

I CAN CASE STUDY

CREATING A PATHWAY TO ENTRY-LEVEL EMPLOYMENT IN THE NHS

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This case study of the 'I Can' programme is taken from Demos's research report produced in partnership with Birmingham City Council, A Tapestry of Services: Employment, skills and careers support in East Birmingham and North Solihull. Many thanks to interviewees who took the time to speak to us and explain the I Can programme, and to those who reviewed earlier versions of this case study; the authors are responsible for any remaining errors.

The aim of the 'I Can' programme is to develop a clear pathway to entry-level employment in the NHS within the Birmingham and Solihull Integrated Care System, with a particular focus on increasing workforce diversity and improving employment in more deprived areas. Although geographically the programme covers the whole of Birmingham and Solihull, in Birmingham the East Birmingham area was the initial priority; one of the local partner organisations, The Pioneer Group (a local community group), has a strong presence in East Birmingham, which means the programme has directly benefited East Birmingham residents.¹ The I Can programme started delivery in November 2021.

A significant reason for the success of I Can has been partnership working between multiple organisations. The following list includes some of the key partners which interviewees mentioned, but is not exhaustive:

- Birmingham and Solihull Integrated Care System (ICS)
- The five NHS Foundation Trusts within Birmingham and Solihull ICS

¹ The Pioneer Group. Who We Are. 2023. Available at www.pioneergroup.org.uk/about-us [accessed 15/07/2023]

- University Hospitals Birmingham (UHB) Learning Hub (part of Queen Elizabeth Hospital Birmingham), which 'exists to help people into careers in the NHS'²
- CLES and the Birmingham Anchor Network
- Solihull Metropolitan Borough Council
- Birmingham City Council
- The Pioneer Group
- Other organisations which refer people to I Can or promote it

THE I CAN PATHWAY IS DESIGNED TO SIMPLIFY THE PROCESS OF APPLYING FOR AN ENTRY-LEVEL NHS JOB

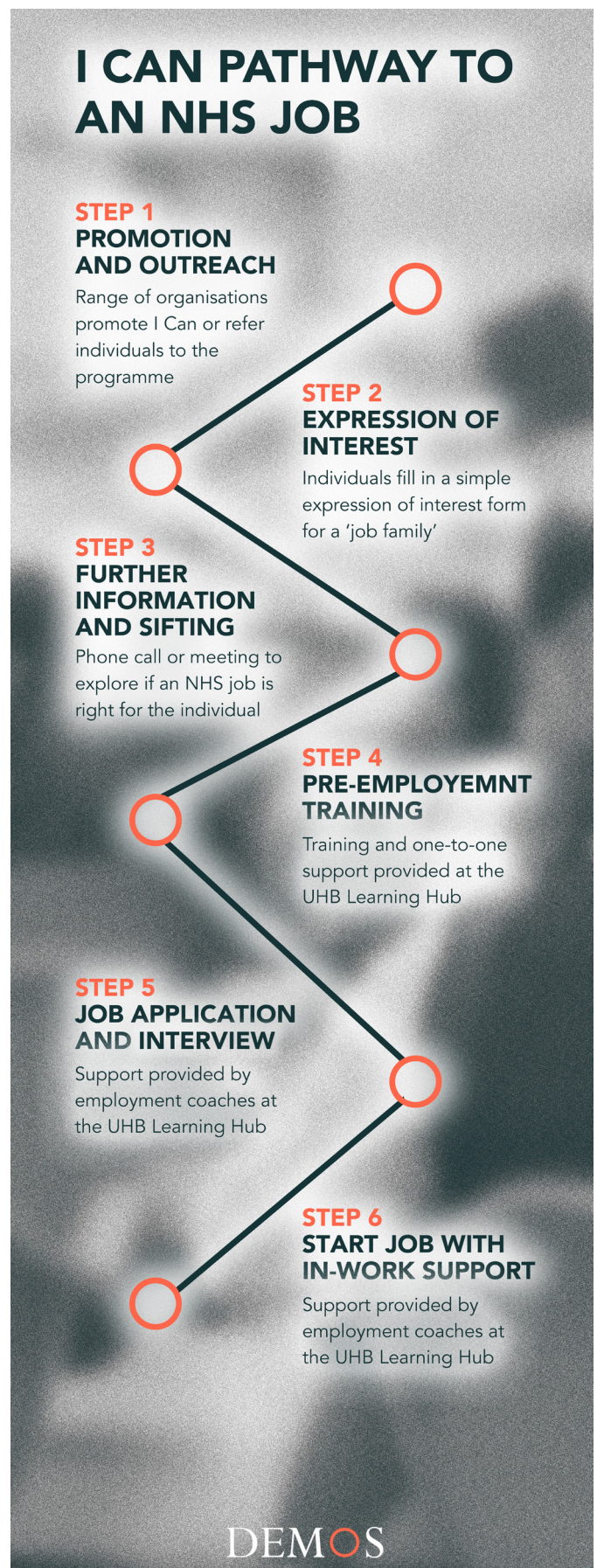
This section describes the I Can pathway which has been designed and refined by the team working on the programme. The overall aim of creating this pathway was summarised by one of our interviewees:

