# Recruiting for potential from under-represented groups

Meta analysis

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Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.

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# Acknowledgements

Skills for Care would like to thank the organisations who volunteered to pilot these new approaches to recruitment and retention and share their learning in the form of a self-evaluation report and case study.

# Executive summary

With record low levels of unemployment, competition from other sectors for high quality employees and currently unknown implications for the workforce following Brexit, social care and health employers are seeking different ways to widen their pool of applicants and develop new sources of talent - people with the right values, behaviours and attitudes - to meet current and future workforce demands.

Working with key partners linked to the Department of Work and Pensions' national 'See Potential' campaign, Jobcentre Plus (JCP) colleagues and Health Education England's Widening Participation national programme, Skills for Care identified a potentially large un-tapped pool of people from traditionally under-represented groups[1] who want to become, or are becoming, 'work ready'.

In order to explore this opportunity Skills for Care funded a small group of employers to pilot some new approaches to recruiting for potential from under-represented groups. This review provides a summary of findings from the projects' self-evaluation reports.

**About the funded projects**

Skills for Care funded four initiatives in England that support people from under-represented groups into education, training and/or employment in adult social care:

- **Association for Care Training (ACT)** – Supporting young (18-24 year olds) and older people (over 50's) in Herefordshire from under-represented groups who have been out of work or training for over 12 months, to complete the Level 1 Award in Preparing to Work in Adult Social Care over a 10 week period, including work experience opportunities.

- **Care Plus Group** – Building upon an existing 'pathway model' to support people on a one to one basis from under-represented groups, including long term unemployed people, people will mental ill-health and disabled people, on a 13-week voluntary placement.

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[1] This could include, for example: Military veterans; People who are homeless or have experienced homelessness; Ex-offenders; People with mental health needs; People recovering from addiction; People with disabilities; Minority groups where representation is low within the workforce; People who are long term unemployed; People from a looked-after background.

- **Inspirative Development Ltd** - Enabling homeless and socially excluded people in Derbyshire to fulfil their potential in the social care sector through a pre-employment work programme including workshops designed to build resilience, BTEC training and a 12-week supported work placement.

- **Lincolnshire Care Association (LinCa)** - Working with 17-24 year olds from under-represented groups, including care leavers and long-term unemployed to provide work-based placements meeting the requirements of the Care Certificate.

The four pilot projects shared the overall aim of developing the knowledge and skills of people currently out of work in order that they might become 'work ready' for roles in adult social care.

## Activities and outputs

Whilst each of the pilots delivered different types of support to different groups of clients, they shared some common activities, including working with others to publicise their project and to identify potential participants, undertaking an initial screening process to assess the suitability of applicants, delivering a programme to help participants become 'work ready' and enabling participants to achieve a qualification to evidence their learning/experience.

Across the four pilot projects 68 people were recruited to participate. Of these, 37 people completed the programmes on offer.

The pilot projects also produced a number of resources, including marketing materials, screening resources, competency tests, feedback/evaluation tools and specific learning materials.

## Successes and challenges

Common project successes for the pilot groups included having more applicants interested in taking part than anticipated, successfully screening applicants to ensure that participants had the right values to work in adult social care and building upon or developing better relationships with other organisations. Successes for participants went beyond those related to their newly learnt work-related skills, to include a growth in their self-confidence, mental health and well-being.

Common challenges for the pilot projects included the time it took to set the project up (screening applicants), the amount of personalised support that participants required, the need to overcome pre-existing barriers to learning and the level of drop-outs during the programmes owing to the personal circumstances of the participants making it too difficult for them to continue[2]. For participants the challenges related to previous (negative) experiences of learning or work, lack of digital literacy and issues compounded by their lack of finances (i.e. to pay for transport to get to work experience placements, to pay for appropriate clothing, etc).

