



# **Value based recruitment toolkit**

## Evaluation of 12 month pilot (July 2013/14)

Final report

August 2014

**Written by Jacqui Goode (Independent consultant and evaluator)**

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***Value based recruitment toolkit – Evaluation of 12 month pilot (July 2013/14)***

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Skills for Care, the Skills Academy, the Department of Health and McIntyre have taken all reasonable steps to check the accuracy of the information in this guide. However, much of the information has come from sources over which we have no control, so we do not accept any liability for any consequences arising from the use of this guide.

This work was researched and compiled by Jacqui Goode, independent consultant and evaluator.

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## Acknowledgements

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In summary the VBRT pilot has been successful with participants using the toolkit to review their recruitment processes as well as using it to support other HR practices and organisational change. This work will now be developed further under the remit of the Department of Health Recruitment and Retention group as part of their refreshed recruitment and retention strategy 2014/2017. The group will incorporate key findings and recommendations from the evaluation report to build upon work planned to support the sector with adopting a values based approach to recruitment and how organisations ensure that the culture of their organisations embeds values into every aspect of their workforce retention activities.

We would like to thank all those involved in the pilot and the evaluation which will enable us to take forward developments during 2014/15

## 1.0 Executive summary

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The National Skills Academy for Adult Social Care, working in partnership with Skills for Care, MacIntyre Charity, and at the behest of the Department of Health, developed a value-based recruitment toolkit for adult social care. The toolkit was designed to help employers recruit people with the right social care values, who will stay with them to develop their careers in social care, adding value to their service. This report is a summary of the VBRT's first 12 months of operation, the pilot year. The full evaluation report of the process and key findings can be found on the academy website under the Jobs/Recruitment tab or by visiting [www.skillsforcare.org.uk/VBRTevaluation](http://www.skillsforcare.org.uk/VBRTevaluation).

The toolkit is based on a model of values-based recruitment, which gives employers, especially smaller or micro employers who may be unfamiliar with the approach, an opportunity to use the different components in a way which best suits their individual needs to gauge the effect on their workforce and service.

Alongside the development of the toolkit, we undertook a 12 month evaluation project from July 2013. This evaluation period has now come to an end and we are taking recommendations from this evaluation to enhance the VBRT so the sector can continue to utilise this resource. The toolkit will remain available on the website for the sector to use.

**The toolkit brings together a range of resources and guidance, which remain available to all free of charge on the NSA website. The toolkit includes:**

- **The Leadership Qualities Framework for Adult Social Care**, which sets out what good behaviours look like at every level of the social care workforce.
- **Example job advertisements** that promote social care values and help you to prepare your own.
- **Online personality profiling questionnaire** and a resultant profile report to give a basic profile of a candidate's value-base.

Please note that the PPQ was made freely available to those organisations who participated in the pilot. Now that the pilot has ended employers who wish to use the

PPQ will have to commission a provider to undertake this for them. There will be a matrix of assessment tools on the NSA website that will help organisations to choose the most suitable and cost effective system for their needs

- **Suggested interview questions** that enable candidates to demonstrate values in action. These will continue to be developed during 2014/2015.
- **Skills for Care's Qualifications and Credits Framework** signposts the user to information and advice on what skills and qualifications to look for.
- **Finders Keepers** suggests a range of ways to improve your recruitment and retention.
- **A Question of Care: A Career for YOU?** Which provides a situational judgement test. This is not a substitute for personality profiling but is a useful addition to the toolkit and helps to inform the recruitment process.
- Links to other useful materials and websites.

The pilot phase evaluation activity has included a range of quantitative and qualitative research using primary and secondary data, following approval of research content and methodology by the Research Ethics Committee. Activity includes web analysis, employer engagement, employer surveys, research into alternative profiling systems and the production of case studies, with monthly and quarterly reports.

The pilot target was for 100 employers, with start up taking a phased approach. The type and size of employer ratio was determined by the makeup of the sector and participating employers signed up to the pilots 'Terms of use' before accessing the PPQ assessment tool. Each phase was listed at full capacity and a waiting list was generated in October 2013. By February 2014 the waiting list stood at 100 and this was sustained for the remainder of the pilot.

The toolkit is accessed via the NSA, Skills for Care and Profiles4Care websites and the stats were monitored throughout the pilot.

