor supporting these staff to meet the prerequisites for progression.

There were several issues which were suggested to have limited the degree to which employee training met individual needs. Just over half of the employees interviewed stated that their employer had mandated training and selected courses on behalf of staff, with very little indication that the courses selected were based on an assessment of staff's needs or progression goals. One employee, for example, reported that they were put forward for leadership training despite making it clear to managers that they did not want increased responsibility. In addition, staff in many cases were either not informed about the nature of the training courses to which they had been allocated or told with very short notice prior to the course. **Most employees were not aware that they were participating in an in-work progression pilot and did not recognise that these courses formed a part of this.**

'She just says we are attending the training, I didn't even know what the training was until I was there…when I did ask what it was, I think they were not sure' (Female, 35, Care Assistant)

Furthermore, where employees were able to select their courses, some courses remained inaccessible due to an inability to fit courses into their working or personal lives. Moreover, several staff indicated that while training delivered through the pilot may have been sufficient to support them to take on new responsibilities within their existing role, the non-mandatory training offered through the pilot was not sufficient to support progression to a new role. This limited the impact the pilot was able to produce on individual financial progression. In such cases, progression to a new role required specific SVQs of a level dependent on the progression goals of each employee, though staff did note that these qualifications were well complimented by training delivered through the pilot. The necessity of these qualifications in the care sector meant that staff faced persistent barriers to progression.

Future plans

Following the end of the pilot, many employees aspired to continue their education and progress their career. Most often, these employees considered further education a prerequisite for future career progression. However, the necessity of SVQ qualifications particularly presented a persisting barrier to progression for many employees.

Most employees interviewed stipulated that they could only undergo further training if it was at least partially funded by their employer or another organisation and very few employees felt that this was accessible to them. A weak financial position also meant that some employees could not afford to forgo hours at work in order to study, meaning that they would have to study alongside their typical work hours, which was an additional barrier to education and progression. This issue was particularly pronounced for single employees with dependent children.

Other barriers included a lack of confidence in their ability to complete a formal qualification, a lack of information about how to switch careers as well as perceived lack of necessary funds, all of which echoed a general sense of risk aversion and uncertainty

about the degree to which some employees are capable of progressing from their current professional position.

'Some of the girls, they're great carers and you say…you could go far…and they don't have the confidence and financially, they're thinking to themselves, if I've got to travel further out or do this or do that, I think that scares them off' (Female, 60, Activities Co-ordinator)

Extent the support enabled financial progression

Findings from delivery partner and employer interviews highlight **mixed views of the extent to which the pilot enabled employee financial progression**. Most employers reported that some employees had secured financial progression. Of these, some attributed their progression to their involvement in the pilot, whereas others felt progression was either somewhat attributable or not at all attributable to engagement with the pilot. Employers who felt that progression outcomes could not be attributed to the pilot highlighted that the employees who secured progression already had SVQ qualifications, and therefore reasoned that that these qualifications, rather than pilot training, was the main factor in their progression. Some employers also reported no financial progression among their staff at the time of interview.

Employers who reported that employees secured **progression outcomes** as a result of pilot training stated that promotions, for example from carer to senior carer, were the most common progression outcome.

'…people who got to go on these courses have moved from basic care roles to more senior care roles that took on more responsibility, understood the job more, and started to deliver higher and better-quality care. Also…they have had an increase in salary, they are…financially better off…' (Pilot Stakeholder)

Some of the interviewed managers had also accessed a progression, which was attributable to the pilot training. These employers explained that progression outcomes were secured for employees at all levels of the business (not just for the low paid workers):

'It's across the board because we've had care assistants that went to senior carers. We've had senior carers that have [progressed because of the] the nursing training. We've had nurses that's went to unit management, including myself. I was a deputy manager and went to a manager.' (Employer 3)

Business Advisers also reported that the consultancy and training had benefited employees in higher paying roles, with senior carers moving into supervisory roles. This indicates a discrepancy between the pilot's aims as a progression pilot to support low paid individuals and the outcomes achieved:

'I would say that probably the consultancy support and the training support that helped the senior carers move into supervisory roles.' (Business Adviser)

Some employers noted that the training had upskilled carers, enabling them to increase their responsibility and therefore secure a wage increase. For instance, one care home manager completed the Health and Safety training and secured a progression outcome as a result:

'It gave me a greater understanding of what to look out for. It gave me more skills. It gave me more depth of knowledge and information and tools to work with to help improve the safety management within the workplace... it was one of the prerequisites they wanted for this job was somebody that had done the IOSH training. So that had a direct impact' (Employer 5)

Where no financial progressions were secured, employers reasoned that the training offered through the pilot was not suitable to accrue wage increases for employees. These employers explained that only a recognised SVQ qualification, would have led to progression outcomes. Given the fact that some employers could only give wage increases to those who have secured the SVQ qualification, they felt that the model, which only offered non-mandatory training, did not function as a progression pilot.

'Their SVQ qualifications. They have a higher rate and level 2 has a higher rate. Level 3 has a higher rate. Level 4 has a higher rate. That's how we pay staff.' (Employer 2)

A training provider felt that despite the absence of wage progressions, the model nevertheless functioned as a progression pilot given that it enabled employers to invest in employees' development which contributed to a range of soft outcomes such as employees feeling more motivated and more supported:

'I think it translated very well because I think it is upskilling staff, it is giving staff more skills, making staff feel more valued.' (Training provider)

Employers who had offered progression opportunities to staff echoed this viewpoint. These employers noted that the training provided a skills and experience 'top up', enabling employees to build on skills gained through previous qualifications and training, such as SVQ training. They felt the training accessed through the pilot had enabled employees to accrue a range of soft skills, such as confidence, which helped them secure a promotion. Ultimately however, they attributed the wage progression to the SVQ training.

Others noted external factors at play that limited progression opportunities. For example, some employers felt that **few progressions were secured due to the small size of the business**, meaning there was a lack of higher positions available. Another reported that many employees had left the home after being engaged in the pilot and moved into new positions elsewhere. This employer noted that while these employees had not secured progression opportunities internally, they had been able to progress externally. A training provider also noted the structural barriers at play hindering wage progression at senior carer level as there were less promotion opportunities to management, and higher requirements. This provider noted that the majority of staff at their training were senior

carers and suggested that the benefit of training these employees was felt by the business more than employees:

'the staff that I got were already in the role that they were being paid for, so I think as a business, it probably was giving them the value for money for what they were paying a senior carer to be able to do more of a role, within that care home… I am not sure whether or not there was much more progression, if you are a senior carer…there is not an awful lot unless you go from team leader up to deputy which is few and far between. I would say progression is from a carer to a senior carer'' (Training provider)

Employer outcomes

This section draws on interview data with delivery partners (Business Advisers, consultants and trainers), and employers who accessed support from the pilot. It explores the outcomes and impacts for businesses that engaged in the pilot and employers' views of employee outcomes. Finally, this section presents employer's suggestions and recommendations for how the pilot could be improved to support employees to secure financial progression and ensure that interventions have a positive impact on businesses.

Business outcomes and impact

Pilot stakeholders noted several positive impacts, particularly concerning:

- business profile and marketing strategies
- financial processes
- supervision, management and development processes
- improvements to the quality and standard of care

Overall, employers reported that improvements in the above areas contributed to business sustainability, staff recruitment and retention, cost saving opportunities and profit generation.

Increased profile and improved marketing strategy

Overall, increasing business profiles through marketing support was identified as a key outcome by consultants and employers. Consultants found that their support provision had enabled care homes to become more effective at marketing their service, which employers noted had helped to boost awareness of their business and raise its profile.

Employers found that news stories on the website, direct and/or free phone lines to the manager's office and social media presence were particularly impactful in **generating business and increasing the profile of the home.**

Through consultancy support, one employer was able develop their marketing strategy by learning how to use social media as a marketing tool. They set up an instant messaging

service which directly connected prospective customers to the manager of the care home. This **increased customer interest** and **streamlined the process of addressing prospective customers' enquiries**. This also **supported recruitment processes** as this employer found that people started contacting them expressing interest in employment opportunities, which was an unexpected yet welcome outcome:

'It's helped us both from the point of view of marketing the business, with customers coming to us but it's also helped us with people actually contacting us and saying, "I'm interested in a job as a carer," or "as a cleaner…so from the recruitment point of view it's helped as well' (Employer 7)

Similarly, one employer noted that there was an **increase in customer enquiries** after introducing a freephone line to their website. Another employer reported that encouraging employees to be involved in the business' social media presence, for example by joining the Facebook page, liking pictures or posts, was an effective business promotion strategy as it raised the business' profile among employee social networks. Both employers attributed these outcomes to consultancy support they had accessed through the pilot.

'We've actually had quite a number of people coming through. "How did you learn about us? Was it a social worker, who was it?" And they say, "Well, initially it was this Facebook page.' (Employer 7)

Overall, employers reported that improved marketing strategies increased resident numbers and increased revenue for the home in the longer-term, thus making the business more sustainable.

Finance processes

Some employers reported that their finance processes had improved as a result of their engagement with the pilot. Improved finance processes were attributed to accessing support from finance consultants and had a positive impact on cost saving, profitability, business sustainability and financial decision-making and planning. Delivery partners found that some care homes became **more profitable and sustainable** through restructuring which involved identification of additional income streams and cost reduction. Another employer changed banks following the advice of finance consultants and noted cost savings through improved rates and overdraft facilities with their new bank.

Financial support was particularly important for one employer who highlighted that they found it useful to have an opportunity to discuss ideas with the Business Adviser before making an investment for the care home. This employer previously had a lack of time to consider the range of options available to them and felt that the support had improved their decision making regarding financial processes.

Business Advisers also reflected positively about the impact their advice had had on some care homes' ability to cost save:

'It's a sector that SMEs are finding it difficult to survive in but we've managed to go in and save some money on their electricity bills, grant funded towards taking on staff, given them money to train their staff, there's definitely been improvements, a couple of care homes have actually saved £15,000 a year in electricity' (Business Adviser)

Improved supervision, management and development processes

Business Advisers, consultants and employers noted that the care homes had improved supervision, management and development processes following pilot engagement. This was primarily attributed to the support from the HR consultancy, but managers also cited the Leadership training accessed as particularly beneficial.

Outcomes included **managers being better able to manage and support employees' development** through improved feedback and supervision and an internal 'buddy' scheme**.** Business Advisers and employers reported that this subsequently led to **improvements in staff productivity, motivation, retention and progression**. Buddy training was particularly well regarded as it produced a notable impact on retention because employees felt more supported and more motivated to develop in their roles.

While consultants felt that there were several additional expected future outcomes in this area, employers confirmed that they had begun to witness the benefits of these improvements. For example, some employers noted that improved supervision processes **created a more pleasant working environment for employees and had made employees feel more valued**. Noticing this increase in employee job satisfaction, social workers and residents' visitors were encouraged to recommend the home to their professional and social networks. As a result, employers saw an increase in word of mouth referrals:

'We are getting a lot more calls from social work who are getting good feedback from people that are already in the home. Our link social worker has been recommending us to other clients which has never happened before. There have been residents' relatives who have recommended us to friends…I have definitely seen an increase in referrals, and I would say the reputation has been building much more positively as a result' (Employer 7)

Another employer, who completed leader management training, reported that it enabled them and other managers to tailor their communication approach to individual employees, and have a **better understanding of their employee needs**. In turn, this enabled them to **provide more relevant, tailored support to help their in-work progression**. One employer highlighted how employing a tailored communication approach and a supervision process supported an employee with dyslexia to secure a promotion:

"The biggest thing for me training wise would have been the leadership management training. Actually acknowledging that there is so many different types of people and you can't communicate with them the same way… we've got staff that have got learning needs, like dyslexia, who thought they would never be a senior carer because of their writing

skills…but because he was involved in supervision, they get more support, he was able to then take the role on as a senior carer." (Employer 3)

One employer highlighted that **higher staff retention** was a key outcome from the pilot. They attributed this to employees feeling more valued and positive at work since improving their supervision and management processes. In addition, they noticed that employees started to recommend the home as a work opportunity to friends, which benefited recruitment processes.

Overall, improved supervision, management and development processes accrued a range of benefits for both employers and employees. Business benefits included managers feeling better able to manage employees, understand their needs and support their development and in-work progression. Employers reported that improved approaches to supervision and management led to some employees feeling more motivated to progress at work and secure promotions.

Improved standards of care

Some trainers and employers noted the multiple benefits of upskilling carers in certain aspects of their role (for example, administering medication). Firstly, it meant that **carers were better able to perform their role and take on more responsibilities**. Additionally, it resulted in **nurses having more time to concentrate on higher level duties**. Overall, this resulted in business benefits including a **higher quality of service, improved operational efficiency, cost savings and greater likelihood of business generation**.

One employer reported that senior carers had completed nurses' training through the pilot, which led to the care commission authorising the home to have only one nurse on duty as opposed to the two that were needed before the training. This was a direct result of senior carers accessing nursing training which had improved their management skills, enabling them to increase their responsibilities in the home. Additionally, nurses were less stretched and able to concentrate on carrying out higher level duties.

Employers and trainers also reported that homes had obtained higher grades and very positive comments about the standard of care being given from the Care Inspectorate following an inspection that took place shortly after the training was delivered. They attributed this improvement to their employees' participation in the training:

'There was more information and new information. They felt more up to date and felt more confident in dealing with things as well… the impact of that is improved quality of care.' (Employer 5)

'What I can say is from that training, first of all the home's grade went up...The leadership and management part of the care inspectorate went up at that time I did the training' (Training provider)

Other delivery partners highlighted potential longer-term benefits of improving the quality of service. Longer-term benefits included being better able to bid for government contracts

due to compliance with minimum standards, which was felt to have a positive future impact on business sustainability.

Additionally, HR consultancy provided support to help employers better manage staff time and ensure that residents' needs were met efficiently. One employer was able to better manage employee rotas and shift cover having accessed HR consultancy. They were advised to introduce new contracts which made shift patterns more flexible. This gave the company more leeway to manage employees' hours to meet their client need at different times.