The whole recruitment process [used to] put the emphasis on the individual to navigate that process and find their way through it, and overcome all these barriers they face. So first of all, they've got to have the confidence to think they can apply for an NHS job. They've then got to find where those jobs are, and then they've got to try to translate job descriptions which are almost designed to be off-putting. Then you get the 17 page application form [...] then there's the challenge of have you got two years previous NHS experience and the right qualifications (five GCSEs grade A-C). And then if you navigate all of that, which many people don't, then there's a formal job interview, which people find off putting. So the I Can process was designed to [...] support those people in coming forward.

- I Can interviewee

The following illustration summarises the I Can pathway:

FIGURE 1
SIMPLIFIED DIAGRAM OF THE I CAN PATHWAY TO AN ENTRY-LEVEL NHS JOB



² University Hospitals Birmingham. Looking for a role in healthcare? June 2021. Available at www.education.uhb.nhs.uk/career-development/looking-for-role-in-healthcare [accessed 15/07/2023]

The I Can pathway starts with promotion and outreach activities. The programme benefitted greatly from the knowledge and experience of the UHB Learning Hub team who already had an engagement team, with an established network of system contacts. Community organisations, such as The Pioneer Group, promote I Can to community groups or local neighbourhoods, or at jobs fairs, for example.

Especially early in the programme, NHS staff joined others in promoting the programme, and interviewees told us this was important for building trust and brand awareness. Other organisations also refer people to I Can, and there is also some spontaneous promotion via word of mouth in the community. Interviewees told us that a simple, clear message is important, along the lines of "We're I Can, we can help you get a job in the NHS."

One of the barriers which the I Can team identified was the complex NHS application form which job applicants were asked to fill in. The I Can programme supports people to complete this form as part of the training programme. First, instead of asking people to apply for specific vacancies, I Can has created three 'job families' simply describing NHS entry-level jobs: clinical, admin and facilities. These 'job families' allow candidates to choose which area is best suited to them. Interviewees told us this approach has two key advantages. First, it helps people understand the type of roles available, rather than having to wade through detailed descriptions of individual jobs. Second, it helps people see that this could be a career route in the NHS in a 'job family', rather than viewing it as a single job vacancy in isolation. One interviewee told us:

Making a clear structure of the jobs they wanted people to go into - the job families - really works well. It sounds so simple, but having a simple A4 crib sheet of what the NHS wanted and what was needed, there's no comeback, trust really works between a job and what people know they are going for, which is so important.

- I Can interviewee

Second, at the initial stage people are invited to fill in a simple 'expression of interest' form. This form has a number of basic questions, but is far simpler than the formal 17-page NHS application form, and so encourages more people to register their interest who might not feel confident about filling in a formal application at this stage.

The next stage is a 'sifting' process, which involves a conversation (or conversations) between an individual and a staff member from one of the partner organisations such as the UHB Learning

Hub, The Pioneer Group or Solihull Metropolitan Borough Council. The purpose of the conversation is to explore the possible job in greater depth, and to enable an individual to ask questions they might have. Clients are booked onto a 'Discovery Workshop' or an information session on Microsoft Teams, and after attending these clients are invited to a Basic and Key Skills Builder (BKSB) assessment. Interviewees told us that this sifting stage is important to ensure that people who went on to the next stage understood the reality of the job and felt it could work for them - at this stage some people leave the process having realised working in a hospital (for example, on a shift pattern) wouldn't suit them.

