

Pilot, refinement and embedding



Overview of actions

The Pledge was designed initially as a two-year pilot programme. However, the pilot itself did require testing to ensure its methodology was correct. This section outlines how the programme was piloted, embedded and evolved.

Testing the model

Initial testing of the pilot was approached in two ways:

- **‘Natural’ piloting and experience** – The Pledge programme, which brings together many employability services through its four-pledge model, had been tested over time through previous Care Plus Group employability programmes that used similar services and design, but on a smaller scale and with reduced scope. This provided confidence that the component elements of the service were viable prior to launch.
- **Targeted pilot activities** – Despite the approach being piloted ‘naturally’ over time, targeted piloting activities were still undertaken.
 - **Recruitment event** – A key test was a pilot recruitment event where the Pledge’s Employability Service selected candidates on behalf of health and care providers. This demonstrated the team’s ability to source and select candidates effectively and demonstrate one of the Pledge’s core functions as a free recruitment service.
 - **Work-based learning placements** – The initial Pledge work-based placements were carried out in selected organisations to refine placement processes.
 - **New programmes** – The Pledge expanded its support by piloting new programmes. One example is its GP Administration programme, specifically designed to meet the needs of GP surgeries requiring admin support.



Refinement

- **Collaborative development** – Key stakeholders, including ICB leads, employers and community organisations, were engaged regularly and early through co-design workshops, careers events and employer forums. These sessions shaped and refined the programme in the initial stages.
- **Additional interest** – The Pledge was originally aimed at employer partners, however, there was significant interest from schools, colleges and other education providers to participate, which resulted in the Pledge’s scope widening to accept them as partners in 2025.
- **Feedback loops** – Invited partners to provide feedback on the initial pilot recruitment event and placements. This provided the opportunity to gather insights and make adjustments before wider rollout.
- **Employer engagement** – Strategies were introduced to influence sign-up to complementary pledges and programmes such as DWP Disability Confident, Menopause Workplace Pledge, and Care Leaver Covenant, reinforcing a culture of inclusion.
- **Alignment with operational needs** – Forums like North and North East Lincolnshire Care Association (NNELCA) were used to ensure employer requirements were understood and integrated into the Pledge’s delivery model.

Embedding the pledge

Embedding the Pledge required careful preparation to integrate new activities into existing organisational structures.

- **System readiness** – Internal processes were reviewed to ensure capacity for placements and recruitment activity. This included updating induction procedures, supervision arrangements and training schedules so that anyone joining, whether on placement or in a paid role, received a consistent and positive experience.
- **Manager briefings** – Senior staff were briefed on the purpose of the Pledge and their responsibilities when hosting placements or engaging new recruits. Expectations for mentoring, safeguarding and risk management were clarified to maintain quality and compliance.
- **Workforce integration** – Communication between HR and management teams was strengthened to embed placements, apprenticeships and recruitment activity into existing workforce planning. This ensured alignment with organisational goals and created a seamless experience for participants and employers.





Key decisions

- Base the Pledge on Care Plus Group's established employability service model to reduce risk and accelerate delivery.
- Use a live recruitment event to demonstrate capability and build trust with care providers.
- Engage stakeholders early through co-design workshops and forums to ensure operational relevance.



Key learning

- Delivering successful initial recruitment events and placements was critical to gaining employer confidence.
- Different settings (care homes vs. GP surgeries) require tailored approaches and bespoke support.
- Feedback loops enabled rapid adjustments before wider rollout.

“The pilot provided a space to test the model, and it really did, and helped us gather feedback. For example, some employers wanted a full package of recruitment, others didn’t.”

Sharon Stead, Programme Lead, NEL HCP