'There were shift patterns, there were previously set patterns that needed to be broken so there was more flexibility, so that from a managing point of view we could be more dynamic how we used staff and covered shifts etc, because we were finding that there were big shortfalls in areas but we were overstaffed in other areas.' (Employer 5)

It is important to note that while this **support had clear benefits for employers and residents, flexible shift work may not benefit employees**. This tension between business outcomes and employee outcomes has implications for the extent to which the aims of the pilot were met.

Impact on employer attitudes to training

Trainers hoped that positive business impacts achieved through employee training would improve employer willingness to invest in non-mandatory training in the future. Business Advisers also felt that care home employers were more likely to engage with them in the future to access (particularly free) training offers. Overall, they felt that the pilot had played a key role in building a partnership between local care home employers and Business Advisers which did not previously exist.

Overall, employers felt positive about the training received through their engagement with the pilot and felt it had been a valuable activity. In most cases, this was based on positive feedback received from employees who accessed the training, and the recognised impact of training on employees. In some instances, employers noted only the **business benefits of the training,** such as the training being delivered at no cost to the employer. This indicates that **the perceived business benefits did not always fully align with employee progression outcomes.** As noted above, this has implications for the extent to which the aims of the pilot were met.

Based on this positive experience and the perceived benefit that training accrued, some employers reported that they would welcome similar training opportunities in the future. Many mentioned that **SVQ training would be most beneficial to support progression outcomes**. Some were considering providing SVQ training but noted that cost remained a persistent barrier preventing them from doing so. For this reason, many employers were particularly keen to engage in any subsidised training opportunities.

One employer reported that the pilot demonstrated the value of investing in, supporting and recognising the achievements of their employees. As a result, they set up an 'appreciate programme' that built on their learning of what worked from their engagement in the programme and included financial rewards, peer support and recognition:

'We came up with the idea of doing an appreciate programme, to continue with this whole investing in our staff… we appreciate what they do, it's about nominations from staff to staff… they'll be financial rewards, peer support, peer recognition and on top of that we did an annual awards in recognition of staff, which we never did before. It was all driven and on the back of the IWP project.' (Employer 1)

Wider pilot outcomes

Employers were more focussed on the immediate, tangible impacts, while Business Advisers additionally noted the mid- and long-term benefits which would be accrued by businesses in the future. For example, Business Advisers hoped that employers would be encouraged to reinvest in employee training after seeing the long-term impact of higher employee retention:

'the training that the staff have received through the in-work progression pilot will probably see the business over the next three years, a lot of the staff will stay with the business for at least three years but new staff coming through will be trained by the other staff that have gone through the training…three years down the road they might think let's try and develop a mini training programme like we did through the pilot, it didn't cost that much so they know now that it's not ridiculously high.' (Business Adviser)

Business Advisers also reported a range of wider outcomes that had occurred as a result of the delivery of the pilot. One example was the development of a partnership with Scottish Care to promote the lessons learned from the pilot, and the benefit of accessing training:

'Scottish Care are really supportive…they're going to be promoting the lessons that we've learnt in this pilot…the fact we have matched need with availability in terms of community benefits and we have been able to show there's actually a lot of free training out there that has an impact and that's available to everybody. We need to get that out' (Business Adviser)

Business Advisers were also confident that the positive results of the pilot would work effectively to promote future interventions based on the same model, having a wider impact beyond the lifetime of the pilot.

Learning and recommendations

Employees, delivery partners (including Business Advisers, consultants and training providers) and employers reflected on their engagement with the programme and had a range of views on how the offer could be improved. Employees suggestions for improvement concerned the employee training offer and provision of additional support.

Recommendations from delivery partners and employers included the provision of alternative training offers, suggestions to improve attendance, changes to the sequencing of support and further promotion to raise awareness of the pilot.

Improvements to training

In general, employees had a positive view of their trainers, typically described as approachable and friendly, and the training course content. Particularly valued elements included the use of varied and engaging presentations and videos, interactive discussions, practical tips and techniques which employees could directly apply to their roles, question and answer sessions and opportunities to role play in order to practically apply new skills in a safe training environment. Most employees were able to provide areas which would improve the experience of those involved in a future pilot. **Employee's suggestions for improvement mainly concerned issues around timing, duration and frequency of training, as well as the training suitability, environment and organisation.**

Many employees felt that some training courses weren't sufficiently long and stated that sessions delivered in one day were too short for trainers to deliver a large amount of information, which hindered their ability to absorb information accurately. Time limitations also meant that staff often did not have time to ask trainers questions about the courses. These employees recommended that training should be delivered over the course of at least two days, and that they are given sufficient information and notice prior to training in order to prepare questions to ask trainers.

'Maybe for people to have two days to do the course that would be great... to make sure you understand everything. One day…it was not enough.' (Female, 54, Care Assistant)

Most staff were satisfied with the organisation of training, yet a notable minority took issue the degree to which training was suited to their working hours. Staff had mixed views of how to overcome this. Some wanted paid time off to train during working hours so that their benefits were unaffected, but also because it was very difficult to train in addition to working fulltime and taking unpaid time off work to train was often unaffordable. However, one employee suggested that this solution might lead to short-staffing and instead recommended that training be delivered on non-working days. Some staff also recommended that training be delivered in a suitable and local location, such as a local Jobcentre, avoiding places like care home bedrooms.

Further, some employees suggested changes to the frequency of training, recommending that courses are delivered multiple times in order to provide more staff the opportunity to access training.

In general, employees had a positive view of their trainers and the training course content. Some staff, however, suggested changes to the style of training, recommending a more on-the-job, 'learning by doing' approach to training as this allows staff to understand how training is applied in practice.

'If you've got to write it and then say to me go and follow the instructions, I'd be like "what's that?"…whereas, if you show me the instructions but take me and show me how you're doing it…then I've done it' (Female, 33, Senior Carer)

Lastly, it was vital for employees to be able to implement the learning from training in their roles. Staff who completed the Phlebotomy course stated that they needed the opportunity to practice taking blood under supervision, as they are required to take blood 10 times under supervision to be qualified to take blood without supervision. Therefore, they were unable to utilise their new skills in their role.

Additional support

In addition to recommendations for the improvement of existing support elements, employees also identified elements of support not included in the pilot which could also help support progression.

Staff recommended that training should continue beyond the length of the pilot to continuously support their upskilling and progression, as well as improve the quality of care. **It was noted that requirements changed often within the care sector, and ongoing training would increase confidence in meeting these.** Regular first-aid training was deemed particularly relevant, as the first-aid-related demands of staff changed frequently. Furthermore, employees highlighted that this would enable care staff to take on responsibilities for delivering first-aid, typically allocated to nurses, thereby reducing the need for nurses and promoting progression. Staff would also be enabled to provide emergency first aid in the absence of a nurse, thus improving quality of service for residents. Another employee recommended that staff are re-trained in National Care Standards and codes of practice whenever these are updated to ensure compliance and quality of service.

Many employees also suggested that they would benefit from additional elements of support including financial support to access education, helping staff reflect on their role, mentoring, benefit advice and careers advice. Helping staff reflect on their role was deemed particularly useful for employees undergoing, or seeking to undergo, training for an SVQ level 2, as this requires the students to demonstrate the ability to reflect on their job. Careers advice was identified as crucial to helping staff identify what qualifications they would need to progress, as well as how to access those qualifications. Course advice and pre-course support with numeracy, literacy, ESOL and digital needs, as well as support to apply for courses was also identified as necessary support to overcome barriers to accessing and completing formal qualifications. Mentoring support was deemed particularly useful for newer members of staff, as the challenging nature of the role means that staff can leave soon after joining if left unsupported.

'Somebody that's not got the experience, they really do need somebody to be able to mentor them... you need to have somebody to sit down and if you've got a problem…and say, "listen, can you help me with this?' (Female, 33, Support Worker)

There was also an emphasis on the need for more support and involvement from managers. Many employees felt that it would be most helpful for managers to provide staff with detailed appraisals of their strengths and weaknesses, encouragement, as well as tailored support to help them progress.

Relevance of training to care sector

For some stakeholders, the restriction on funding mandatory training was a key limitation of the pilot which prevented more junior staff to progress. They felt that offering funding to provide SVQ training, enabling employees to gain their SVQ qualification, would enable them to secure progression outcomes.

'They have to have a recognisable qualification…for promotion or advancement in the home, but they have to have the appropriate training to do their job right.' (Employer 2)

'SVQs and the recognised qualification…there's only so much we can do…You can give them the training all the time, however, if it's not a recognised qualification it's not going to help them progress.' (Employer 8)

Several stakeholders felt that enabled may care workers to secure their mandatory training, benefiting the sector more widely as retention would increase. It was noted that employees aged 24 or below may have disproportionately benefited from the pilot as they were able to access funding to secure the SVQ qualification alongside pilot training.

'there are a number of older workers in the care sector that have probably worked there for years and years… SVQ funding currently in Scotland is only available for under 25s so if you're over 25 you have to find the funding yourself and the employers won't fund' (Business Adviser)

Some employers suggested ways in which the training offer could be designed to best meet the needs of the care sector. One suggested GDPR training would be beneficial as employees handle sensitive and personal data on a daily basis. Several felt that regular dementia training would be useful given the ever-changing nature of the information about the disease. Another suggested that the training would be more impactful if it was repeated annually given the changing needs of the residents, and high employee turnover in the care sector:

'The training was excellent. The staff enjoyed it. It did help but then again, it's a one-off. If it continued it would be fantastic. It would make a difference to the care staff ongoing because your staff are changing, and patient needs are always changing as well' (Employer 2)

Another employer suggested that training, or guidance for managers on how best to support employees who are experiencing wider issues in their lives, such as mental health issues, domestic abuse and alcoholism, would also help to support their staff.

A further recommendation was for a form of retrospective training needs analysis, where trainers capture employee feedback and conduct a post-training needs assessment to identify to what extent skills gaps remain and enable employers to meet these gaps. Consultants agreed, suggesting that support delivered should be evaluated regularly for effectiveness to ensure that subsequent support can be adjusted to meet the aims of the pilot.

Attendance at training

Findings indicate that attendance on training courses was a challenge, although employers and delivery partners were affected in different ways. Some employers reported that they struggled to ensure that all employees had the opportunity to access the training. This was related to the constrained timeframe for training delivery. It was suggested that the training offer should have spanned a longer timeframe, or that training sessions were repeated which would enable employees more opportunities to attend. Low attendance levels at training was also an issue for delivery partners which was attributed to manager turnover, a lack of communication between managers and directors, employee absence or employees not remembering to attend.

Sequencing of support

Business Advisers reported that issues with funding at the beginning of the pilot negatively impacted on the sequencing of the support. Instead of the business consultancy and employee training support happening in sequence, it occurred concurrently, which they felt affected the overall impact of the pilot. For example, while waiting for the funding, delivery partners ran free training which they felt may have affected the appetite for funded training when it became available:

'it was just unfortunate there was a wee bit of a delay with funding and we were so concerned about the delay… we put them on the free training whilst we're waiting on the training…The problem with the pilot is the training came in so late followed by the consultancy that we just overloaded the businesses with far too much work to do'
(Business Adviser)

Consultants also expressed concerns about the sequencing of support, noting that it may have been more beneficial delivered in a strategic sequence. For example, delivering HR support and business strategy first to reveal the general condition of the home, followed by financial support which could be adjusted according to the revelations unearthed in the first stage of support. Consultants suggested that in cases where support from different providers overlaps, for example legal and accounting support, support providers could offer somewhat integrated, joined-up provision for care homes, such as conducting joint visits.

For support to be delivered more effectively, consultants proposed that needs assessments should be conducted with each care home and ranked according to level of need. Support could then be prioritised and delivered in sequence based on this ranking.

Messaging and information

Some employers suggested ways in which the promotion of the pilot could have been more effective, for both employers and employees. One employer felt that clearer messaging and information about the content of the overall pilot offer and the business benefits of engagement would be valuable. Clearly outlining the support, such as consultancy services, and emphasising the cost saving benefits such as improving recruitment processes was highlighted as a particularly beneficial approach to engage potential employers:

'when you're talking to the senior management team and the directors, that's really where you need to sell it to them on the recruitment and retention. Because recruitment costs a lot of money.' (Employer 5)

They also suggested that wider promotion of the pilot, through various channels such as Scottish Care, Glasgow City Council teams involved in contract management would encourage more businesses to engage. Others suggested that promotional material aimed at employees outlining the training offer and the benefits of training would have been helpful in encouraging employees to engage.

Prior preparation

Findings indicate that although prior preparation to the delivery of support is perceived to be important, the resource and capacity to complete such activities may not be available within the care sector. Consultants noted that prior preparation to the delivery of support, such as gathering information that would enable the support provider to deliver the support effectively, was important. They felt this would prevent resources being wasted and avoid delays to delivery. However, an employer found that applying for and setting up the training was time and resource intensive given the amount of paperwork involved and the absence of a lead administrator at head office level. They suggested that appointing an administrator to oversee these processes would improve the efficiency of the pilot management.

'If we thought about it back then, definitely put an administrator onto the case and complete the application forms, do the negotiations and that's what I realise' (Employer 1)

Summary

This chapter presents the outcomes, learning and recommendations of pilot stakeholders including employees, employers and delivery partners.

Employees were generally positive about the pilot training offers accessed and recognised a range of outcomes from participation. These included improvements in their financial wellbeing, development of job specific skills and instances of career progression. Employers corroborated this, noticing improved confidence, knowledge and skills, satisfaction and morale among employees who had participated in training. Noted impacts included an improved ability to perform in their roles and improvements in the quality of care provided to residents as a result.

Employers reported several business benefits from pilot participation, including enhanced business profiles, improved financial processes, better HR practice and improvements to the standard of care. They reported that improvements in these areas also produced a range of wider impacts such as improved business sustainability, staff recruitment and retention, cost saving opportunities and profit generation. Some employers noted that the staff training offers had a tangible impact on productivity, motivation, retention and progression. The business impacts of these were noted as increased referrals, improved operational efficiency and improved care ratings. However, while some benefits for employees had subsequent business benefits, other pilot aspects benefited residents and the business, but did not necessarily impact employees positively, such as the suggestion of increased flexibility in shift patterns.