**Lessons learnt**

- Allow sufficient time to set up and run the project successfully.
- Work with a variety of agencies to maximise the number of potential applicants and also the number of opportunities available to them.
- Foster strong links with Jobcentre Plus (JCP).
- Screen applicants to ensure they have the right values to work in adult social care and are able to commit to the programme on offer.
- Over-recruit participants to the programme to minimise issues created by drop-outs.
- Treat participants with dignity and respect in order to build solid relationships in which they are open and honest so that you can meet their needs.
- Understand that participants typically need 1-2-1 support via a dedicated member of staff.
- Take a holistic view of participants pastoral and health needs - give equal weight to building resilience, gaining knowledge and applying skills.
- Recognise that participants can have multiple issues (housing, financial, childcare, transport, etc) that may impact on their ability to learn and work.
- Create the right environment for learning and providing a variety of learning approaches to suit differing needs.
- Develop a career pathway and give participants the time and resources to explore career options.
- Provide high-quality work experience opportunities which will benefit prospective employers as well as the project participants.
- Consider what types of qualifications will be recognised and are valued by employers.

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[2] NB: there were also issues with DBS checks, but SfC is planning to issue separate, specific guidance in relation to these so have not included the details here.

# 1. Introduction

## 1.1 About Skills for Care

Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect. We do this by helping employers get the best from their most valuable resource - their people.

## 1.2 About this project

With record low levels of unemployment and competition from other sectors for high quality employees, social care and health employers are seeking different ways to widen their pool of applicants and develop new sources of talent to meet current and future workforce demands.

Working with key partners linked to the Department of Work and Pensions 'See Potential' campaign, Jobcentre Plus (JCP) colleagues and Health Education England's Widening Participation national programme, Skills for Care identified a potentially large un-tapped pool of people from traditionally under-represented groups who could meet the need. This included, but was not exclusively restricted to:

- People from a looked-after background (e.g. care leavers).
- People with disabilities.
- Ex-offenders.
- People who are homeless or have experienced homelessness.
- Military veterans.
- Minority groups where representation is low in the workforce.
- People who are long term unemployed.
- People with mental health needs.
- People recovering from addiction.

In order to explore this opportunity Skills for Care funded a small group of employers to pilot some new approaches to supporting people from traditionally under-represented groups into education, training and/or employment opportunities. In doing so we hoped to collect data and capture learning that could be used to make recommendations for others to implement in the future.

## 1.3  About this review

The purpose of this review is to bring together the evidence from the self-evaluation reports produced by the four funded projects.

# 2. Funded projects, aims and intended beneficiaries

This chapter briefly describes the four funded projects.

## 2.1 About the organisations funded

This section provides a brief profile of the organisations funded to deliver the recruiting for potential from under-represented groups pilot projects.

- **Association for Care Training (ACT)**

  ACT is a small employer-led partnership based in Worcestershire that has worked predominantly across Herefordshire and Worcestershire supporting the Private, Voluntary, Independent (PVI) and Statutory sectors to improve social care and health services. It primarily operates through engaging with stakeholder groups to share information and good practice examples, including numerous projects focusing on sustainable recruitment.

- **Care Plus Group (CPG)**

  CPG is a Community Benefit Society organisation, which is based in and works in communities across North East Lincolnshire. They are a social business that provides adult health and social care services to help improve people's health and wellbeing and enrich people's lives.

  CPG employs approximately 800 members of staff providing a wide range of adult health and social care community services including 'Employability Services' that provide employability and supported employment. It aims to contribute to reducing health inequality, improving income and enhancing the physical, mental health and well-being of the people of North East Lincolnshire.

- **Inspirative Development Ltd / Inspirative Arts Derby / YMCA Derbyshire**

  Inspirative Development Ltd provides workforce learning and development opportunities in the health and social care sectors. Their expertise is in working with 'non-traditional' learners, people who have not previously excelled in education, or have been out of education for a long time.

Inspirative Arts Derby (a sister company of Inspirative Development Ltd) is a community interest company which has been delivering high quality arts therapies and therapeutic arts services to vulnerable people since October 2009. Working closely with Derby Adult Learning Service, Inspirative Development and Derby University they offer a wide range of work placements and learning opportunities for people wishing to work in our sector (currently ranging from academic Level 2 to Level 7).