## Key findings from pilot

There was substantial and sustained interest in the VBRT from day one of the launch with places allocated to 102 employers across all settings and sizes including residential, domiciliary, day care and individual employers/representatives, who all contributed to the following key findings:

- 7,213 profile reports generated for employers during the pilot period.
- 54,987 views of the NSA VBRT web page at the end of the pilot, of which 81.5% were unique views (first time visits to the site). Data from all three web-pages illustrate a sustained interest in VBRT.
- The value-based interview questions and example job adverts proved the most popular views throughout the pilot.
- Employer awareness into the components within the VBRT was initially low however proactive efforts to increase awareness were effective and later analysis indicated this situation had improved.
- There was a greater sense of awareness by employers on the waiting list. Of the full complement of VBRT, 85% used the value-based interview questions, 50% used the example job adverts and 25% used the Leadership Qualities Framework to inform a range of HR and practice related policies.
- On the whole, employers are recruiting to front-line workers (97%) and front-line supervisors (57%) and a smaller proportion of recruitment is to Operational Management (25%). There is active, but lower level, recruitment to senior management (8%) and self-directed support (16%)
- Employers are recognising that the PPQ, used on its own, does not provide sufficient assessment about the suitability of an applicant to inform recruitment decisions and that a range of assessment techniques, used collectively, provide a more robust recruitment process.
- Early signs of good practice are emerging, particularly where employers (68%) are reviewing their recruitment process to varying degrees and there is evidence that the PPQ is proving beneficial in a range of settings including induction, supervision, appraisal and staff development.
- Interestingly, in a smaller number of cases, the VBRT is also being used to inform change in strategies and programmes, particularly in relation to developing and role-

modelling value-based working throughout their business and organisational hierarchy with 'values' being identified as the 'golden thread'.

- Key to successful implementation of the VBRT is senior management and partner buy-in/ownership from the outset.
- A significant number of pilot participants are purchasing the PPQ for their continued use beyond pilot despite the financial concerns previously raised.

### **Next steps**

The final survey identified a number of employers who are demonstrating good practice and these case studies are now available on the NSA and Skills for Care websites. It is also evident that employers want to continue to use the VBRT and have made a number of suggestions which include developing more components. We will be taking this forward during 2014/2015.

It is still too soon to say whether there is evidence of improved retention, improved behaviours or improved service provision. For most employers it is likely new employees, recruited using the VBRT, may only just be completing their probationary period or are still in the probation process. For this reason we will be conducting a longitudinal survey during 2014/2015. This would seek to evaluate the effectiveness and impact of the VBRT on recruitment costs, staff retention, behaviours and service improvement.

Research into alternative psychometric profiling systems has been drawn to a conclusion. High level research was initially conducted to explore the wider systems market and a number of systems were selected for further analysis. Those that are considered 'relevant to social care', based on values representative to those defined by the NSA, have been included in a matrix of alternative psychometric systems and guidance which is available within the VBRT. We will continue to look for more examples for inclusion.

It would be fair to say that employers agree that the VBRT pilot has been very successful and that the VBRT, and separately the PPQ, add value to the recruitment process for social care employers. A significant number of pilot organisations have



decided to continue with the PPQ beyond the pilot. This reflects how useful they have found the tool, not only with recruitment, but also retention and appraisal.

**A number of recommendations have been drawn from the report which includes suggestions provided by pilot organisations. These include:**

- To develop the VBRT by enhancing content.
- To broaden its resources and recruitment practice e.g. supervision, appraisal, performance management and staff development.
- To promote the awareness and take-up of the VBRT.
- To carry out a longitudinal study to evidence good practice.
- To consider suggestions for improvement put forward by participating employers and to promote and publish the evaluation findings for wider dissemination.
- Develop a road map: how to use tools along the recruitment journey.
- Develop a good practice application form for value-based recruiting.
- Develop guidance in the use of the PPQ.
- Develop guidance on the use of the VBRT and how it can inform a change programme.
- Identify benchmarking data/current position relating to recruitment and retention.
- Develop a financial modelling system.
- Develop guidance or a framework which supports a business case for the PPQ.
- Continue to develop and populate 'guidance' for the procurement of psychometric tests appropriate for social care.

The primary purpose of the assessment tool was to provide information for discussion at interview. During the pilot it was evident that it could be used in many other positive ways, with recruitment, retention, appraisals and training of staff at all levels. The outcome of the pilot evaluation has demonstrated a desire for this support within the sector.

## 2.0 Introduction

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The National Skills Academy for Social Care (NSA), working in partnership with Skills for Care and MacIntyre charity, and at the behest of the Department of Health, developed a values-based model for recruitment in adult social care. The toolkit was designed to help employers recruit people with the right social care values, who will stay with them to develop their careers in social care, adding value to their service. This Report is an evaluation of the VBRT process and key findings of the VBRT's first 12 months in operation, the pilot year.