Pilot stakeholders recognised instances of employee progression as improvements to job specific and soft skills led to more responsibility, internal promotions and increased appetite for further study. However, there were mixed views of the extent to which the pilot directly enabled progression of low paid individuals. None of the interviewed employees were aware of the pilot aims to support progression as their employer had not explained this. Furthermore, several stakeholders noted that staff at all levels of the organisation accessed the training offers, therefore senior staff were among those who accessed financial progressions and promotions. Employees and stakeholders noted a range of persistent barriers to progression following the pilot including cost, confidence and opportunity. The key barrier was the requirement of SVQ qualifications to progress, which were mandatory qualifications not funded by the pilot. These qualifications were often tied in directly to wage setting processes in care homes.

Stakeholders offered several solutions to improving progression outcomes including increasing the accessibility of training provision, improving processes for selecting staff for specific training and improving access to SVQ qualifications. Employees offered a range of support requirements to enable them to progress including careers and course advice, basic skills courses, financial support to access training, mentoring, benefits advice and improved workplace supervision practice.

Impact assessment and Cost Benefit Analysis

The social care sector is often depicted as being a sector in crisis as a result of rising demand, severe funding pressures and high staff turnover. People are waiting longer than previously for services and unpaid care is filling some of the gaps. It is well documented that care work is low-paid, female-dominated and undervalued, with pay rates in the voluntary and private sector close to the minimum wage despite the complexity of the roles and the skills and qualifications required. There have been many reports about care providers struggling financially, with examples of contracts being handed back and services closing.[11] The sector is also finding it difficult to recruit and retain its workforce and concerns are growing that vital employees from the European Union are leaving the workforce due to Brexit.[12]

The pilot was set up to address some of these issues and interviews with care home managers noted several positive impacts that contributed to business sustainability, staff recruitment and retention, cost saving opportunities which taken together should result in increased turnover and profits.

Employers also perceived a range of benefits for employees who accessed training and financial management workshops which encompassed both financial progression outcomes and soft outcomes such as increased confidence, improved job satisfaction, morale and motivation all of which contributes to improved wellbeing.

Employees interviewed also reported a range of positive outcomes such as improvements to their financial wellbeing, development of job specific skills and career progression.

In this chapter, we attempt to quantify some of these positive impacts and provide an estimate of the *additional* impact of the pilot *over and above what would have been achieved in the absence of the pilot*. It then uses this assessment of additional impact to examine whether the benefits of the pilot outweigh the costs and whether it provides value for money.

Data quality

The robustness of an impact assessment is reliant on the quality of the data. The main issues with data quality for this pilot relate to timing and the response rate from employers to data requests. The response rate was affected by the introduction of GDPR towards the end of the pilot. It caused a delay in approaching employers for follow up information. That, in addition to the already documented time pressures faced by businesses, resulted in a low response rate.

Employers were sent data requests asking for data relating to annual turnover and profit, staff contracts (i.e. whether staff are from an agency or whether working part or full time), number of employees leaving and sickness rates. All 15 participating care homes were

[11] Coalition of Care and Support Providers in Scotland (CCPS), (2017). Business Resilience Survey

[12] https://vhscotland.org.uk/wp-content/uploads/2018/11/Briefing-paper-8-November-2018-1.pdf

asked to respond with five care homes returning annual figures? Employers were also asked to complete before and after salary details of employees who had received training. Again, the response to this was limited.

Regarding timing, the impact of upskilling staff on the productivity of an employer will only be known once company accounts are available for the financial year 2019/20 and onwards i.e. the years following the end of the pilot. These accounts will most likely be available nearer the end of 2020. Therefore, to make a robust assessment of the pilot impacts on turnover and profits, the evaluation team would need to return next year and make a further data request. The same applies to impacts on staff turnover and sickness rates.

Before and after salary details were limited. However, even if detailed salary information was available, it is likely that they would only show a few salary progressions – the reason being (as noted in the qualitative research) that salary progressions within the Care Sector relate to employees achieving mandatory qualifications as set by the governing bodies.

Additionally, an impact assessment also needs up to date official data to estimate the counterfactual i.e. what would have happened without the pilot. Therefore, more up to date data from (for example) the Annual Business Survey is needed to show trends in turnover and profits or the Annual Survey of Hours and Earnings to show trends in earnings. It is a matter of waiting for these surveys to catch up.

Therefore, what is shown in the rest of this chapter are trends based on available data from the five care homes that responded to data requests set against available data from Government surveys to determine the counterfactual. This is then estimated against what the picture may look like if the current trends continue and the potential differences between pilot impacts and the counterfactual.

Impact Analysis: counterfactual data

As mentioned already, in order to identify the additional impact of the pilot, an estimate of what would have happened to staff without the pilot is needed. This is referred to as the counterfactual and includes making an estimate of progressions for people who are otherwise similar to pilot participants but who did not take part in the pilot as well as impacts to participating employers compared to changes in the sector as a whole. To do this, data from various sources has been used.

The Annual Business Survey (ABS) is the main structural business survey conducted by the Office for National Statistics (ONS). The ABS publishes financial information from businesses representing the UK non-financial business economy (about two-thirds of the UK economy). The financial variables covered include turnover, purchases, employment costs, capital expenditure and stocks. The ABS publishes data down to four-digit class level of Standard Industrial Classification at the UK national level and two-digit Division at the regional and devolved country level, including for Scotland. For this analysis we have

used data for Scotland as a whole and for people employed in 'Residential care activities'. Survey results released during May 2019 cover data up to 2017.

The **Annual Survey of Hours and Earnings** (ASHE), conducted by the ONS is the most comprehensive source of earnings information in the UK. ASHE is based on a 1% sample of employee jobs taken from HM Revenue and Customs (HMRC) Pay As You Earn (PAYE) records. Information on earnings and hours is obtained from employers and treated confidentially. ASHE provides information about the levels, distribution and make-up of earnings and hours paid for employees by sex, and full-time and part-time working. Estimates are available for various breakdowns including industries, occupations, geographies and age groups within the UK. For this analysis we have used data for Scotland as a whole and earnings data relating to those employed as Care workers and Senior care workers up to 2018.

We have also used various **Scottish Care Sector reports** for information on the number of agency staff employed and the number working part or full time. Workforce data from reports by the Scottish Social Service Sector and the Fair Work Convention proved especially useful.

It is important to note that survey data may have other unobserved differences from the pilot participants that may affect their outcomes (i.e. make them more or less likely to remain in work or increase their earnings). In particular, for pilots such as this where participation is voluntary, entry into the pilot depends on employers and employees agreeing to take part, which is not the case for many official data sources. Another potentially important factor could be differences in past labour market experiences, notably time in / out of work, as past negative labour market experiences could have 'scarring' effects on the individuals concerned. *The consequence of this is that we cannot rule out that at least part of the difference we observe is down to differences in unobserved factors rather than to participation in the pilot.*

Due to a lack of information regarding the earnings of staff that did not achieve a progression outcome, the analysis assumes that these staff remained on the same salary as when they started the pilot.

Our previous analysis of pay dynamics among lower-paid workers in Greater Manchester[13] showed that while large numbers of low-paid workers remained in low pay over the period of observation, there were also substantial flows into and out of work and increases and decreases in pay among those remaining in work.

[13] Low Pay and Progression in Greater Manchester, Bivand, P, 2016, New Economy Manchester, available from http://www.neweconomymanchester.com/media/1701/progression-from-low-paid-work.pdf

In effect, then, one of the major impacts of the pilot could be that it helped a large proportion of participants to maintain their salary – who would otherwise have lost their jobs or reduced their salary – as well as helping some people to increase their earnings.

Benefits to Employers

It's not unreasonable for organisations investing in the training and development of their employees to expect to see some kind of return on investment (ROI). On average, the Fortune 100 '*Best Companies' to Work For'* list provide 73 hours of training for full-time employees, compared to 38 hours delivered as standard practice by others.

The top organisations also had 65 per cent less staff turnover than other organisations in the same sector – partly due to their employee development programmes.

It may be more difficult to persuade individuals that taking part in training and development will show return on investment for them personally. However, ROI calculations can and should be used as a means to determine the value of training in terms of an individual's personal financial gain and job stability. Increased training hours should correlate with increased employee satisfaction as well as higher profit margins.

HR professionals may well question how they can best go about measuring ROI in employee development in their organisation. There are many data sources HR may tap into, depending on the performance indicators they have set. Investment might be measured not only as actual budget spent but also by the number of training hours spent.

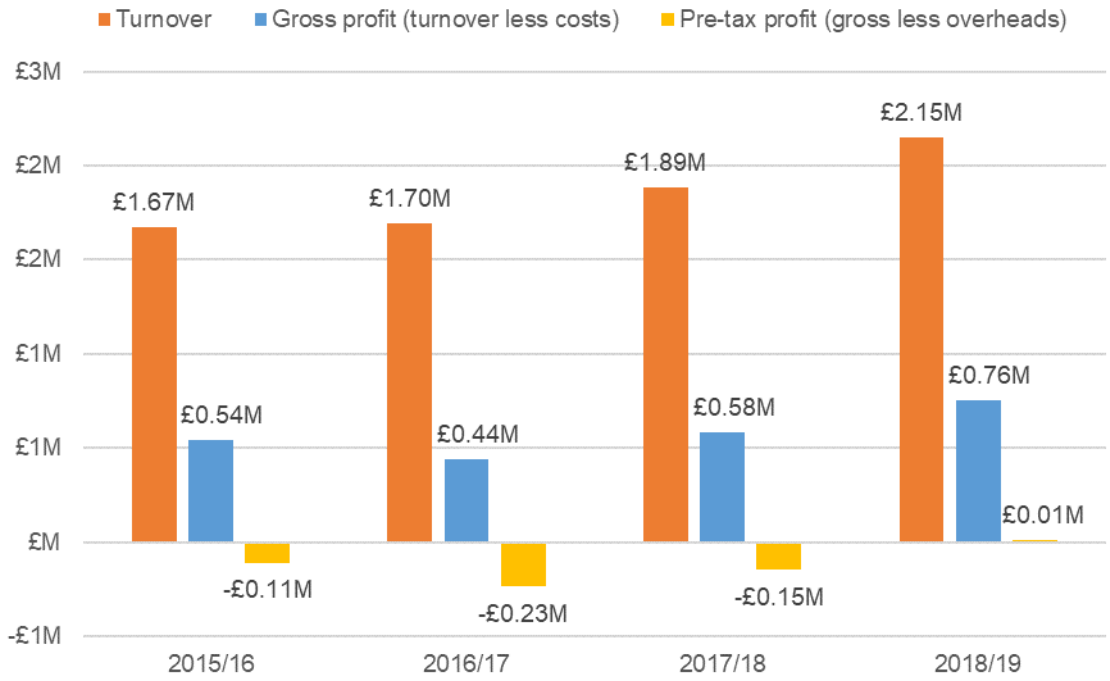
Increased sales and decreased employee turnover provide hard statistics that demonstrate clear return on investment in training. Other indicators demonstrating return on investment might include increased employee satisfaction levels, as indicated by data from employee satisfaction surveys.

Similarly, customer satisfaction surveys and other qualitative feedback mechanisms should show increased customer satisfaction. In addition, an increase in the number of courses offered might be a good indication of the success of training – and indicate that employees are valuing it. Alongside a decrease in employee attrition, an increase in employee movement within the organisation such as through promotions and cross-functional and lateral moves is another good sign that training and development is supporting a flexible and agile organisation.

Turnover, profits and productivity

Figure 2 shows the average turnover and profit per participating care home (based on five care homes) over the last four financial years. It shows a steady increase in turnover and profits. There was a fall in both gross and net profits in 2016/17 compared to the previous year but a steady increase since then. Net profits before tax were negative until 2018/19 which show a net profit (turnover less staff costs and overheads) finally in the black- if only by a small amount.

Figure 2 Turnover and profit: average per participating care home



Source: Care homes participating in the pilot (based on the average for 5 care homes)

To compare these results to the Annual Business Survey we have calculated gross profits (turnover less staff costs) and net profits before tax (gross profits less overheads) as a percentage of overall turnover and set them against similar figures from the ABS. The latest data in the ABS is for 2017 – see Figures 3 and 4.

Figure 3 shows that gross profits as a percentage of turnover has been on the increase for pilot care homes after a fall in 2016/17 on the previous year. In 2016/17 the average gross profit proportion for pilot care homes was 26 per cent, well below the proportion for all residential care businesses in Scotland at 35 per cent. The difference may be due to several reasons including higher overhead and staff costs in Glasgow compared to the rest of Scotland or lower income generating fees in Glasgow (due to increased competition) compared to the rest of Scotland. In 2017/18 the gap had significantly reduced to just three percentage points because of an increase in the gross profit proportion for pilot care homes to 31 per cent while the businesses surveyed in the ABS remained at a similar proportion to the previous year at 34 per cent.