Both Inspirative Development and Inspirative Arts are SMEs, with a combined workforce of 10 people, plus associate practitioners.

YMCA Derbyshire is a registered charity and company limited by guarantee delivering structured, supported housing services in Derby City, helping homeless, vulnerable people aged 16-60 to find a safe and secure home and to reach their potential and participate and reintegrate with communities in Derby.

- **Lincolnshire Care Association (LinCA)**

  LinCA is a membership organisation employing six members of staff. Based in Lincoln and working across the county, it supports adult social care members under a 'not for profit' organisation.

  LinCA Workforce Development is a unitary company of the company, whose mission is to support the workforce development and resilience of the 400 plus independent care providers across Lincolnshire.

## 2.2  Project aims

The four pilot projects shared the overall aim of developing the knowledge and skills of people currently out of work in order that they might become 'work ready' for roles in the adult social care sector.

Below are specific details of what each project aimed to deliver:

- **ACT**

  To provide a 'stepping stone' into employment and also to identify the barriers that prevent employers from considering recruitment from the under-represented groups, along with potential solutions for overcoming them.

- **CPG**

  To support people from under-represented groups into training and with a view to gaining employment, recognising the need for a holistic approach and the need to provide additional time and commitment to help achieve this.

- **Inspirative**

  To achieve personal growth, qualifications and employment opportunities for homeless people and those experiencing social exclusion. In doing so, to challenge perceptions of working in social care as well as widening the pool of staff working with people who use services.

- **LinCA**

  To unlock the potential of under-represented learners, enabling them to grow their self-esteem and confidence leading to improved opportunities for them to engage in paid employment and thereby reducing their reliance on state benefits.

## 2.3 Intended beneficiaries

When commissioning the pilot projects Skills for Care suggested a number of potential target groups that constitute those 'under-represented in the workforce'. Table 1 (below) summarises the coverage anticipated by the pilot projects.

**Table 1: Intended target groups**

| People who… | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| People from a looked after background (i.e. care leavers) | | | | ✓ |
| People with disabilities | ✓ | ✓ | | ✓ |
| Ex-offenders | ✓ | | | ✓ |
| People who are homeless or who have experienced homelessness | ✓ | | ✓ | ✓ |
| Military veterans | ✓ | | | ✓ |
| People who are long-term unemployed | ✓ | ✓ | | ✓ |
| People with mental health needs | ✓ | ✓ | | ✓ |
| People recovering from addiction | ✓ | | | ✓ |

# 3. Activities and outputs

This chapter describes the activities undertaken by pilot projects and the outputs resulting from these.

## 3.1 Activities

Whilst each of the pilots delivered different types of support to different groups of clients there was some commonality amongst the activities they undertook:

- Working with others (typically including Jobcentre Plus staff) to publicise/ identify suitable participants for their project
- Holding an event to provide information about their project for prospective participants and employers
- Undertaking some form of initial screening/assessment of participants to ascertain their suitability for the programme on offer (these included identifying potential barriers and risks, as well as current levels of ability)
- Delivering a programme to help participants become 'work ready' (generally a programme of learning delivered alongside or followed by a period of work experience)
- Supporting participants to obtain DBS checks
- Enabling participants to gain a qualification to evidence their learning/experience
- Offering follow up support to participants

## 3.2 Outputs

In total, 68 people were recruited across the four pilot projects to take part in their programmes of activity. However, for various reasons (detailed elsewhere in this report), only 37 people completed them.

The tables overleaf show the total number of people offered work experience and training through the four pilots[3].