The toolkit is based on a model of values-based recruitment, which gives employers, especially smaller or micro employers who may be unfamiliar with the approach, an opportunity to use the different components in whatever way best suited to their individual needs and gauge the effect on their workforce and service.

Alongside the development of the toolkit, we undertook a 12 month evaluation project from July 2013/2014. This evaluation period has now come to an end and we are taking recommendations from this evaluation to continue to enhance the VBRT so that the sector can continue to utilise this resource.

**The toolkit brings together a range of resources and guidance, which remain available to all free of charge on the NSA website. The toolkit includes:**

- **The Leadership Qualities Framework for Adult Social Care**, which sets out what good behaviours look like at every level of the social care workforce.
- **Example job advertisements** that promote social care values and help you to prepare your own.
- **Online personality profiling questionnaire** and a resultant profile report to give a basic profile of a candidate's value-base.

Please note that the PPQ was made freely available to those organisations who participated in the pilot. Now that the pilot has ended employers who wish to use the PPQ will have to commission a provider to undertake this for them. There will be a

matrix of assessment tools on the NSA website that will help organisations to choose the most suitable and cost effective system for their needs

- **Suggested interview questions** that enable candidates to demonstrate values in action. These will continue to be developed during 2014/2015.
- **Skills for Care's Qualifications and Credits Framework** signposts the user to information and advice on what skills and qualifications to look for.
- **Finders Keepers** suggests a range of ways to improve your recruitment and retention.
- **A Question of Care: A Career for YOU?** Which provides a situational judgement test. This is not a substitute for personality profiling but is a useful addition to the toolkit and helps to inform the recruitment process.
- Links to other useful materials and websites.

## 3.0 Overview of research methods

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The aim of the Evaluation Project was to evaluate the take-up, value and impact of the different aspects of the toolkit on the recruitment process and to identify personality profile tests currently available on the market, their applicability to social care and cost. The Evaluation of the project ran from September 2013 to August 2014.

### 3.1 Research methods

A range of quantitative and qualitative research methods have been used, including primary and secondary data, following approval of research content and methodology by the Research Ethics Council. These included:

- Monthly monitoring of: Phase group make-up (e.g. size and type); number of PPQ reports produced and 3 websites - NSA, Skills for Care and Profiles4Care; to assess the level of awareness of the VBRT and related resources.
- Approval from the Research Ethics Committee who came up with a 'favourable-with conditions' opinion of which requires the evaluation report to be submitted to the REC at the end of the evaluation project or within 12 months from the date of the VBRT Steering Group approval, whichever is the sooner.
- Four surveys were conducted with participants in each phase of the pilot. An additional survey with employers on the waiting list and those that had been deactivated from the pilot, was also carried out to gather primary data.

### 3.2 Telephone surveys

The first, a telephone survey, encouraged engagement with the evaluation early in their participation and aimed to get a measure of employers' awareness of the range of NSA and Skills for Care VBRT resources as well as their early feedback on the toolkit.

Those that indicated a low level of awareness were given verbal guidance to each resource during the telephone conversation followed by an e-mail with web-links to the relevant resources. Telephone surveys achieved an **89% response rate**.

### **3.3 Initial online survey**

The second, an on-line survey, was conducted at approximately 12-16 weeks into their participation and sought to understand what individual tools they were using, how they were using them, the effect this had on their recruitment process, their early views and emerging experiences. This survey achieved a **77% response rate**.

### **3.4 Further online survey**

The third, a further on-line survey, conducted towards the end of the pilot, intended to reinforce earlier survey data together with evidence of the VBRT's effectiveness and its impact on their recruitment process. A 50% response rate was achieved. The timeline for response was shorter than previous surveys and the close proximity to the end of the pilot, coupled with delay by the Steering Group in confirming the on-going development possibly prevented a higher response rate.

### **3.5 Final survey**

The feedback informed the final survey activity. The Evaluator selected employers, based on their qualitative responses or by reference to earlier surveys, and worked with them to draw up case studies, these include examples of the use of the VBRT to drive cultural change, to recruit and develop Personal Assistants and employers that used the PPQ alone as part of their recruitment and/or staff development process. Case studies are included at Appendix 3 to this report.

### **3.6 Additional survey for employers on the waiting list**

An on-line survey was conducted with 100 employers on the waiting list, yielding a **24.5% response rate**. Taking account these employers did not have access to the PPQ, this survey aimed to gauge their use of other VBRT components and to ascertain whether they had experience or were using/had used other profiling tools and their feedback of their suitability for social care.