We do a quite rigorous sifting process whereby we identify whether they are the appropriate people that could work within the NHS, and [make sure] they understand the values and ethics of working in the NHS.

- I Can interviewee

As part of the sifting stage, staff also identify pre-employment training requirements an individual may have, relevant to the 'job family' in which they have expressed interest.

At this stage, participants access training at the UHB Learning Hub (located next to Queen Elizabeth Hospital Birmingham). Some training is also delivered in other settings, but the UHB Learning Hub is the main setting. A programme employment coach, employed by the NHS, offers one-to-one support and helps guide people through this stage while people are waiting for a job. There are set training courses for the job families, some of which are job-specific training for clinical roles, alongside generic training and other forms of skills coaching or training (for example, courses to improve functional English). Employment coaches can also help candidates with pastoral support for up to 16 weeks, with a view to equipping them to secure a role at interview.

The I Can programme has also tried to adapt the interview stage. Formal interviews (for example, with panels) can be a barrier for people who may not be familiar with the process, or lack confidence speaking to a group of people simultaneously. In certain departments, instead of a formal interview panel, participants have an informal 'coffee cup' conversation with the recruiting manager, which is felt to be less intimidating for candidates. Employment coaches at the UHB Learning Hub also help support people to prepare for interviews.

Finally, the UHB Learning Hub team offers pastoral support to participants after they start work, so that there is continuity between pre-work training and

support after starting a new NHS job.

I CAN HAS BEEN SUCCESSFUL IN ITS FIRST YEAR

Based on both quantitative and qualitative evidence, I Can has been highly successful in its first year of operation.

In terms of quantitative evidence, a few key statistics from the first year evaluation are:

- Over 220 job offers for unemployed residents (the original aim was 100 people per year)
- 69% of those with job offers through I Can are from an ethnic minority background compared to a population of 47% from an ethnic minority background for Birmingham and Solihull according to the 2021 Census
- 23% increase in engagement in wards in Birmingham and Solihull with the highest levels of disadvantage
- 85% retention rate after six months

These statistics suggest that I Can has delivered on its goal of supporting people from more deprived areas of Birmingham and Solihull to access entry-level employment in the NHS, especially given it is the programme's first year. Interviewees told us they had been learning and improving the programme, and promoting it, during the first year, and were therefore hopeful that there is potential to increase scale in future years.

All our interviewees also cited qualitative evidence that I Can had been successful. This was partly because it had helped overcome barriers to applying for NHS jobs, such as the complex application forms and person specifications. People who would previously not even have applied for these types of jobs had been successful in entering NHS employment.

[The organisations involved in I Can] have really done something - they've told people that NHS jobs are for them, and people believe that those jobs are for them, which is a mindset change.

- I Can interviewee

Interviewees told us that recruitment staff working in the NHS had a high opinion of the programme:

What we've found is, the [NHS] Trusts are so impressed with the calibre of people that come out at the end of the programme, that are job ready rather than coming cold from an NHS

job application form - if they know somebody is an I Can candidate, they'll shortlist them straight away.

- I Can interviewee

Interviewees also emphasised that effective partnership working to design and support people along the I Can 'pathway' had been successful. Partners recognised the value of the 'pathway' or 'bridge' design of the programme, which connected citizens in deprived neighbourhoods through multiple steps to speaking to NHS recruitment managers and accessing NHS jobs.

True partnership, that's worked really well, everybody understanding what they're good at, because we've all got different skills and attributes. The NHS deserve enormous credit [...] - true partnership has worked.

- I Can interviewee

It was also clear from our conversations that the dedication and commitment of some of the key people involved in I Can have been crucial in bringing together people and organisations around a shared vision of what the programme was trying to achieve. Interviewees mentioned talking to stakeholders, face-to-face, and explaining I Can as crucial in making it a success, and it is clear that some of the key people involved have been very effective advocates for the programme. This is especially important since I Can is new and innovative - and the importance of people's time and energy was recognised by the various partner organisations involved.