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[3] These categories shown in the table are not mutually exclusive (i.e. a person could, and generally did, feature in more than one category)

**Work experience opportunities were offered to:**

|  | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| Ex-offenders | x6 | - | x4 | x1 |
| People with mental health needs | x2 | x7 | x7 | x9 |
| People recovering from addiction | - | - | x2 | x1 |
| People who are homeless or have experienced homelessness | x1 | - | x12 | - |
| Military veterans | - | - | x1 | - |
| People with disabilities | - | x3 | x5 | - |
| People who are long-term unemployed | x7 | x1 | x11 | x11 |
| **Total number of people recruited to the programme** | **12** | **27** | **12** | **17** |
| **Total number of people who completed the programme** | **7** | **21** | **2** | **7** |

**Non-accredited training was offered to:**

|  | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| Ex-offenders | x7 | x2 | x4 | x3 |
| People with mental health needs | x2 | x5 | x7 | x13 |
| People recovering from addiction |  | - | x2 | x3 |
| People who are homeless or have experienced homelessness | x1 | - | x9 | x2 |
| Military veterans | - | - | x1 | - |
| People with disabilities | x1 | x4 | x5 | x1 |
| People who are long-term unemployed | x7 | x9 | x11 | x17 |
| Other | - | x10[4] | - | x3[5] |
|  | - | x | - | - |
|  | - | - | - | () |
| **Total number of people who completed the non-accredited training** | **0** | **21** | **0** | **7** |

**Accredited training was offered to:**

| People who… | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| Have a criminal record | x7 | x2 | x1 | - |
| Experience mental ill-health | x2 | x5 | x2 | - |
| Manage drug/alcohol/substance misuse | - | - |  | - |

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[4] 5 x single parents and 5 x people with long-term health conditions
[5] 3 x people from a looked after background (i.e. care leavers)

| | | | | |
|---|---|---|---|---|
| Are homeless/rough sleepers/at risk of homelessness | x1 | - | x2 | - |
| Are ex-military personnel | - | - | | - |
| Are disabled | - | x4 | x2 | - |
| Are long-term unemployed | x7 | x11 | x2 | - |
| Other | - | x11[6] | - | - |
| | - | x5 | - | - |
| | - | - | - | - |
| **Total number of people who completed the accredited training** | **7** | **15** | **2** | **0** |

The following resources were produced by the pilot projects:

- Marketing materials – emails, flyers, good practice tool.
- Screening resources – interview questions, learning styles questionnaires.
- Literacy and numeracy questionnaires and competency assessment booklets.
- Feedback/evaluation forms/data collection tools.
- Learning materials – portfolios, individual learning plans, reflective diaries, participant journey flowchart.

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[6] 6 x single parents and 5 x people with long-term health conditions

# 4. Outcomes

This chapter sets out the key findings of the review relating to outcomes achieved by the projects.

## 4.1 Key success factors for the achievement of outcomes

The following elements of projects were identified as being important in the achievement of outcomes:

- Creating a trusted, safe, supportive and conducive environment for learning.
- Providing significant 1-2-1 support.
- Having a dedicated support officer/mentor for both the participants and the employers (both before, during and after the programme).
- Working with a variety of agencies, including Jobcentre Plus, to maximise the number of opportunities available to participants.
- Offering a flexible/creative/blended learning approach to appeal to all types of learning style.
- Taking a holistic view of participants pastoral and health needs.
- Giving equal weight to building personal resilience, gaining knowledge and applying skills in order to address underlying issues and improve self-efficacy/self-regulation.
- Creating a career pathway and giving participants the time and resources to explore career options.
- Using social media (specifically, a Messenger group) to communicate with participants (utilised by the LinCA project who worked predominantly with 17-24 year olds).

## 4.2 Barriers to the achievement of outcomes

The pilot projects noted a number of challenges and barriers for participants that impacted upon the successful achievement of their outcomes. These included participants having:

- negative associations of learning based on previous experiences (i.e. suspensions/expulsions, bullying, at school)
- negative experiences of sector-based work academies
- difficulties completing records of their learning experiences

- a need to process and resolve their personal difficulties before they can successfully engage with learning and work opportunities (this can require intensive, 1-2-1 support)
- difficulties paying for transport, work clothes, lunches, etc.

In addition, participants not completing the programmes on offer impacted upon the other participants and also made it difficult to accurately cost the programmes on offer.

Other barriers noted by the pilots included:

- Some existing employer contacts who were expected to support the programmes did not engage with them / did not help with identifying suitable participants.
- Employers weren't always confident in the delivery of the Care Certificate.