### **3.7 Evaluation workshop**

An evaluation workshop in February was jointly facilitated by the NSA and Skills for Care. This offered the opportunity to feedback the evaluation findings, approximately 8 months into the pilot, and research activity into alternative psychometric tests on the

market that are considered suitable for social care. Delegates included NSA members, pilot organisations and psychometric test providers who were given the opportunity to respond to the findings and put forward suggestions for further development and evaluation activity.

### **3.8 Further research**

Research into alternative psychometric tests included literature research, preview of similar research, a survey of social care employers and exploration of a range of tests on the market. A number were selected for more detailed analysis before identifying those that were considered more suitable to the social care sector. Findings are included at section 11 of this report.

## 4.0 Key findings from the research

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### 4.1 Pilot groups

#### 4.1.1 Phased groups

A target of 100 employers was set at the outset of the pilot by the VBRT Steering Group and the start-up was in three phases as shown in the following table:

Figure 1 - Phases

Phase	Start date	Employers per phase	Total
1	July 2013	32	32
2	November 2013	50	82
3	February 2014	18	100

Participation in the pilot required employers to meet 'Terms of Use' prior to accessing the Personality Profiling Questionnaire (PPQ), refer to **Appendix 1**.

#### 4.1.2 Out-turn: Numbers and Size

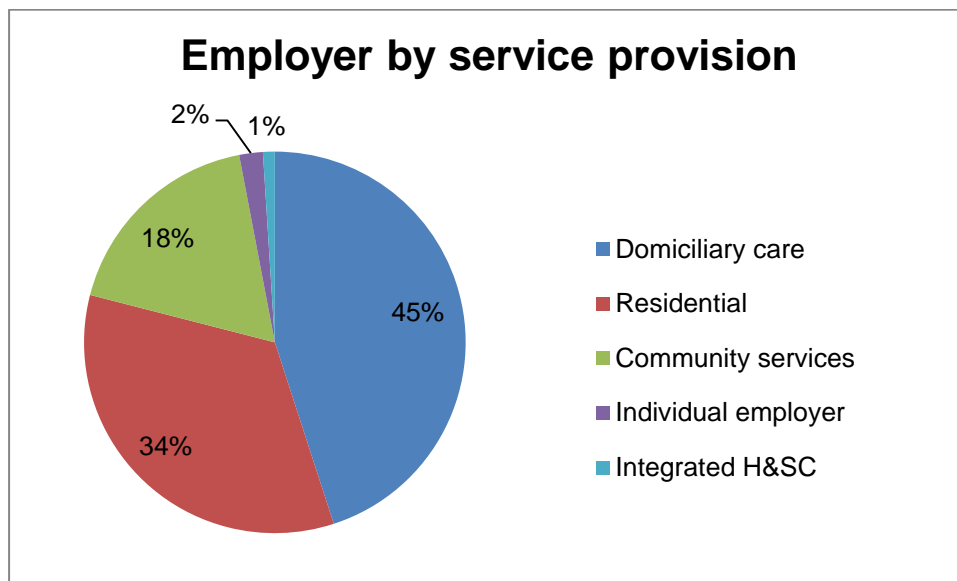
Figure 2 – Performance out-turn: Size of the organisation

Number of employees	Target	Actual	Variance
0-49 employees (small)	52	52	0
50-499 (medium)	36	38	2
500+ (large)	12	12	0
Totals	100	102	2

The target proportion of ratios of organisations by size/type was weighted according to Skills for Care stratification which is representative of the social care sector with an aim of particularly supporting small and medium size organisations. At the close of the pilot 102 employers were actively engaged, this exceeded target by two, both who were new start-up organisations and fell into the 'small' category due to their stage of early recruitment.

Interest by employers to participate in the pilot was high, by October 2013 phases 1, 2 and 3 were full and a waiting list had been populated. By February 2014 there were 100 employers on the waiting list with employers being brought forward to replace those who may have been 'de-activated' due to not being active in recruitment at any particular time. Twenty-five employers (20% of 125) were de-activated during the 12 month course, 23 because they were not recruiting, but wished to re-engage when they were, one because they refused to take part in the evaluation, a condition within the 'terms of use' and the remaining one who did not register a reason for leaving the pilot.

**Figure 3 - Performance out-turn: Employer by service provision**



In terms of organisational type, 45% of the pilot group describe themselves as domiciliary care, 34% residential care, 18% community services, 3% (two) individual employers and 1% integrated health and social care. Survey findings indicate a small number (4% of respondents to final survey) are diversifying their service provision this includes residential care organisations expanding to include domiciliary care or wider community services, a trend in market development to enable the independence of people who use services and support people to live in their own homes and for their integration into their local community. Final data shows the collective outturn of domiciliary and community services at 63%.