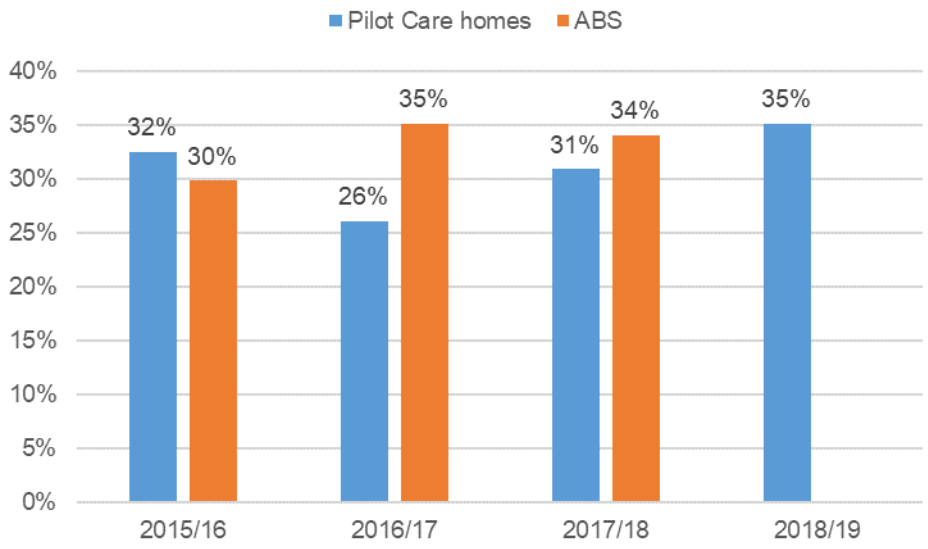
Data from the pilot care homes shows a further increase in the gross profit proportion during 2018/19 to 35 per cent. It will be interesting to see how the 2018 results from the ABS compare and if current trends continue i.e. a downward trend for businesses participating in the ABS compared to an upward trend for pilot businesses.

Figure 4 shows a similar pattern when looking at net profits (gross profits less overheads) – with a downward trend for business participating in the ABS compared to an upward trend for businesses participating in the pilot.

Further evidence for the difference is provided by Figures 5 and 6 which show the year on year percentage increase or decrease in turnover and gross profits. The figures show percentage increases are much higher for the pilot care homes compared to businesses in the ABS.

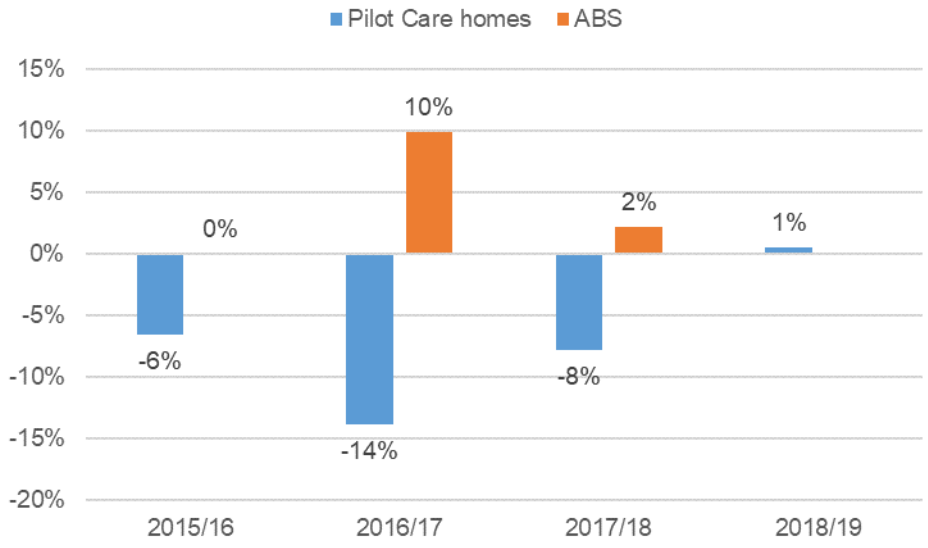
The reason for these differences is unclear. The impact of upskilling staff in the pilot care homes will only be shown to have an impact (if any) when we see financial data for 2019/20 and onwards. However, as pilot care homes are already showing a divergence from the ABS it will be difficult to attribute any further increases in turnover and profits to the additional training provided during the pilot.

Figure 3 Gross profit (turnover less staff costs) as a percentage of turnover



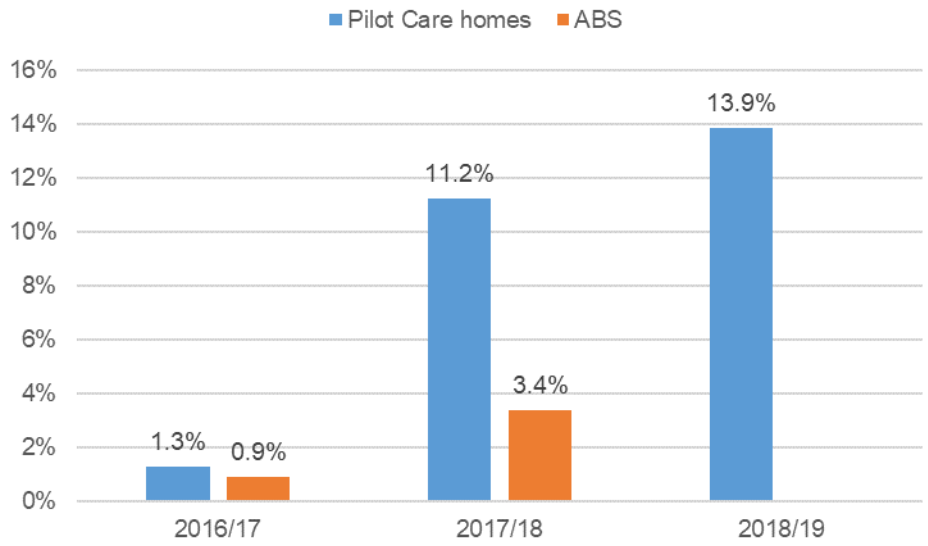
Source: ABS (Annual Business Survey) and financial records collected from care homes participating in the pilot (based on the average for 5 care homes)

Figure 4 Net profit before tax (gross less overheads) as a percentage of turnover



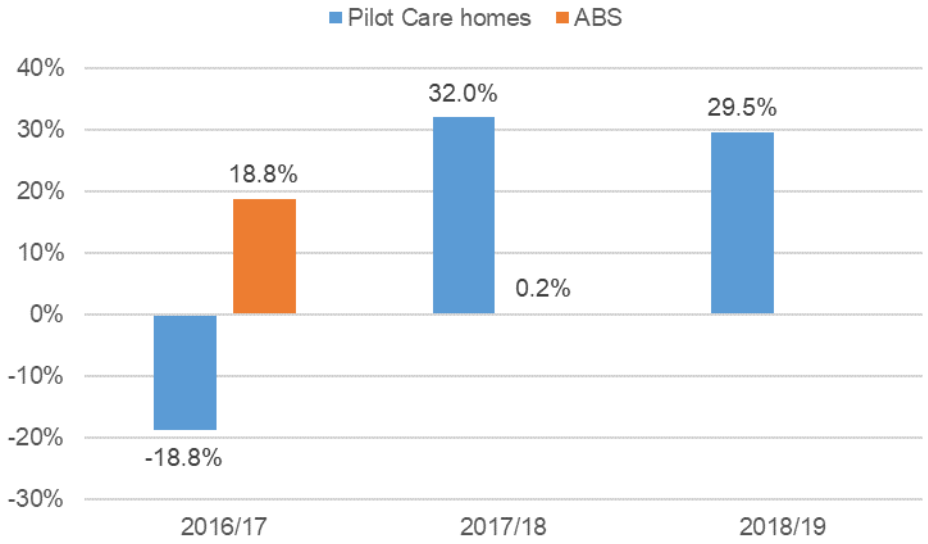
Source: ABS (Annual Business Survey) and financial records collected from care homes participating in the pilot (based on the average for 5 care homes)

Figure 5 Turnover: % increase on previous year



Source: ABS (Annual Business Survey) and financial records collected from care homes participating in the pilot (based on the average for 5 care homes)

Figure 6 Gross profits (turnover less staff costs): % increase on previous year



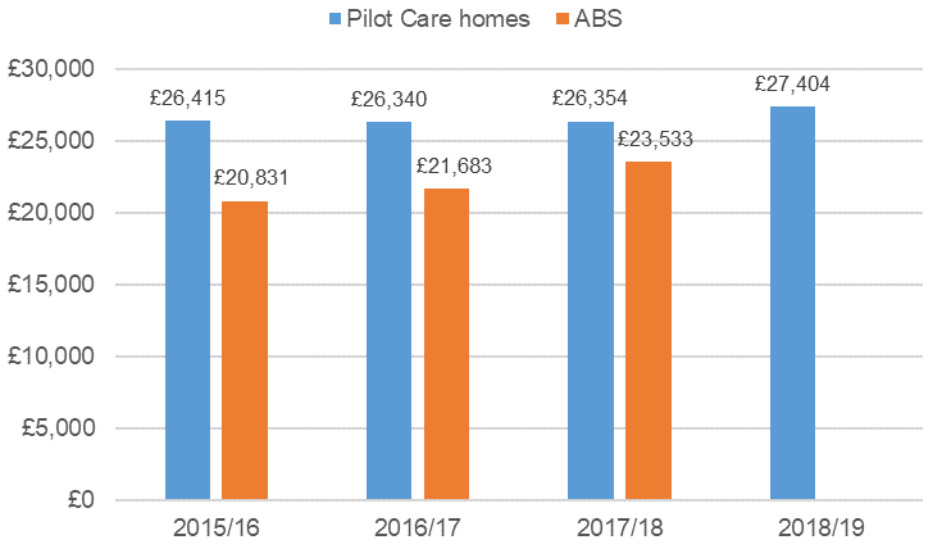
Source: ABS (Annual Business Survey) and financial records collected from care homes participating in the pilot (based on the average for 5 care homes)

Our measure of **productivity** is defined as overall turnover divided by the number of employees. Figure 7 shows that average productivity for the pilot care homes and those included in the ABS has seen an increase over the last 4 years.

Productivity for the pilot care homes has been higher compared to those employees included in the ABS, although this gap has been narrowing. Again, we have to wait for new ABS data to see if this trend continues for 2018/19. Overall, you would expect better

trained staff to be more productive, but it is difficult to be sure if this is the reason for the difference in the figures. You would expect even better productivity values from further upskilling of pilot care home employees, but we can only measure this with more up to date financial data.

Figure 7 Productivity (turnover divided by number of employees), £



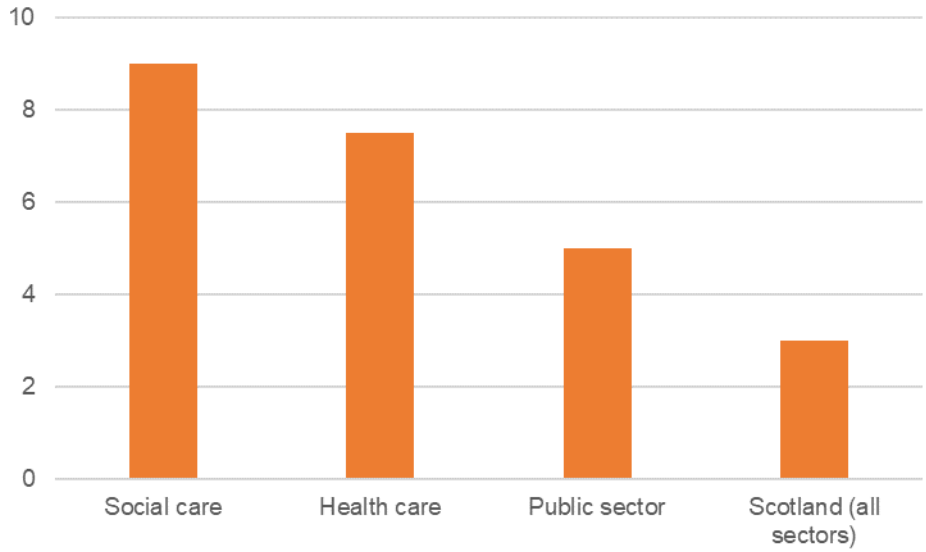
Source: ABS (Annual Business Survey) and employee numbers from the Business Register and Employment Survey. Financial records collected from care homes participating in the pilot (based on the average for 5 care homes)

Recruitment and Retention

Providers are finding it increasingly hard to fill vacancies and retain staff once they join. They see these as their biggest challenges, raising concerns over the sustainability of the sector – see Figure 8. The Care Inspectorate's recent report found "more than a third of social care services have reported unfilled staff vacancies" in the past 18 months. Currently women workers over fifty years account for forty-five percent of care workers. Although retention and recruitment issues have long been a problem in the sector, providers are also being challenged by Brexit: 12,000 EU nationals work in health and social care in Scotland, representing around 3% of employment in this sector.[14]

[14] CCPS Business Resilience Survey in 2017 recorded that 95% respondents reported they were having some or a lot of difficultly with recruitment, increasing 20% since 2016

Figure 8 Percentage of workers looking for different or additional paid jobs in 2017



Source: Labour Force Survey 2017, ONS

The Fair Work Convention found that many care providers reported increasing difficulties in recruiting and retaining staff and being unable to compete for staff with employers in sectors offering better pay and more stable working arrangements. The Convention also heard from front line staff that the requirements to obtain qualifications while working – and the lack of support for obtaining these qualifications - are creating an additional barrier to joining the sector and to retaining staff in the sector.

Despite this, data from the pilot care homes shows that there has been a steady increase in the average number of care workers per home – see Figure 9. With, one employer saying that higher staff retention was a key outcome from the pilot.

During the same time period there has been a small drop in the proportion of agency staff used and a significant increase in full time staff compared to part time staff. Participating care homes reported no staff on zero hours contracts or sessional/seasonal staff – see Figure 10.