## 4.3 Ethical implications

Given the fact that the participants in the pilot projects were from traditionally under-represented groups in the workforce it is important to recognise the ethical implications highlighted by the pilots[7]:

- Putting social care values and a duty of care at the forefront of organisers minds can provide a sound basis for ethical considerations.
- Participants need to be recognised as unique individuals (each has their own personal history, learning needs and personal circumstances).
- Participants need to be treated with dignity and respect and this needs to be monitored throughout the process (they must also be encouraged to demonstrate these values to those that they train and work alongside).
- Participants need to be encouraged to be open and honest – to facilitate this they need to be reassured about confidentiality and to have clear ground rules set from the outset.
- The support (psychological and pastoral) provided needs to be tailored according to individual needs.
- Where sensitive subjects are discussed/tackled participants should be offered additional support.

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[7] Issues relating to DBS checks were raised by the pilots, but as Skills for Care will be issuing specific guidance on this we have not covered it in this report

- Risk management strategies can help to mitigate difficulties that arise (i.e. participants needing later start times/more time to complete activities).
- Working (confidentially) with engaged employers enabled pilots to 'test the water' with regards to the suitability of specific people in relation to specific work opportunities, thereby enabling participants expectations to be managed.

# 5. Successes, challenges, lessons learnt and recommendations for others

This chapter highlights the successes and challenges faced by the pilot projects and identifies transferable learning for the sector.

## 5.1 The most successful parts of the projects

Success can be identified in two ways:

**For the pilot organisations**

- Many more applicants than anticipated expressed an interest in taking part in the projects than was anticipated/could be accommodated by them.
- The screening processes put in place ensured that only those most suitable were selected to participate were found to be helpful.
- Those deemed unsuitable for the programmes were successfully signposted to other sources of help.
- Some were pleased with the level of retention they achieved over the course of their programmes because it exceeded their expectations of working with groups of people previously considered difficult to engage with.

**For the participants**

- Increased positive mental health and well-being.
- Increased self-belief and confidence.
- Building a network of peers/developing friendships amongst their 'cohort'.
- Learning 'soft' work skills including resilience, developing relationships, etc.
- Undertaking accredited training.
- Undertaking work experience that enabled them to see how their learning could be put into practice.
- Securing job interviews/work opportunities.
- Being able to plan for their future working lives.

## 5.2  The most challenging parts of the projects

Some of the challenges identified were the same as those identified as being barriers to the achievement of outcomes (section 4.2 above), notably the amount of personalised support that participants require, the need to overcome pre-existing barriers to learning and dropout rates.

Other challenges highlighted were:

- Maintaining engagement with employers.
- Obtaining sufficient evidence for DBS checks/engaging with the DBS service generally.
- Low levels of digital literacy[8] amongst some participants.
- Recruiting suitably skilled support staff to meet participants needs.
- Delivering the programme to the agreed milestones (things generally took longer than anticipated, especially given that more people expressed an interest in participating than expected).
- Unanticipated costs associated with participant travel, particularly in rural areas.
- Disappointment that not all participants secured work or apprenticeships.
- Lack of engagement by some key referral agencies.
- A lack of required infrastructure (i.e. financial management, admin) which impinged on project delivery.
- The impact of participants complex lives (i.e. challenges of finding affordable childcare/cover for other caring responsibilities, problems with accommodation and money proving a distraction, etc).
- The timing of programmes not always right for participants (a rolling programme would be preferable).

