Workforce Development Innovation Fund

Review of self-evaluations (2017-2018)

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Executive summary

Introduction

The Workforce Development Innovation Fund (WDIF) is a discrete strand of the Workforce Development Fund (WDF). It aims to fund projects that are innovative in their approach to influencing workforce development in the longer term, and that support Skills for Care's vision of a confident, caring, skilled and well-led workforce that is valued by people who need care and support. This review provides a summary of findings from the nine projects' self-evaluation reports over the last year (2017-2018).

Profile of WDIF beneficiaries 17-18

The nine projects were spread across a range of different organisational sizes, types, and geographical areas. The average Skills for Care funding per project was £22,311.92, and the average total funding per project was £28,783.88 (Skills for Care Funding plus contributions from the lead partner and other partners).

There were four WDIF priorities

1. Improving the supply of potential talent to the adult social care sector, by attracting, recruiting and retaining entrants from different groups.
2. Taking new approaches to developing the skills adult social care workers need to support hospital discharge or prevent unnecessary admission.
3. Developing a mentally healthy workplace to ensure the wellbeing of care staff.
4. Developing the skills and knowledge of the workforce in information sharing and cyber security to embed digital working

Projects had a range of different ambitions to address these priorities which included:

- addressing skills gaps
- improving outcomes for people who need care and support through the use of innovative practices
- reducing unnecessary hospital admissions and the length of time spent in hospitals
- improving the success of placements once people who need care and support leave hospital
- improving staff resilience and wellbeing
- empowering people who need care and support through employment opportunities and increasing their feelings of control over their lives.

The **types of organisations and individuals** which contributed to interventions was determined by the aims and target groups of the projects. For example the three projects working to test innovations under priority 2[1] worked with organisations from health.

Partnership working fulfilled a number of different functions which included
- Provision of advice and guidance e.g. through Steering Groups, or by specific consultation with organisations representing service user groups.
- Communication channels – as a way of keeping stakeholders informed and promoting the project during its lifetime and at the end of funded activities.
- Employment of experts in a particular field to assist with the development of resources and products.
- Involvement of people who need care and support as advisors and to help inform activities and to develop and monitor approaches. Projects were also rigorous about keeping people who need care and support and their families and carers informed about their activities.

On the whole no major issues were described in relation to working effectively with partners.

Activities, outputs and innovation
Projects involved the following phases of activity which tended to overlap:
- Planning
- Delivery
- Dissemination and identification of next steps

Monitoring and review was a continuous process which principally fed into the delivery phase. One of the key themes emerging from the 17/18 projects was how organisations had adapted their activities in response to emergent issues and needs.

Social care staff (non-managers), were the most common beneficiaries of training, followed by Individual Employers. Roughly the same number of trainers and social care managers received training. No innovation projects aimed to train individuals in

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[1] Milton Keynes Council/The Application of Positive Behaviour Support in Dementia Services settings; Optimum Workforce Leadership/Developing Trusted Assessor Champions; St Martin of Tours/Hospital Discharge and Human Rights

accredited qualifications. Instead the focus was on non-accredited training. In addition to beneficiaries trained, every project produced some sort of resource(s).

Projects reported a range of **monitoring and evaluation methods** which enabled projects to sufficiently judge their progress towards milestones, be responsive to feedback, and have some initial impressions of positive outcomes and success. Projects also commonly revised processes or products in response to feedback received as part of ongoing project monitoring. The short time-scales, and small-scale nature of projects were constraining however, and, while projects reported collecting a range of evaluation evidence, this was often not presented in the self-evaluation reports.

We have explored the approach to **innovation** through three lenses:
- Innovation stage (developing ideas; test and improve; scale and spread). Most projects were undertaking activities within the first two stages. However proportionately more projects in this funding round identified themselves as operating at the 'scale and spread' stage. There was indeed evidence of projects testing out innovations in new contexts and codifying best practice.
- Innovation type. Every project indicated that they were producing new products or resources. The second most common forms of innovation were new approaches to training staff or new learning methods.
- Locus of innovation (i.e. is the approach or resource new at the organisational, partnership, regional or national level?). Most projects emphasised their innovation at the local level. Consultations with local stakeholder groups were often part of the initial phases of projects whereby the need for the activities or resources were confirmed, and gaps reiterated. Some self-evaluation reports also provided evidence of innovation at a regional or national level.

Outcomes
Outcomes for the **Adult Social Care workforce** included
- Improved skills and knowledge.
- Improved confidence
- Increased motivation. Through better knowledge, increased confidence, and staff feeling more valued, increases in motivation and engagement were reported.
- Reduction in sickness and staff turnover and improvements in retention.

Outcomes for **organisations and partners** included
- Improved recruitment and support processes.