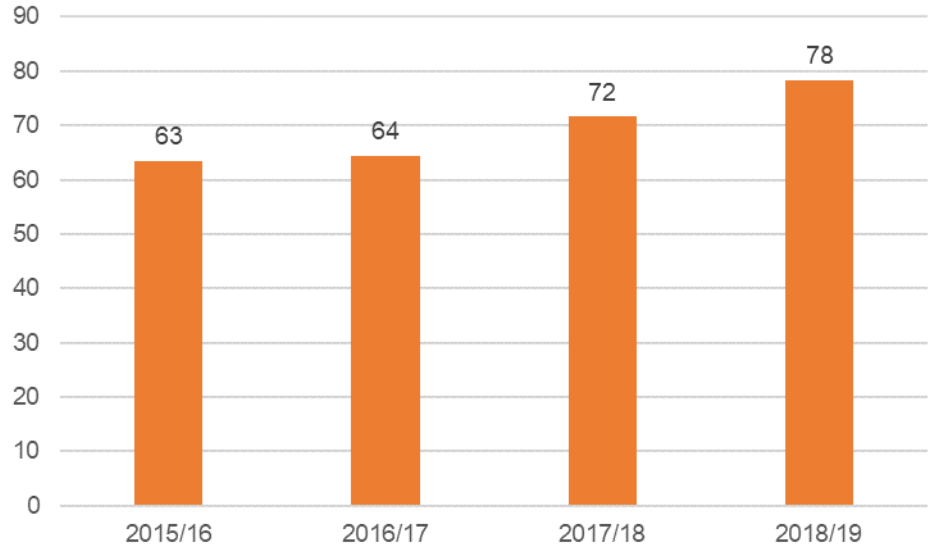
During 2017/18 the proportion of part time staff employed in pilot care homes was 35 per cent this compares with 46 per cent for staff working in care homes for adults as reported in the 2017 Workforce Data Report for the Scottish Social Service Sector[15].

The proportion of part time staff employed in pilot care homes saw a further fall in 2018/19 (32 per cent) – we will have to wait and see how this compares with new figures from the Scottish Social Service Sector at the end of 2019.

The fall in the proportion of part time staff is due to new staff being hired on full time contracts rather than a reduction in existing staff on part time contracts.

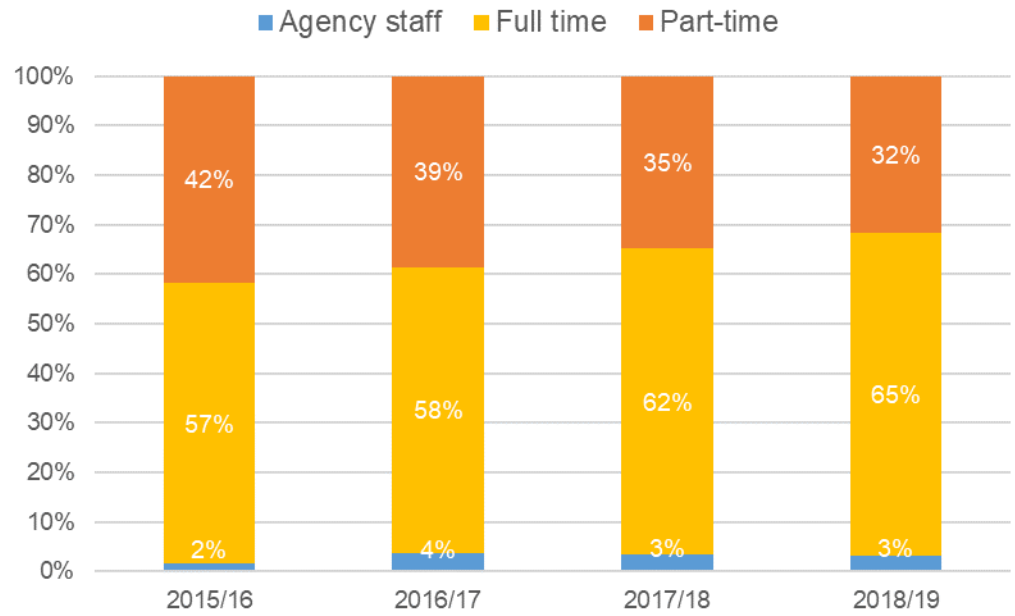
[15] Scottish Social Service Sector: Report on 2017 Workforce Data, Scottish Social Service Council, 2018

Figure 9 Average number of care workers per participating care home



Source: Care homes participating in the pilot (based on the average for 5 care homes)

Figure 10 Staff type as a percentage of all staff. Average for participating care homes



Source: Care homes participating in the pilot (based on the average for 5 care homes)

Benefits to Employees

Data from participating care homes shows a limited use of agency staff and nobody on zero–hour and sessional contracts. Additionally, the proportion on full time contracts has increased. This is potentially a positive outcome as workers struggle to manage their lives around frequently changing and/or unpredictable work schedules. Additionally, the Fair Work Convention[16] noted that many managers in the care sector report spend most of

[16] Fair Work in Scotland's Social Care Sector 2019, Fair Work Convention

their time managing rotas, covering gaps and meeting new requests, rather than supporting and developing their teams. The Fair Work Convention also found many people wanting to work fewer hours, alongside others needing additional hours or juggling multiple jobs to ensure a decent income. For many, contracted and actual working hours were not well aligned. This impacts negatively on personal and family life and ultimately on their wellbeing.

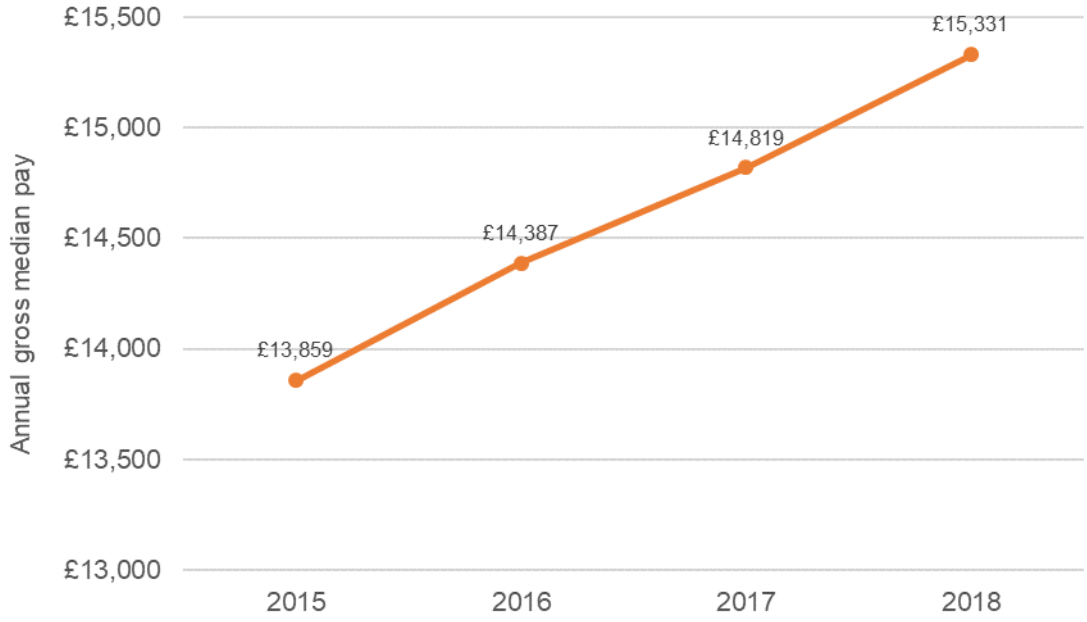
As mentioned already, the pilot had a positive impact on the **wellbeing of employees**. Employers and delivery partners noted employees' experiencing a range of soft outcomes, which was attributed to engagement with training. These soft outcomes included:

- increased confidence
- increased knowledge and skills and improved ability to perform in role; and
- improved job satisfaction, morale and motivation

Employees also mentioned career progression leading to an **increase in salary**. There is some evidence of this based on the salary details of a small percentage of pilot clients but not enough data to show the total impact on earnings for all the clients that undertook training via the pilot.

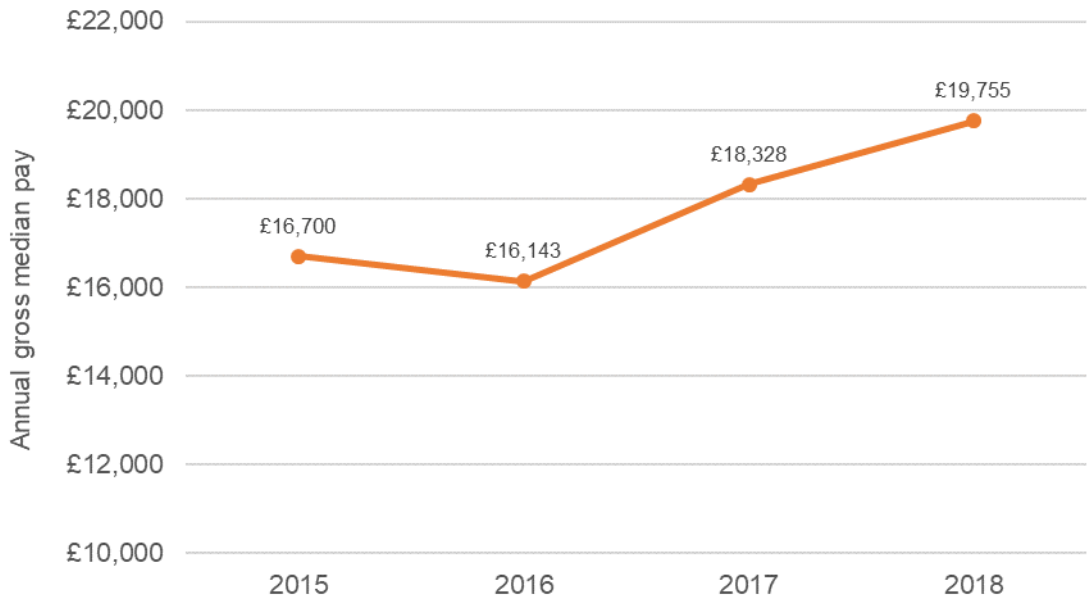
The Annual Survey of Hours and Earnings (ASHE) shows a steady increase in earnings for Care Workers and Senior Care Workers in Scotland – see Figures 11 and 12. Additional data for pilot participants would allow us to show if their salaries are in line with those shown by ASHE but more importantly (for cost benefit purposes) is the question of whether they would have received these salary increases anyway without the training provided by the pilot.

Figure 11 Median Gross Annual pay (£) for Care Workers in Scotland



Source: Annual Survey of Hours and Earnings (ASHE), ONS

Figure 12 Median Gross Annual pay (£) for Senior Care Workers in Scotland



Source: Annual Survey of Hours and Earnings (ASHE), ONS

Cost Benefit Analysis

The Cost Benefit analysis (CBA) is based on a model designed by Manchester New Economy, which is designed for commissioners and practitioners to understand the value for money of public service reform programmes. The outputs of the analysis estimate the overall public value created by a project and the individual elements of public value. This includes:

- the costs of undertaking the activity
- the economic benefits to individuals, employers and society; and
- wider social benefits such as wellbeing.

The analysis can therefore be used to assess whether interventions provide value for money and whether the benefits are primarily fiscal or a matter of public value.[17]

[17] Public value benefits are the total socio-economic benefits that accrue to society as a whole. While resource costs and benefits are included within a social (or public) value cost benefit analysis, transfer payments are not included. Transfer payments are payments of money for which no good or service is received in exchange, and so consume no resources that might be used for other purposes (opportunity cost). Examples include welfare payments such as housing benefits and tax receipts to the public exchequer. In contrast, resource costs are where resources (labour services, rental of buildings, materials

There are two key inputs into the CBA model: costs and benefits.

Costs

The total cost of delivering the pilot for the period covered by this evaluation was £306,000. There is no indication of any additional costs in delivering the pilot that fall outside of this grant payment. The costs are broken down as follows:

Table 1: costs of the Glasgow In-Work Progression Pilot

STAFFING COSTS (GCC)	£169,209
BUSINESS ENGAGEMENT (GCC)	£1,707
EVALUATION (GCC)	£26,625
CONTINGENCY (GCC)	£2,132
BUSINESS INTERVENTIONS (DWP)	£62,465
EMPLOYEE INTERVENTIONS (DWP)	£51,555
Total	**£313,694**

Benefits

The Manchester CBA model provides a varied list of possible benefits that might arise from an employment or in work progression programme. In our analysis, we have included the following potential benefits:

- earnings increases for individuals; and
- economic benefits from improved wellbeing
- economic benefits for the employer in terms of increased profit

Box 1 details the assumptions made to calculate the extent of the value gained from each of these benefits.

Box 1 Calculating the value of potential benefits

Individual earning increases

The economic benefit is the value of the additional earnings increase to the individual and this forms part of the additional economic output generated by the pilot.

According to the employee tracker set up by GCC, there are 573 employees who have developed their skills and earning potential. Approximately 50 per cent of training was taken up by Carers, Care Assistants and Support Workers. Another 30 per cent was taken up Senior

etc.) are purchased that might otherwise have been used for other purposes, and resource benefits relate to reductions in demand for public services which release resources to be used for other public or private purposes.

Carers and Support Leads. The remainder are made up various job roles including Nurses and Managers.

Based on earnings figures from the Annual Survey of Hours and Earnings (ASHE), Care and Support workers have seen an average year on year increase in earnings of 1.6 per cent over 2015 to 2018 after adjusting for inflation (using the GDP deflator) while Senior Carers saw an average yearly increase of 0.5 per cent after inflation over the same period.

The average earnings for Carers, Care Assistants and Support Workers, who received training via the pilot and also indicated that they developed their skills and earning potential, was £14,067 per annum. For Senior Carers this average was £18,222.

There is insufficient data on later earnings from the pilot. Hence, it is assumed that the average year on year increase in earnings for pilot participants is in line with the figures from ASHE for Scotland and that the pilot impacts on wages for a three-year period. On this basis the average earnings for Carers, Care Assistants and Support Workers would rise to £14,745 in real terms over three years – an increase of £648. Earnings for Senior Carers would rise to £18,484 – an increase of £261 per annum.

Multiplying these increases by the number of workers in each role we get a total value for increased earnings of:

- Carers, Care Assistants and Support Workers = £199,704
- Senior Carers = £39,981
- Total = £239,684

There will be additional earnings values for other roles like Nurses and Managers.