## 5.3  Lessons learnt

The pilots reported a number of lessons they learnt, including the need to[9]:

- agree expectations and boundaries from day one
- hold initial information sessions and the selection process at separate times so as not to overload either potential participants or the staff delivering the programme

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[8] Use of learning technologies including computers and laptops, the internet, using email, completing online feedback requests and assessments

[9] Lessons relating to DBS checks will be covered in separate guidance to be issued by Skills for Care

- know where to signpost applicants who are not suitable for the programme
- 'over-recruit' participants onto the programme to allow for inevitable 'drop outs' as this minimises the impact on other participants
- provide personalised, one-to-one support for participants
- ensure staff supporting participants have the necessary skills and experience themselves
- recognise that the programmes take time to set up, establish and deliver
- select qualifications that are recognised by employers (i.e. the Care Certificate)
- ensure participants have time with the supporting staff outside of the teaching environment to help them manage the processes involved
- upskill participants' levels of digital literacy
- be flexible over the way programmes are delivered as participants often have complex lives that don't lend themselves to rigid structures (for example, two separate work experience placements was favoured over one longer one)
- work closely with Jobcentre Plus to ensure that participants receive reassurances that they won't be penalised by participating in programmes.

## 5.4  Recommendations for others

Each of the pilot projects gave a brief statement for the benefit of others considering undertaking similar work in the future:

"The programme enabled us to discover untapped talent within our community. The people who completed qualifications and work experience with us demonstrated a real depth of understanding, and the ability to provide truly compassionate care. They were able to use their own difficult life experiences as a source of expertise, enabling them to deliver excellent person-centred care to people who are experiencing difficulties now. The experience highlighted the need to see beyond labels and tick boxes, recruiting people on the basis of values and skills; and not being put off by difficulties in their past. This was a brilliant opportunity for us, our clients, and the people who had the opportunity to develop their careers through the programme - we would definitely encourage other employers to get involved."
(Inspirative Arts and Inspirative Development)

"We would certainly recommend this programme to other employers. The people we supported to complete the course and qualifications were absolutely fantastic to work with and definitely right for the sector."
(Association for Care Training)

"Recruiting local residents from underrepresented groups via a quality employability programme has supported a diverse and inclusive workforce, as well as helping Participants to advance social mobility and develop new skills within the 'world of work'. I hope the successes of the programme inspire other employers to adopt a non-traditional route as part of their recruitment strategy."
(Care Plus Group)

"It may seem like the challenges outweigh the successful parts of the programme, however this is not the case. Most of the challenges can easily be overcome…they are mainly based upon systems, processes and infrastructure [whereas] the successes are based upon people and their achievements and involvement in the programme which are truly wonderful."
(Lincolnshire Care Association)

# 6.  Value for money

This chapter sets out the findings of the self-evaluations relating to value for money. Value for money can be measured through 'economy', 'efficiency' or 'effectiveness'.

## 6.1  Added value

Projects were asked to indicate the extent to which they would have been able to deliver the project without Skills for Care funding. All four projects stated that they 'Could not have delivered the project at all' without our support.

The pilot projects identified a number of added benefits:

- It contributed towards their Corporate Social Responsibility goals.
- It enhanced the organisation's reputation / raised their profile.
- It was a cost-effective recruitment tool that had the potential to create a 'talent pool' of suitable candidates.
- It enabled existing staff to grow their skills (mentoring and supporting the participants) and work in a more innovative way.
- It enhanced existing relationships with other providers and enabled new ones to be formed (for one pilot project this had led to further funding after capturing the interests of investors).
- The enhanced support required by participants, whilst costing more financially, meant that better relationships were developed.
- Work experience gave participants the opportunity to better understand the types of roles that they could apply for.

## 6.2  Economically delivered

The projects provided several examples of how they had succeeded in minimising costs without compromising on quality:

- Printing marketing materials and resources in-house.
- Re-using resources (i.e. maps, leaflets) left over from previous projects.
- Encouraging learners to obtain appropriate clothing via Jobcentre Plus.
- Securing a free/low cost training venues.
- Taking up offers of free training from care providers who wanted to get involved.

## 6.3  Efficiently delivered

The most significant cost incurred by **ACT** was for the provision of training support. The unit cost for providing the Level One Award in Adult Social Care was £1,400 per person, excluding project management costs.

Similarly, the largest costs for **CPG** were related to the intense support provided by trained staff whilst the participants are on their placements. The unit cost of this was £768 per person.