STAKEHOLDERS SHOULD LEARN LESSONS FROM I CAN AND CONSIDER WHETHER IT IS POSSIBLE TO APPLY THIS KIND OF MODEL MORE WIDELY IN EMPLOYMENT, SKILLS AND CAREERS SERVICES

The I Can programme has achieved a lot in its first year of operation - not just in terms of helping over 2000 people consider a job in the NHS, with the result of over 220 people being offered employment, but in creating a 'pathway' or 'bridge' model and helping to redesign NHS recruitment for entry-level jobs. Interviewees identified a number of success factors, which we explore below. In our view other stakeholders in the employment, skills and careers system should consider whether it is possible to apply this kind of model more widely. Of course there are some unique factors in I Can, the most obvious one being the size of the NHS as an employer. But many of the lessons learnt could be applied more widely, for example with other large

employers, or by bringing groups of employers together in the same industry, for example.

One of the real strengths of the I Can programme has been to create a 'pathway' which builds a strong connection between employer, employment/skills services and the citizen. A lot of employment and skills activity tends to focus on the 'supply side' - that is, helping an individual look for jobs or improve their skills. Although many employment and skills organisations do work with employers, the direct connection to the 'demand side' of employer's needs is not usually as strong as in the I Can programme. As noted in this case study, this has worked well for the NHS as an employer. But it also works well for citizens, who can clearly see how the various steps they are taking are leading towards a potential job at the end of the process. Strengthening the connection between the demand side and supply side via this kind of 'pathway' or 'bridge' model is something other organisations/groups of organisations should explore.

Allied to the 'pathway' model has been the effective partnership working between multiple organisations. Most of this partnership working is not formalised, but rather relies on more informal relationships between staff at different organisations. This demonstrates the power of a relational model; giving staff the flexibility to make room for this kind of effective partnership working should be an aim of every organisation, and an aim of broader employment and skills 'system design' as well. One interviewee, for example, highlighted that I Can did not just signpost people to other services, but actively guided people along the pathway:

People are handed on in an individual way through each stage, so [one team] works really closely with [another team]. So it's actually an active handover as people move through - they're not just pointed in a direction, [like] signposting... it's far more intentional than that.

- I Can interviewee

Another clear strength of the I Can programme has been the creation of 'job families' and the simplification of the initial 'expression of interest' form. Both of these have reduced barriers to jobs, by increasing understanding of what the jobs involve and by making it easier to take a first step of expressing interest. Although this would be less likely to work for roles which require more advanced technical skills, employers should consider taking similar steps, especially for entry-level or junior roles. The advantages for an employer are increasing the potential pool of applicants, and improving the diversity of an organisation's workforce.

Another clear success factor for I Can is the sifting process which happens between people expressing interest and accessing support at the UHB Learning Hub. This process helps ensure that people who go forward to the next stage understand the nature of the job and how the I Can process works, and are genuinely interested in pursuing the opportunity. In turn, this makes better use of staff time at the UHB Learning Hub, and increases trust from within the NHS because of the high calibre of candidates at the end of the process. This is at least partly a result of I Can being a voluntary programme. In contrast, interviewees told us that mandatory programmes or courses can frustrate employers because some participants have no genuine interest in the roles they have to offer, which reduces trust.

Pre-employment training is crucial for the success of I Can. This partly works because the NHS is such a large employer, but it could also be possible in other industries - for example, if several different employers grouped together to fund pre-employment training. Indeed, the SWAP model is to some extent comparable with the UHB Learning Hub, offering pre-employment training with a guaranteed job interview at the end of the process. However, SWAPs tend to be specific to the needs of an employer (or employers) at that moment in time, and sometimes lack the simplification of 'job families' in I Can. They also tend to be temporary or short-term, which can add additional complexity to the employment and skills landscape, and can only be run when enough participants have been brought together to form a cohort. By contrast, I Can promotes an ongoing/consistent pathway to NHS job opportunities. The success of I Can in this regard suggests that stakeholders should explore how to apply this kind of model to other industries. Also, the UHB Learning Hub goes beyond some other examples of pre-employment training by offering personalised one-to-one support alongside training. Evidence from employment support programme evaluations shows that this kind of personalised and relational support is crucial for achieving successful outcomes. Building on this, design of similar programmes should aim to ensure that each participant has a clear point of contact for help and support, whether from the organisation providing training or a different organisation.

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