The question that immediately arises is how much of this increase is additional i.e. results from participation in the pilot and how much would have occurred anyway (deadweight)? Research for the then Department for Business Innovation and Skills (BIS)[18] indicates that deadweight for interventions focused on workforce skills development at the sub-regional level was on average around 39% with the upper end of the 95% confidence interval around this average being 46%. However, one of the key findings of our qualitative research was that the training offered by the pilot had only limited impact on earnings progression because it did not cover the mandatory SVQ qualifications. Hence, we have assumed deadweight of 70% that is that 30% of the earnings change was as a result of the pilot. This is the mid-point between the 48% figure reported above and the upper end of the range estimate reported by research undertaken for BIS. With this assumption this give us an additional earnings impact of:

- Carers, Care Assistants and Support Workers = £59,911
- Senior Carers = £11,994

[18] Cambridge Economic Associates (2009), "Research to improve the assessment of additionality", BIS Occasional Paper, No. 1.

- Total = £71,905.

Wellbeing

Wellbeing impacts are potentially important; their valuation is challenging but is essential to a full assessment of the public value benefits of social and employment interventions. The values we have used are taken from the National Accounts of Wellbeing which assign monetary value to improvements in wellbeing based on Quality Adjusted Life Years (or QALYs) [19]. We have used the value for the individual wellbeing domain[20], which is related to increased resilience and self-esteem of £1,056 per annum and assumed positive impacts over a three-year period.

Benefits from improvements in wellbeing could be applied to all those pilot participants that indicated an increase in earning potential. However, we have adopted a more conservative approach and applied wellbeing values to the number of employees who indicated that they took positive steps to financial independence – 80 employees in total. The assumption here is that taking such steps leads to better management of personal finances and so greater individual resilience.

Applying this wellbeing value for three years means a total value of £253,000

Profitability

The estimated impact on profitability together with the wage impact estimated above gives the overall impact on value added or economic output. If the net profitability for the five homes for which we have data is compared against a benchmark take from the Annual Business Survey (ABS), then this would indicate that the pilot had a *negative* impact on profitability. However, this is out of line with our qualitative research where a number of employers indicated that the pilot had led to improved financial processes, better financial sustainability and increased profitability. Given the sparseness of the quantitative data our approach to estimating profitability is based on an estimated wage impact and the findings of past research.

Dearden et al (2005)[21] report that gains to UK employers from training are equal those to the worker. This finding is consistent with earlier US studies and more recent research for Belgian firms. It is also the most commonly used assumption in studies which seek to estimate the returns to firms from investing in training based on the wage returns to individuals from training. However, because our above comparison of the data for five of the pilot care homes against the ABS does not show such an effect, we have cautiously halved our estimated impact of the pilot on productivity based on our estimated wage impact. This gives a figure of £35,953.

[19] The quality-adjusted life year or QALY is a generic measure of disease burden, including both the quality and the quantity of life lived. It is used in economic evaluation to assess the value for money of medical interventions. One QALY equates to one year in perfect health.

[20] The wellbeing outcomes used in this study are for individual wellbeing only, but there are other domains in the National Accounts of Wellbeing - for families, children and the community.

[21] L. Dearden, H. Reed and J. Van Reenan (2005), "The impact of training on productivity and wages: evidence from British Panel Data", Institute for Fiscal Studies Working Paper 05/16.

The total value of the benefits described above are shown in Table 2 below. These amount to £361,000 of public value benefits based on the assumptions adopted.

Table 2 Summary of total benefits included

Benefit	Assumption	Value
Salary increases	Apply to 30% of those that increased their earning potential	£71,905
Wellbeing	Apply to those who indicated that they took positive steps to financial independence	£253,440
Profitability	Equal to half the estimated wage gains from the pilot	£35,953
	Total	**£361,298**

The results: costs v benefits

The public value of the pilot

The economic case for an intervention takes a broader view of the benefits of a project, with the goal being to identify interventions that maximise the total net present value to society, including both the economic and social benefits.

For the public value cost-benefit ratio, the total public value is set against the costs of the programme. The net present public value for the Pilot is the difference between the overall benefits to society and the overall costs to society, shows a positive return of £48,000[22]. The benefits to cost ratio, which is the total benefits divided by the total costs is above one at 1.15 - see Table 3.

Table 3 Public value Cost-Benefit Analysis for the pilot

a	Total costs	£313,694
b	Total benefits	£361,298
b-a	Net Present Budget Impact	£47,604
b/a	Benefit to cost ratio	1.15

Our estimates suggest that the overall benefits to society outweigh the costs to society. **Overall, we estimate that for every £1 spent there is public value return on investment of £1.15**

Focusing on the overall public benefits, relative to the total costs of the programme, is the appropriate metric for determining whether or not a programme has been 'good value', since this approach takes into account all the costs and benefits of the programme to

[22] In principle, the costs and benefits of the Pilot should be discounted to a single financial year. However, given the Pilot operated over a short period of just over two years and uncertainty as to exactly when the costs and benefits of the pilot occurred, we have not discounted these costs and benefits. This is unlikely to have a material impact on our results.

society as a whole. Measures of the fiscal impact only take account of a more limited set of financial costs and benefits and exclude many benefits to society such as well-being effects.

Our conclusion that the public value benefits of the pilot outweigh the costs, should be viewed with a high degree of caution, and seen as only indicative. The quantitative data available from the pilot was very limited and so instead our estimates have had to be based on a number of assumptions using data from outside of the pilot. Major lessons for future commissioners wanting to invest public money in a similar programme is that, for a more robust estimate of additionality and value for money, they should require that organisations engaged in pilots provide complete monitoring information to the evaluators at appropriate intervals which could be quarterly, six-monthly or annually. An explicit counterfactual against which to compare the outcomes for participants in the intervention should also be created. One method for this would be a randomised control trial (RCT) but other quasi-experimental approaches could also meet this requirement. A well-designed counterfactual group would provide greater confidence when calculating the additional benefits of the programme. Additionally, revisiting the figures in 2020 would help to confirm and adjust the assumptions made and enable a more robust analysis.

Additional benefits

Additional benefits not included in the CBA

- We have not included any **family, community and child impacts** in the CBA. There is some research that shows that an improvement in the financial situation of a parent has a positive impact on their child's wellbeing, their performance at school and a reduction in truancy.

- **Longer-term impacts**: we have calculated the benefits of the programme for a 3-year period only. However, impacts on earnings and the associated impact on the individuals' wellbeing may last into the longer term.

- **Mental health**: the MI does not allow us to estimate the number of participants with mental health conditions. However, to the extent that improved income can result in improved mental health, there is likely to be additional economic benefit. This stems from the reduced cost of health interventions such as prescribed drugs, in-patient care, GP costs, other NHS services, supported accommodation and social services costs.

- **Upskilling:** There is evidence of the future economic benefit from 'upskilling', based on the wage returns to different levels of qualification[23]. This means that those individuals who completed a qualification but did not achieve an earnings

[23] Further education: comparing labour market economic benefits from qualifications gained, BIS, December 2014

progression during the lifetime of the pilot may experience an economic benefit in the future.

- **Financial wellbeing:** Employees who are now better at managing their finances may result in savings for some non-state support agencies such as the Citizens Advice Bureaux.

Theory of Change

Theory of Change is an approach utilised to map the connections between delivered interventions and outcomes that a programme or pilot seeks to achieve. Figure 13 depicts the Theory of Change diagram formed from a workshop with the pilot's Steering Group at the midpoint of pilot delivery.

This workshop aimed to enable partners to understand and agree the connection between activities, outcomes and impact, or the causal model of change.

This Theory of Change details the three strands of support offered through the pilot (as detailed in Chapter 3):

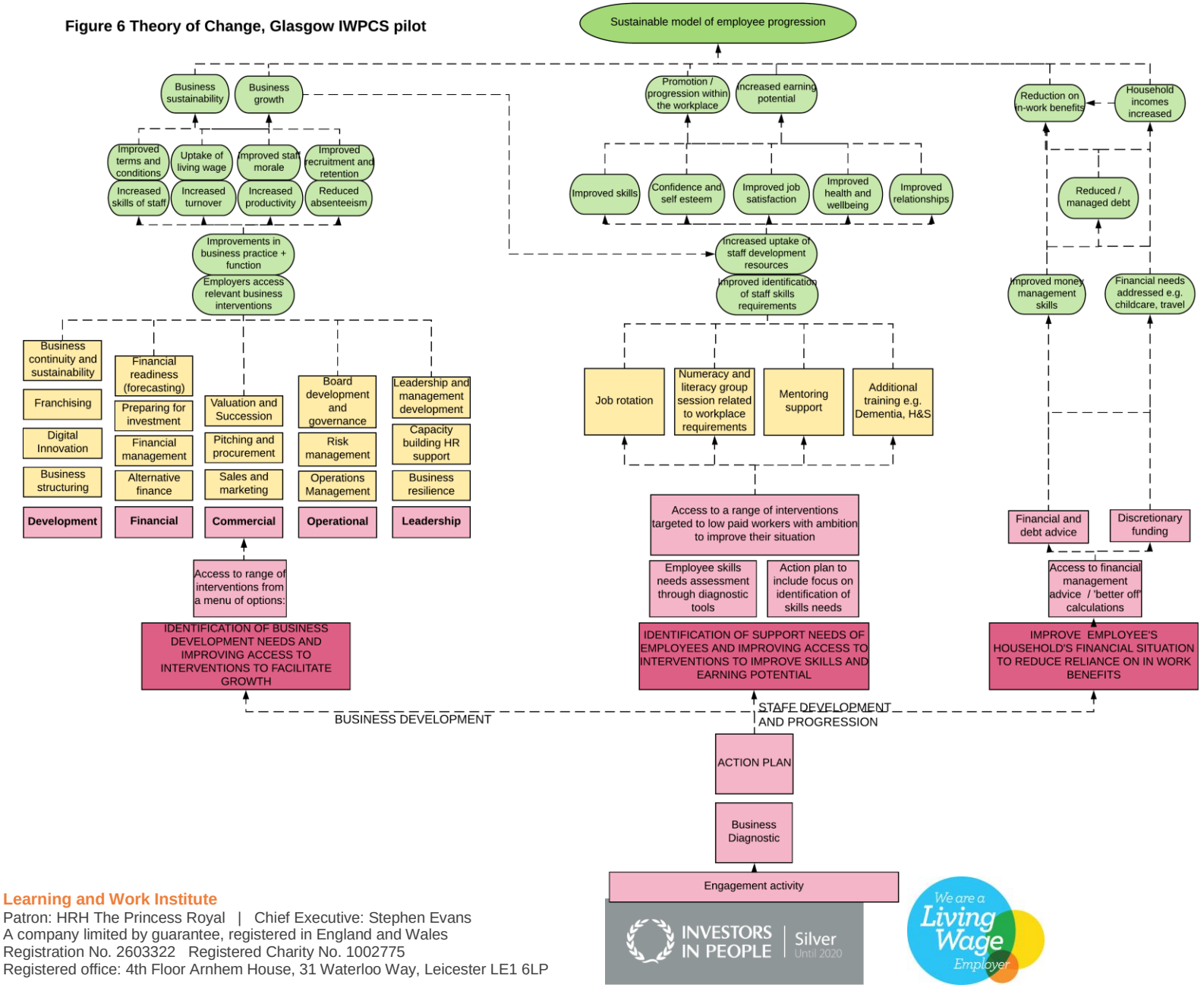
- Business development interventions;
- Employee training packages;
- Financial inclusion support.

These support interventions followed the Business Adviser's initial engagement with the employer and an individual business diagnostic and action plan.

Employee outcomes were identified as increased earning potential and internal progression of staff from training, and improved financial situations from the money management workshops.

The Steering Group identified the high-level objective for the pilot as achieving a sustainable model of employee progression. This overarching objective was underpinned by business growth and enhanced sustainability from a range of business support interventions.

Figure 6 Theory of Change, Glasgow IWPCS pilot



Pilot Transferability

Low-wage sectors together account for 38 per cent of hours worked in the UK economy, but only 23 per cent of total value-added, as they also tend to be low-productivity sectors – see Table4[24]. Retail and hospitality are especially important. They are large employment sectors with a high incidence of low pay. A little under half (46 per cent) of workers in retail and just short of three fifths (59 per cent) of workers in hospitality are on low pay. Around a third of workers in poverty work in these two sectors alone.[25]

Table 4 UK's low wage sectors

Sector	% of hours worked	% of GVA	% on low pay	Productivity (UK = 100)
Retail	8.4	5.6	46	75
Administrative and support services	8.2	4.8	29	68
Hospitality	5.7	3	59	61
Residential care and social work	4.9	2	31	46
Arts, entertainment and recreation	2.4	1.4	30	68
Other service activities	2.4	2.1	33	104
Sale and repair of motor vehicles	2.1	2	25	107
Agriculture, forestry and fishing	1.7	0.7	38	43
Food processing	1.5	1.6	29	121
Textiles and clothing manufacturing	0.4	0.4	31	111

Source: Forth and Rincon-Aznar (2018)

The government believes that raising productivity holds the key to improving living standards[26]. It is widely agreed that in the long run national productivity is the key determinant of a country's living standards. However, research by the JRF suggests raising productivity in low productivity firms and low-wage sectors will not be enough by itself to drive up pay.

Data was compiled on employees from the Annual Survey of Hours and Earnings and business data from the Annual Business Survey, to examine the effects of increases in sector productivity on wages. The research provides little evidence of a strong relationship effect of increasing productivity at either the firm or sector level on wages during the recent recovery period. Looking across all sectors, an increase in firm productivity was associated with an increase in wages, but the effect was tiny: a 10 per cent increase in productivity increased wages by just 0.05 per cent.

Therefore, there is no guarantee that raising productivity in low productivity firms and low-wage sectors will be enough by itself to drive up pay. Improving productivity in low-wage

[24] The links between low productivity, low pay and in-work poverty, JRF, 2018
[25] Sissons et al. (2017) Linking the sectoral employment structure and household poverty in the United Kingdom. [Online] Available at: http://journals.sagepub.com/doi/abs/10.1177/0950017017722939
[26] Hammond, P (2016) Autumn Statement 2016. London: H M Treasury

sectors needs to be complemented by other policies to make sure workers see some of the benefits.