- Increased knowledge of needs and awareness of knowledge gaps
- Reduced turn-over and stress-related sickness.
- Improved organisational reputation.
- Expanded organisational remit or scope.
- Raised profile of particular approaches and practices
- Improved relationships with external organisations, e.g. health organisations and local employers.
- Specific benefits to particular groups of stakeholders e.g. commissioners and Care and Treatment Review Panels

Outcomes for **those who need care and support** included
- Having their needs better understood – through training in practices which are evidence-based and holistic; through staff having better communication with other stakeholders (e.g. health professionals); and through involving those who use care and support themselves
- An improvement of person centred care.
- Improving employment opportunities
- Improved timeliness of appropriate discharges (from Assessment and Treatment Units and hospitals) and also fewer unnecessary admissions.
- Increased independence.
- Improved safeguarding
- Indirectly through improved staff morale and lower turnover.

Organisations struggled to articulate how their project activities and outcomes might impact on **the adult social care system as a whole**. Some wider impacts were recognised however, for example resources facilitating discussions about hospital discharge leading to improvements in the quality in the social care system as a whole; and progress in addressing gaps in knowledge and understanding of common morbidities in older person's care settings, and how to work with other professionals which could create an opportunity for culture change in the way that social care providers and their workforce are viewed and treated.

Sustainability, transferability, scalability and added value
All projects considered how they would encourage the **sustainability** of project outputs and outcomes, and processes put in place included:
- The promotion of project activities and outputs.
- Continuing to work with project stakeholders to further the aims of the project beyond its lifespan has also happened.
- Incorporating the benefits of training at no extra cost.

- Identification of ongoing funding.

Having champions who have the necessary commitment and skills to embed and promote project approaches and products appears to be a key ingredient in sustainability.

In terms of **transferability** projects were asked to indicate the kinds of employers, and the size of organisations that might benefit from the outcomes and outputs of their activities. Projects indicated that several types of employers and sizes of organisations could benefit, and that transferability was theoretically possible to a wide range of employers. The success of transferability however could be influenced by the care setting and the culture therein. Projects were asked to indicate the financial and people investment that would be required to replicate the approach and the picture provided is one of approaches which, on the whole do not take a large financial or human investment to replicate. Projects commonly disseminated the findings from their activities to appropriate stakeholders with a view to enhancing the likelihood that outputs and approaches would be transferred to other setting and to other areas.

Most projects were at the stage of a simple cascade model of **scalability** whereby participants return to their organisations and pass on what they have learnt to their colleagues. There was some evidence of expansion across the organisations involved for example project specific workshops being added to organisations' course schedules and products and resources being taken up across the organisation. There are also examples of wider expansion, for example a project working with CCGs outside of their local area and also expanding the principles of co-production across the region.

Projects were asked to indicate the extent to which they would have been able to deliver the project without Skills for Care funding. Five of the nine projects indicated that they could not have delivered the project at all. Two indicated that they could have delivered some of it but not to the same scale and two believed that it was a mixture of the ability to deliver an intervention to a larger scale and over a shorter timescale.

Value for money
Several projects noted how they had kept within budget, or reduced their costs through a variety of means:
- Making a significant 'in kind' contribution in terms of own staff resource
- Absorbing some of the costs themselves

- Identifying other means of saving money e.g. carrying out the training in care settings and avoiding the costs of venue hire.

Three projects provided data on unit costs.
- Inclusion North/*Expert Advisor Hub Development* Project An investment of £668 per expert. *"[We attracted] 20 new applicants to the role of expert, of which we recruited a further 13. On top of this, we enhanced the skills and support for all 38 experts in the Hub through the workforce and pastoral support work".*
- Optimum Workforce Leadership/*Developing Trusted Assessor Champions* *"The training delivered by the nurse was costed at around £4,500, which for 66 delegates equates to £68 per head, but also includes the development of the content, competences and resources. The training will continue to be rolled out and had the original targets been achieved the cost per head would have been nearer £33 per head".*
- Care Management Group/*Resilience programme.* Approximately £100 per head (taking all courses which were delivered as part of the project).

Projects commonly asserted that the multiplier effect of the funding (i.e. the sustainable and scalable nature of outputs) made the activities and outputs good value for money. In terms of effectiveness every project achieved positive outcomes, and (was at least planning) expansion of approaches and learning. It was common for there to be some slippage of project activities, and in some cases this was deliberate so that greater value for money was achieved and outputs were more effective.

Some of the lessons related to value for money which projects highlighted included:
- Investing in user involvement and research up front is worthwhile and can reduce costs further downstream.
- While keeping costs to a minimum was important, there are times when more investment might bring benefits related to ease of implementation and increased impact.

Recommendations
- Projects are provided with additional guidance on monitoring and evaluation in order that the quality of evidence provided through the self-evaluation process be improved;
- Projects are followed up at some point in the future to assess the extent to which outcomes have been sustained, and approaches and products have been successfully transferred. This activity should also attempt to gather

evidence about the circumstances under which expansion and transfer of products and approaches have been more or less successful to add to the stock of knowledge in this area and also so guidance on this can be refined and tailored for projects.

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