**Inspirative** also spent the largest proportion of its costs on supporting the work placement phase of its programme, spending approximately £5,435 per person on this.

**LinCA** noted that their costs per learner were higher than anticipated because fewer participants completed the programme (£5,055 per person). However, had the anticipated number of people completed the programme then their unit costs would have been more modest (£1,684 per person).

**NB:** A lower unit cost is not necessarily an indicator of greater efficiency given that each of the projects had different aims, objectives, beneficiaries and outcomes.

## 6.4  Effectively delivered

Effectiveness was measured in a variety of ways by the pilot projects, including:

- Achieving their aims and objectives.
- Continuing support beyond the life of the pilot to ensure sustainability.
- Enhancing the skills of existing staff.
- Creating a wider pool of potential job applicants.
- Exceeding the target set for the number of participants completing the programme.
- Participants building life skills that will enhance their job prospects and reduce the risk of future homelessness.
- Participants considering work in the adult social care sector that they wouldn't have done previously.

"[Our] pilot project demonstrates how the benefits outweigh the costs and the risks in delivering a low resource intensive project with maximised outcomes. While also demonstrating how the project supports the skills and worklessness agenda, and supporting health and social care recruit to skills gaps within the sector. Furthermore, it is in line with and contributes to CQC standards and enhances the delivery of high quality care for service users."

(Care Plus Group)

# 7. Conclusions and recommendations

The four pilot projects funded by Skills for Care have developed a strong set of guiding principles that can be shared with those undertaking similar work in the future.

The pilots achieved many successes, but in order to do so had to overcome a number of barriers and challenges, some of which could not have been foreseen.

The benefits for the organisations delivering the pilots were widespread and went beyond the initial aims of the project. They included enhancing their reputation, upskilling existing staff and developing their relationships with other providers.

Likewise, the benefits for participants went beyond getting them 'work ready'. They reported higher levels of self-confidence, self-belief and positive mental health.

Forging close links with Jobcentre Plus helped the pilot projects by identifying potential participants, but also by reassuring them that they would not be penalised by participating.

As a result of learning from the pilots, Skills for Care has issued separate, specific Safe and fair recruitment guidance[10] to support employers recruit people with criminal convictions in social care.

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[10] http://www.skillsforcare.org.uk/fairrecruitment

# 8. Appendix

The pilot projects were asked to answer a number of questions to help others assess the applicability to them. These are summarised in the tables below:

**Table 3: Type of employer who could benefit from this project**

|  | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| Care homes | ✓ | ✓ | ✓ | ✓ |
| Nursing homes | ✓ | ✓ | ✓ | ✓ |
| Care agencies | ✓ | ✓ | ✓ | ✓ |
| Local Authorities | ✓ | ✓ | ✓ | ✓ |
| Statutory health sector | ✓ | ✓ | ✓ | ✓ |

**Table 4: Size of organisation that this project is relevant to**

|  | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| Micro enterprise | ✓ | ✓ |  | ✓ |
| Small | ✓ | ✓ |  | ✓ |
| Medium | ✓ | ✓ | ✓ | ✓ |
| Large | ✓ | ✓ |  | ✓ |

**Table 5: Scale of financial investment required to replicate this project**

|  | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| Little or none |  |  |  |  |
| Small investment |  |  |  | ✓ |
| Medium investment |  | ✓ | ✓ | ✓ |
| Large investment | ✓ |  |  |  |

**Table 6: Scale of people resource required to replicate this project**

|  | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| Little or none |  |  |  |  |
| Small investment |  |  |  | ✓ |
| Medium investment | ✓ | ✓ | ✓ | ✓ |
| Large investment |  |  |  | ✓ |

**Table 7: Anticipated timeframe from planning to delivery to replicate this project**

|  | ACT | CPG | Inspirative | LinCA |
|---|---|---|---|---|
| 1 month |  |  |  |  |
| 1 to 3 months |  | ✓ |  | ✓ |
| 3 to 6 months |  |  |  |  |
| 6 to 12 months | ✓ |  |  |  |
| 12 months + |  |  | ✓ |  |

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