The National Living Wage has been one such policy. Many firms discussed in interviews that this has been a spur for them to think about how to improve productivity to avoid taking a hit to their profits. This adds to other evidence which suggests that raising of the wage floor has been an effective way to increase both wages and productivity[27].

Research by the Joseph Rowntree Foundation (JRF) shows that there are **strategies that work across all low-wage sectors** such as retail and hospitality. The focus should be on the following four areas to drive up pay and productivity by improving how well workers are deployed in low-wage sectors:

Boosting the proportion of workers in on-the-job training.

Among its European competitors, the UK has the second lowest proportion of employees receiving work-related training, and only just over half of the proportion in the Netherlands, Finland and Sweden (Eurostat, 2018). Within the UK, the wholesale and retail sector spends the least per employee on in-work training (UKCES, 2016). Cuts to the adult skills budget contributed to the UK seeing the largest fall in adult participation in education and training of any European country between 2008 and 2014[28].

One finding from our qualitative research is especially pertinent here. Progression outcomes for low paid workers are much more likely to eventuate if an intervention's design focuses delivery directly on these outcomes. This could require a more constrained approach to delivery for any initiative in retailing and hospitality with, for example, a fixed menu of support to ensure that the intervention is focussed largely on enabling progression for low paid workers.

Improving Management practices.

Improving management on dimensions such as employee involvement, performance-related pay and the use of targets would enable firms to get the best out of their workers.

Increasing the use of ICT.

Greater investment in ICT has been found to be a key reason for higher productivity growth in retail in the US than the UK[29]. As a general-purpose technology, ICT fosters innovation within the workplace and allows better us of worker skills.

Reducing the share of temporary workers.

Temporary work is particularly prevalent in low-skilled occupations. Temporary contracts while suiting some workers who want to work in this flexible manner, have adverse effects

[27] Riley, R and Bondibene, C (2015) 'Raising the standard: Minimum wages and firm productivity', NIESR Discussion paper No.449
[28] Colebrook et al. (2015) European Jobs and Skills: A Comprehensive Review 2015. London: IPPR.
[29] O'Mahony, M and Van Ark, B (2007) 'Assessing the productivity of the UK retail trade sector: the role of ICT', The International Review of Retail, Distribution and Consumer Research, 15, 3: 297-303.

for many workers in terms of increasing anxiety, and reducing morale and the build-up of human capital which in turn reduces worker productivity[30]. In at least one instance, the pilot had led to a reduction in the use of temporary/agency workers. Two reasons were cited for this. Firstly, temporary staff were not needed as much to fill gaps in staffing. Staff were happier in their jobs and so both retention and absences from work had reduced. Secondly, the upskilling of staff had meant they could fill skills gaps which had previously existed, and which agency / temporary workers had been used to fill.

The above aligns with some of the positive impacts arising from the pilot. Pilot mechanisms such as in-house training, courses that improve management practices, relevant staff training and increasing permanent and full-time employment are applicable and should work across other low paid sectors such as hospitality and retail. Integrated support around recruitment and progression should promote a virtuous circle of recruitment, retention and progression and so reduce the need to hire temporary / agency workers, and also improve job quality.

Are there differences between the care sector and other low pay sectors?

However, there are differences between sectors that may affect the degree of transferability of the pilot model to other low paying sectors.

Evidence suggests employees may be reluctant to engage in job progression if it requires significant time investment for slight financial gain, reduced flexibility or additional responsibilities with the expectation of working unpaid hours[31]. For example, moving from barista to supervisor garnered on average an additional 30-50p an hour, which was not considered to be enough for the additional responsibilities in Lloyd and Payne's study of low pay and progression in cafés[32] . They further found that non-measurable and unquantifiable attributes such as having a positive outlook, aptitude, and being the 'right fit' could lead to progression more than in-work training. They also pointed to a need to improve job quality.

Studies with retail, hospitality and tourism workers similarly show that the added responsibility and time commitment associated with higher graded roles were not thought to be worth a sacrifice of work-life balance for little additional pay[33] [34]. These findings are

[30] Bryson, A (2013) 'Do temporary agency workers affect workplace performance?' Journal of Productivity Analysis, 39 (2). pp. 131-138. ISSN 0895-562X

[31] Green, A., Sissons, P., Ray, K., Hughes C. & Ferreira, J. (2016a). Improving progression from low-paid jobs at city-regional level, Joseph Rowntree Foundation

[32] Lloyd, C. & Payne, J. (2011a). Flat Whites: Who gets progression in the UK café sector?, Industrial Relations Journal, 43:1

[33] Ussher, K. (2016). Improving pay, progression and productivity in the retail sector

[34] O'Leary, S., & Deegan, J. (2005). Career progression of Irish tourism and hospitality management graduates. International Journal of Contemporary Hospitality Management, 17(5)

further echoed in a sector review of tourism, along with failure to provide flexible career-progression routes, as causes of retention issues[35].

The pilot model may address some of these issues such as providing in house training during working hours, but Care Sector workers may be more motivated to engage with training opportunities as it offers them stability, even if it doesn't result in a pay rise. Care workers want to perform better in their job roles as it has an impact on the people they care for, whereas workers in other low pay sectors do not have the same type of motivation.

Therefore, a similar pilot in the Retail or Hospitality sectors may not get the same level of engagement without guarantees of significant increases in pay – something employers in those particular sectors will not agree to as there is a ready supply of low skilled people willing to work for low wages. Additionally, Retail has seasonal peaks (e.g. Christmas) as does Hospitality (the summer months) which means their business models have to be more flexible in terms of recruitment. Therefore, these sectors attract workers who want a temporary job or are willing to work just weekends or evenings because it suits their current situation e.g. students or parents who cannot afford child care.

However, there is a countervailing argument. Unlike retail and hospitality, the care sector is a highly regulated sector. Thus, the main requirement for staff there to achieve significant progression was to attain SVQ qualifications, which the pilot did not offer. There is no similar regulatory requirement in retail and hospitality, so the returns from general training offered by the pilot should offer greater returns to workers in these sectors which ought to encourage their participation.

Differences between employers may also impact on the degree of transferability of the pilot into the retail and hospitality sectors.

While there is substantial evidence for a link between training, up-skilling and improved earnings[36] [37], for individuals, obtaining qualifications does not necessarily lead to job entry or progression, when employers do not recognise and reward workers accordingly. Indeed, failing to make adequate linkages between skills acquired through education and training with role classification and pay outcomes, undermines the function of skills awards and motivation for further skill acquisition[38].

[35] Deery, M., & Jago, L. (2015). Revisiting talent management, work-life balance and retention strategies. International Journal of Contemporary Hospitality Management, 27(3)

[36] Hayward, H., Hunt, E. * Lord, A. (2014). The economic value of key intermediate qualifications: estimating the returns and lifetime productivity gains to GCSEs, A levels and apprenticeships. Department for Education

[37] Bukodi, E. (2017). Cumulative inequalities over the life-course: life-long learning and social mobility in Britain. Journal of Social Policy, 46(2)

[38] Oliver, D., & Walpole, K. (2015). Missing links: connections between qualifications and job roles in awards. Labour & Industry: a journal of the social and economic relations of work, 25(2)

A lack of enthusiasm from employers and employees for current job progression initiatives has the effect of reinforcing low pay and poor job satisfaction and increases employee 'churn'[39] . Therefore, there is evidence that suggests a significant disconnect between employers and employees in low pay sectors but especially in those sectors such as Retail and Hospitality where skill needs are less of an issue. Care sector workers have specific skills which, if lost, have business impacts, whereas workers in the Retail and Hospitality sectors need more generic skills (e.g. customer interaction) which employers in those sectors view as readily available. For these reasons employers in these sectors may be comfortable with business models based on high rates of labour turnover.

One point that is likely to be transferable across sectors is the need to support to SMEs to identify their training needs. The pilot found that many small care sector employers struggled to identify the training needs of their staff. This indicates a need for external support in the form of training needs analysis. This should help ensure that employees undertake suitable training that develops their skills appropriately and reflects their prior learning.

Conclusion

There are aspects of the pilot model which have the potential to work in other low pay sectors, such as providing in house training during working hours and courses that improve management practices or financial management.

However, differences between sectors may well impact on the degree of transferability of the pilot model to other sectors. For example, employees in sectors such as hospitality and retail may have less commitment to developing careers in these sectors compared to the care sector, and so be less interested in training and progression. However, the less regulated nature of hospitality and retail compared to care may raise the financial returns to many forms of training in these sectors and so encourage greater participation.

Therefore, as well as taking on board some of the lessons learnt during this pilot it is recommended that the Council first develop a model which reflects these sectoral differences and also seeks to gauge the level of enthusiasm amongst employers and employees in other potential target sectors.

[39] Kumar, A., Rotik, M. and Ussher, K. (2014) Pay progression: understanding the barriers for the lowest paid – CIPD Policy Report. London: John Lewis Partnership and CIPD

Conclusions and Recommendations

This final chapter presents an overall summary and commentary on the effectiveness of the In-Work Progression in the Care Sector Pilot.

The pilot aimed to improve care sector businesses access to interventions which would facilitate growth, and to improve care sector employees' access to interventions which would support skills improvement and increased earning potential. Both aims were grounded in improving staff progression and the financial situation of employees in low pay, and their households.

The chapter presents key outcomes achieved and examines how well the support model worked to promote business impacts and individual earnings progression.

The chapter also presents several recommendations based on the evaluation findings to improve the design and delivery of future employer led progression initiatives.

Pilot design

The In Work Progression in the Care Sector pilot aimed to devise, deliver and refine a sustainable model which promoted staff progression within the care sector, with a particular focus on those affected by in work poverty. It aimed to deliver this through an employer led approach which focussed on delivering business improvements to care sector SME's. The support model included a full business diagnosis, tailored business support and training offers delivered to employees. This approach was designed to operate as a proof of concept demonstrating business benefits of investing in employee development (which would support movement out of poverty)

The pilot design process involved a comprehensive review of evidence from prior in-work progression initiatives as well as consultation with employers and stakeholders in the care sector. This process identified challenges in operating a progression pilot within the care sector which constrain the financial progression opportunities available. The key challenge related to the financial context of the sector which is reliant on public funding. There was a lack of clarity from the outset about the extent to which the employee non-mandatory training offers could translate into progression opportunities for low paid staff.

Pilot implementation

The pilot implemented an employer led model where Business Advisers engaged employers, arranged relevant business consultancy support to improve business operation, and arranged employer training interventions. The pilot was delivered in the same format as existing business team, so Business Advisers were in place from the pilot start.

As a proof of concept, small scale trial, the ability to test and learn from delivery was vital. However, there were significant difficulties in changing the model following employer

feedback from initial engagement. This caused delays to the implementation of business and employee support interventions, which could not be approved during this period.

Business Advisers also found that engaging care sector employers into pilot support was challenging, resource intensive and took substantially longer than initially envisaged. There were several reasons for this including the unfamiliarity of support, the emergency driven nature of managing a care home which constrained manager time, and manager turnover. The pilot provided learning about engaging care sector employers into this type of support, including: the importance of targeting key decision makers, flexibility in communication and tailoring the message to focus on the tailored practical support with main business difficulties (usually finances and staff retention). The sales pitch to businesses centred on business savings and the pilot objective of making care sector more financially viable and attractive, before introducing the employee offer.

Progression pilot outcomes

This section firstly reviews pilot progress towards targets and explores the extent to which the pilot enabled financial progression of employees. It then reviews wider outcomes and benefits achieved through the pilot.

As noted, the aims of the pilot were twofold. Firstly, the pilot aimed to identify business development needs and improve access to the range of interventions available to facilitate business growth. Secondly, it aimed to identify the support needs of care sector employees and improve access to interventions to support their skills and earnings progression. Both aims were the means to achieve the overall ambition to improve staff progression and the financial situation of employees in low pay, and their households.

In total, the pilot aimed to provide support and access to interventions to 20 care sector businesses and 400 staff, with 250 of these employees developing their skills and earning potential. Pilot targets also included 300 employees taking positive steps to achieving financial independence and 250 of these employees improving their financial situation.

There was evidence of a degree of staff financial progression at all levels as a result of pilot participation. In some cases, this was achieved through external progression (i.e. employees moving to new employers due to limited progression opportunity with their existing employer). In other cases, financial progression outcomes were the direct result of increased responsibility afforded as a result of upskilling through the pilot, or improved supervision processes in the homes supporting internal progression of staff. Some cited progression outcomes resulted from a combination of pilot training and external factors such as the attainment of SVQ qualifications.

There were several factors which constrained the extent to which employees could achieve financial progressions through the pilot. These can be recognised as contextual factors (relating to the sector which the pilot operated in); design factors and implementation factors.

Contextual factors:

The care sector itself was a significant challenge for the success of this progression pilot. Consulted stakeholders highlighted the limited capacity to provide pay progression given the reliance on local authority contracts, the context of significant financial constraints across local authorities and fluctuations in income which result from gaining or losing local authority contracts.

Furthermore, funding rules precluded the pilot from funding mandatory training. However, in the care sector there is clear link between occupational and earnings progression and the attainment of SVQ levels. There are a multitude of barriers to the attainment of SVQ level qualifications, which the pilot was not able to fully address through its support offer. While these qualifications are mandatory, there is evidence that care sector employers are struggling to fund these for their employees. There is a negative interaction between the public funding constraints facing care sector SMEs and the highly regulated nature of the sector which requires the attainment of specific qualifications. This negative interaction results in a mismatch between the need for training and the ability of the sector to meet this need. There are particular barriers to accessing the requisite qualifications for care sector workers over 25 who are not eligible for funding. The lack of an SVQ qualification was the key reason given by employees for not promoting employees through the pilot. Therefore, for many stakeholders there was a limited extent which the pilot alone could secure financial progressions.

Design factors:

The business support was more clearly defined than the employee training offers from the outset of pilot development. The business support or consultancy offers were adapted from pre-existing business support and tailored to meet the sector's need from the initial consultation. The employee offer was designed to be identified with the individual employer to avoid being overly prescriptive and enable the pilot to remain employer led. However, the pilot found that some employers required significant support to identify individual and business level training needs and organise non-mandatory staff training. Identifying employee training needs were not usually in the remit of Business Advisers, so there was concern expressed that this was an unforeseen 'gap' in pilot support. As a result, there was evidence of decisions about non-mandatory training being driven primarily by pressing organisational issues such as new health and social care standards, or issues identified by recent inspections, rather than individual progression needs.

The employee training offers were not pre-determined and did not address some persistent barriers to progression within the sector such as progression opportunity within homes or the cost of accessing requisite SVQ courses. As noted, the pilot was prohibited from funding SVQs, which were often tied in with wage setting processes in homes. Therefore, while there was ample evidence of skills progression which enabled staff to undertake additional responsibilities within their role, this was not always sufficient to

support progression into a new role. This was less of a hinderance for managers, who were able to access progressions through non-mandatory skills development.

Furthermore, there was evidence that some aspects of the pilot, such as increasing flexibility in shift patterns, provided benefits to residents and business but may not have benefitted existing employees. This indicates that **the perceived business benefits did not always fully align with employee progression outcomes** which had implications for the extent to which the aims of the pilot were met. To address this weakness requires staff development to be more closely aligned to business development and HR support to ensure this.

Implementation factors:

A key implementation factor which impacted pilot effectiveness was the sequencing of support. Prolonged employer engagement and pilot delays from requesting approval to adapt the support model impacted the implementation of the employee training and financial inclusion workshops. This resulted in a large amount of training taking place in a short time period towards the end of the pilot, sometimes concurrently with business support.

A further implementation factor was the design of employee interventions. The pilot managed to procure high quality training provision at short notice, but prior identification of providers would have made this more manageable. The training delivered was almost universally well received by employees, however there were barriers to some employees participating (particularly those working nights or part time shifts). Furthermore, there was some evidence of employees undertaking training which did not lead to the development of new skills, and evidence of employee training being delivered to higher paid senior carers and managers who also accessed a financial progression through the pilot. Finally, there was low employee awareness of the pilot and what it meant for them. The pilot was commonly viewed as a training budget from the council rather than a wider package of support to improve their employer and their own prospects.

The pilot demonstrated that employer led pilots may still require a large emphasis on employee support in the design process to ensure that providers are in place, all training provides additionality, is targeted effectively and addresses key barriers to participation for those with additional barriers.

Wider outcomes

Overall, the pilot produced a range of highly positive outcomes for employees, businesses and wider care sector in Glasgow. The pilot design was grounded in the need to improve the image of the care sector and improve recruitment and retention of staff, which was inextricably linked to improving pay and conditions.

The pilot had a noticeably transformative impact on several of the participating SME's. There were clear business benefits reported by employers who participated in the

pilot. Employers reported that the pilot offer enhanced the profiles of their homes, improved financial processes and provided tangible cost savings and care standards improvements. Even during the lifespan of the pilot, these business improvements had resulted in wider positive impacts on their organisation's financial sustainability, staff morale and recruitment and retention prospects.

The pilot also enabled employers to invest in employees' development which contributed to a range of soft outcomes such as increased confidence, knowledge and skills, satisfaction and morale among participating staff. The wellbeing benefits demonstrated are likely to flow through to benefit retention rates if sustained. Employees reported a range of benefits from participation in pilot activity including improved financial wellbeing, development of job specific skills and instances of careers progression in some instances. There was also evidence of employee's improved ability to perform in their role leading to improvements in quality of care provided to care home residents. Increased responsibilities resulted in business benefits including a higher quality of service, improved operational efficiency, cost savings and greater likelihood of business generation.

Finally, the pilot provision of financial management training improved individual's abilities to manage their outgoings through the use of practical financial management tools and a link to tailored financial advice. There was evidence that this training improved the financial situations of employees and their households.

Therefore, while there were limitations to which the pilot afforded direct earning progression, there were several highly important additional benefits from pilot participation for employees, employers and residents. **The pilot also demonstrated a business benefit from investing in employee development,** which is vital for future progression initiatives to demonstrate to employers.

Cost Benefit Analysis

A Cost Benefit Analysis of the pilot was undertaken. This calculates the costs and benefits of the pilot to society and assesses whether the pilot provides a positive return on the money spent on it and so whether it represents value for money.

The total cost of delivering the pilot was £314,000. Our analysis includes the following potential benefits:

- earnings increases for individuals;
- economic benefits from improved individual wellbeing; and
- economic benefits for the employer in terms of increased profit

We estimate that these benefits were as follows: earnings gain, £72,000, individual wellbeing gains, £253,000, and profitability gains, £36,000. Thus, total benefits are

estimated as £361,000. Overall this means that the estimated difference between benefits and costs of the pilot is £48,000 and ratio of benefits to costs is 1.15. As the benefits from the pilot exceed its costs this indicates that the pilot has achieved value for money. However, this result is only indicative. The scarcity of quantitative data from the pilot means that our estimate of benefits had to be based on a number of assumptions using data from outside of the pilot.

Recommendations for future provision

This pilot delivered key learning to support the establishment and effectiveness of future employer led in-work progression initiatives. This section proposes considerations for the future commissioning and design of programmes which aim to deliver business benefits alongside employee progression outcomes. The business level interventions were regarded as highly effective, therefore the recommendations largely concern improvement of pilot implementation and securing greater progression outcomes.

To improve implementation and progression outcomes:

Design

- Small scale pilots such as “In Work Progression in the Care Sector” require a **high degree of flexibility** to alter their support model to ensure that learning can be generated to inform larger scale pilots. This requires flexibility to redesign components of the support model without substantial difficulty to reflect learning through delivery.
- Pilots which are effectively testing a new model of support require sufficient time to ‘ramp up’ to steady state**. Engaging beneficiaries into unfamiliar support can take significantly longer than anticipated** and pilots may require a substantial lead in time or development phase prior to the delivery of interventions. This is particularly important for pilots which require a sequenced approach to delivery.
- This pilot produced several business benefits which take time to manifest as cost savings. Similarly, soft outcomes for employees may result in longer-term career progression rather than short-term earnings gain through the pilot. **Longer timescales for delivery and/or evaluation** would capture whether there have been longer-term gains for businesses and employees.
- The learning from this pilot relates only to SME’s and future pilots could consider involving larger employers in progression initiatives. These pilots **should account for different challenges facing SMEs and larger employers** and consider a different support offers to meet these challenges.
- Pilot design must **review the numbers of local employers eligible** to engage prior to target setting to ensure these are achievable.

- **Locating in-work progression initiatives within an existing and established service** as this pilot did, is helpful for employer engagement as it provides a trusted source of support. It additionally enables the learning from this initiative to be scaled up and applied in different local areas with this type of business support provision.
- Pilots should consider **representation of all stakeholders** in the design phase and Steering Groups. When implementing an employer led progression pilot, it is vital to consider employee barriers to progression within pilot design. This could be achieved through employee consultation and employee and/or trade union representation on the Steering Group, as well as prior engagement with trainers delivering the employee offer.
- There is a need to increase awareness of in-work progression support among stakeholders and secure delivery partners from the start so that initiatives can focus their time and resource on support delivery. This requires **prior engagement with employers to raise awareness of the pilot** and **prior engagement with all delivery partners** to gain their buy in, procure their services and agree the support offer volumes and level of flexibility.
- Progression pilots in sectors which struggle to recruit and retain entry level workers could **link progression pilots with recruitment support** to ensure there is a self-sustaining cycle of recruitment, retention and progression.

Delivery

Employer engagement

- Employer engagement was a time and resource intensive endeavour for this pilot. Future initiatives should **utilise learning about effective messaging to employers and provide case studies** demonstrating tangible business benefit generated from this pilot. Employee progression and business benefits should both be built in to engagement strategies.
- An effective strategy for engaging employers is the **early implementation of consultancy support to provide a tangible business benefit or cost saving**.

Sequencing of support

- Employer led in-work progression pilots benefit from a **sequenced approach to delivery**, including business support to generate cost savings, identify employee skills gaps and ensure training is useful for selected individuals prior to employee training offers. This would enable support to build on outcomes achieved by the prior intervention.
- Sequenced support could allow support delivered to be evaluated regularly for effectiveness to ensure that subsequent support can be adjusted. In addition to

the initial assessment, a post-activity needs analysis could identify any remaining skills gaps, to enable employers to continue to meet needs.

Employee support

- This pilot demonstrated the potential for employee support and outcomes to be improved by **prior HR business support which provided businesses with the tools to implement coaching, buddying, performance management and skills/career development processes**. This could provide sustainable outcomes for both the business and employees if sequenced effectively.
- **Employers may require support to identify the training needs of their staff** so a type of training needs analysis should be built into pilot design. This requires a different skillset to that of a Business Adviser. In future interventions, this could be conducted by an employability adviser, or as a package of business support to enable a fully integrated business and employee support offer. This should ensure that employees develop new skills and training is tailored to their prior learning.
- To improve progression outcomes, pilot design needs to ensure that employers consider employers how to **effectively identify staff to participate in employee training** who would most benefit from pilot support. This could include limiting the training offer to low paid workers and/or focusing on staff with additional barriers to upskilling, such as part time workers or those working night shifts. Those with additional barriers to accessing training should be considered within pilot design and by employers, for example through out-of-hours provision and repeated sessions. This would require a more constrained approach to the delivery of interventions, for example a menu of support to ensure that support delivery is focussed largely on enabling progression for low paid workers.
- The pilot successfully trailed the provision of financial management workshops alongside support aimed to improve progression prospects for low paid workers. This type of intervention could be usefully provided to employees in future employer led interventions to widen access to financial management support for low paid workers.

Improving employee engagement

- Within employer led initiatives, there should be opportunity for delivery staff to **engage with both employers and employees directly to ensure they access the appropriate training and are released from duties to attend**, promote the benefits of training and improve buy in. This should ensure that staff are aware that they are participating in a pilot and gain appreciation of the benefits to them and their employer from participation.
- Employee engagement should be carried out by employers with some input from trainers to ensure consistency of messaging and a clear understanding of the whole

package of support. Trainers who had the opportunity to speak directly with staff about their training offer saw increased attendance, particularly in the case of financial inclusion training.

- This engagement could also consider providing employees with **information of possible outcomes or impacts of undertaking training** such as progression to improve their engagement with the pilot training offers. This approach, which demonstrates a pathway to where training could lead to, may also improve longer term progression prospects for employees following the pilot.

Improving progression support

- The main requirement for staff to access a progression in this care sector pilot was the attainment of SVQ level qualifications. These were mandatory qualifications and therefore were not funded by the pilot. To improve progression outcomes, pilots of this type must focus on **enabling access to qualifications which have a clear link to progression** requirements, if not offering them directly.
- This could be achieved through a **pilot design which focussed on addressing barriers to attaining SVQs** and working within the pilot to overcome these. For example, exploring offering subsidised qualifications, asking employers to invest a proportion of cost savings into SVQs for employees who cannot access funding, exploring models of co-investment or signposting employees to advisory services aimed at addressing their barriers to attaining an SVQ.
- Training alone may not be sufficient to overcome barriers to progression for low paid workers. Future progression support working with businesses should offer directly, or support businesses to implement, a range of initiatives to enhance employee progression prospects. This could include access to careers and course advice, basic skills courses, financial support to access training, mentoring, benefits advice and improved workplace supervision practice.

Transferability

Differences between the care sector and the retail and hospitality sectors may affect the degree of transferability of the pilot model to these sectors.

Care Sector workers may be more motivated to engage with training opportunities even if it does not result in a pay rise. Care workers want to perform better in their jobs as this has an impact on the people they care for, whereas workers in other low pay sectors do not typically have this same type of motivation. However, there is a countervailing argument. Unlike retail and hospitality, the care sector is a highly regulated sector. Thus, the main requirement for staff there to achieve significant progression was to attain SVQ qualifications, which the pilot did not offer. There is no similar regulatory requirement in retail and hospitality, so the returns from general training offered by a similar pilot should be greater to workers in these sectors which ought to encourage their participation.

Employers in retail and hospitality may also take a different approach compared to those in the Care Sector. Care workers have specific skills which, if lost, have business impacts, whereas workers in the Retail and Hospitality have more generic skills (e.g. customer service skills) which employers in those sectors view as readily available. For these reasons employers in these sectors may be comfortable with business models based on high rates of labour turnover, and not view training as a priority.

Appendix 1: Support and interventions provided

Support and interventions provided to care sector employers

- Digital Boost
- Google Digital Garage
- Scottish Enterprise Innovation Workshop
- Fire Marshal training
- First Aid training
- HR Capacity Building - Reducing Absences
- Photography for Social Media
- Introduction to IT security
- Introduction to Data Protection
- Managing Long Term Conditions
- Risk Assessment Training
- Fire Safety Awareness
- Managing Organisational Stress
- IOSH
- Resource Efficient Scotland
- Glasgow People's Energy Trust
- Information about Healthy Working Lives
- Referrals to Skills for Growth SDS
- GCC Glasgow Guarantee
- Managing Attendance

Support and interventions provided to care sector employees

- Financial Capability
- Care Planning
- Leadership
- Dementia awareness / Understanding Dementia
- Stress and Distress
- Medicines Admin
- Practical Medicines Admin / Advance Medicines Admin
- Management and Leadership for Senior Carers
- Palliative Care
- Phlebotomy/Venepuncture
- Dementia and related conditions
- Health & Social Care Standards
- Human Rights
- Hydration & Nutrition
- Safer Administration of Medication
- Advanced Medicines Admin Refresher
- Health & Social Care Standards and Duty of Candour
- Leadership & Management
- Supervision Process
- Clinical Skills
- Documentation

- Medication Competency
- Medication Refresher
- Outcome Focused Care
- Mental Health
- Induction Package (Dementia Awareness, Documentation, End of Life Care, Health & Social care Standards, Hydration & Nutrition), communication & Leadership, Palliative Care and Stress & Distress)
- Communication & Leadership
- Managing Falls
- Catheter Care
- Continence Care
- Continence Care with Catheter Care
- First Aid