### 4.1.3 PPQ reports generated

A target of 4,000 PPQ reports was set at the outset of the pilot; outturn at the close of the pilot is 7213. This includes total numbers for the 102 employers engaged in the three phases of the pilot and exceeded the target by 80%. Additional reports (765) were generated by waiting list employers who were provided the opportunity to trial the PPQ during the latter months of the pilot; these are not included in the final count.

## 4.2 Awareness of value based recruitment toolkit resources

Data from three websites was monitored throughout the pilot; these include the NSA's VBRT webpage, Skills for Care and Profiles4Care value-based related resources, all of which evidenced a sustained, and later increased, interest in the VBRT and related resources.

### 4.2.1 National Skills Academy web-page analytics

Data analysis shows that the NSA's VBRT webpage, received 54,987 visits since the commencement of the pilot of which 44,823 are unique views (first visits), the latter having remained consistently high throughout the pilot and report at 81.5% at the pilots close. The total number of unique views gradually increased during the pilot indicating a continued, and gradually increasing, level of interest in and awareness of the VBRT approach.

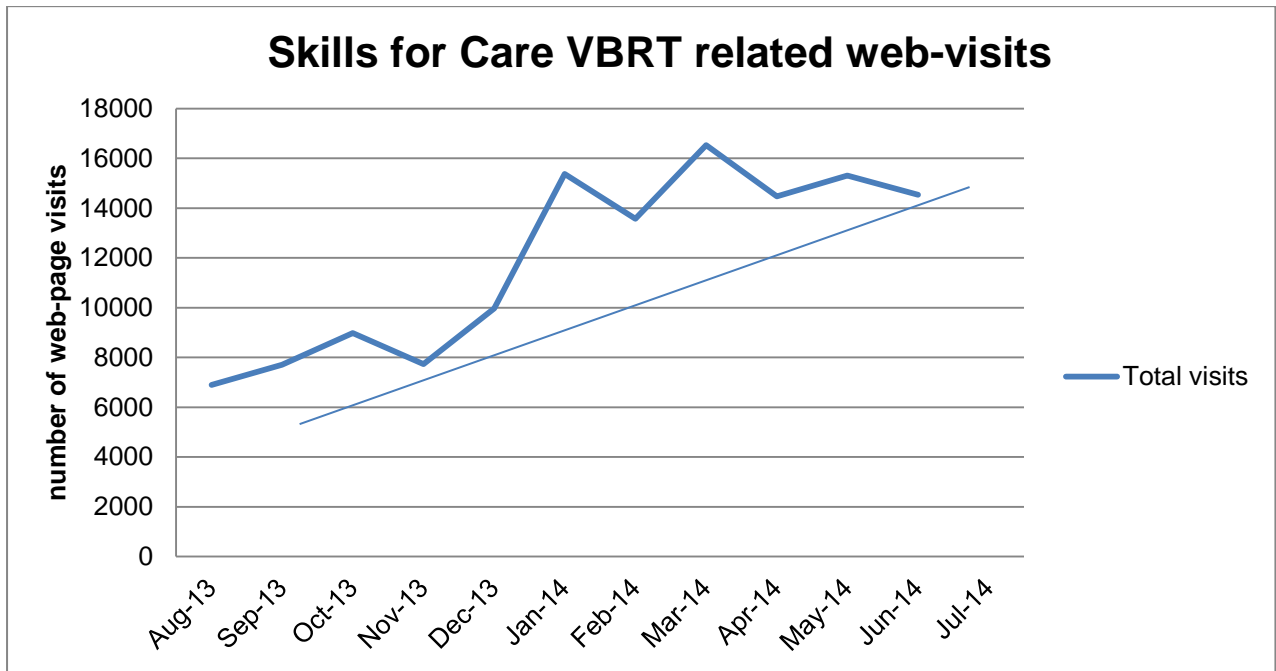
The most viewed areas remain consistent and in the same order of popularity throughout the pilot period. Figure 4 illustrates the top 5 page views and their % (rounded) of total VBRT web-page views.

**Figure 4 – NSA web analysis**

<b>Value based recruitment toolkit component</b>	<b>Total views</b>	<b>% Total views</b>
Value based recruitment toolkit	19,631	36
FAQ – What are social care values and why do we need them?	13,437	24
Example value based job adverts	7,892	14
Leadership Qualities Framework	2,420	4

## 4.2.2 Skills for Care web-page analytics

Figure 5 – Skills for Care web-page analysis

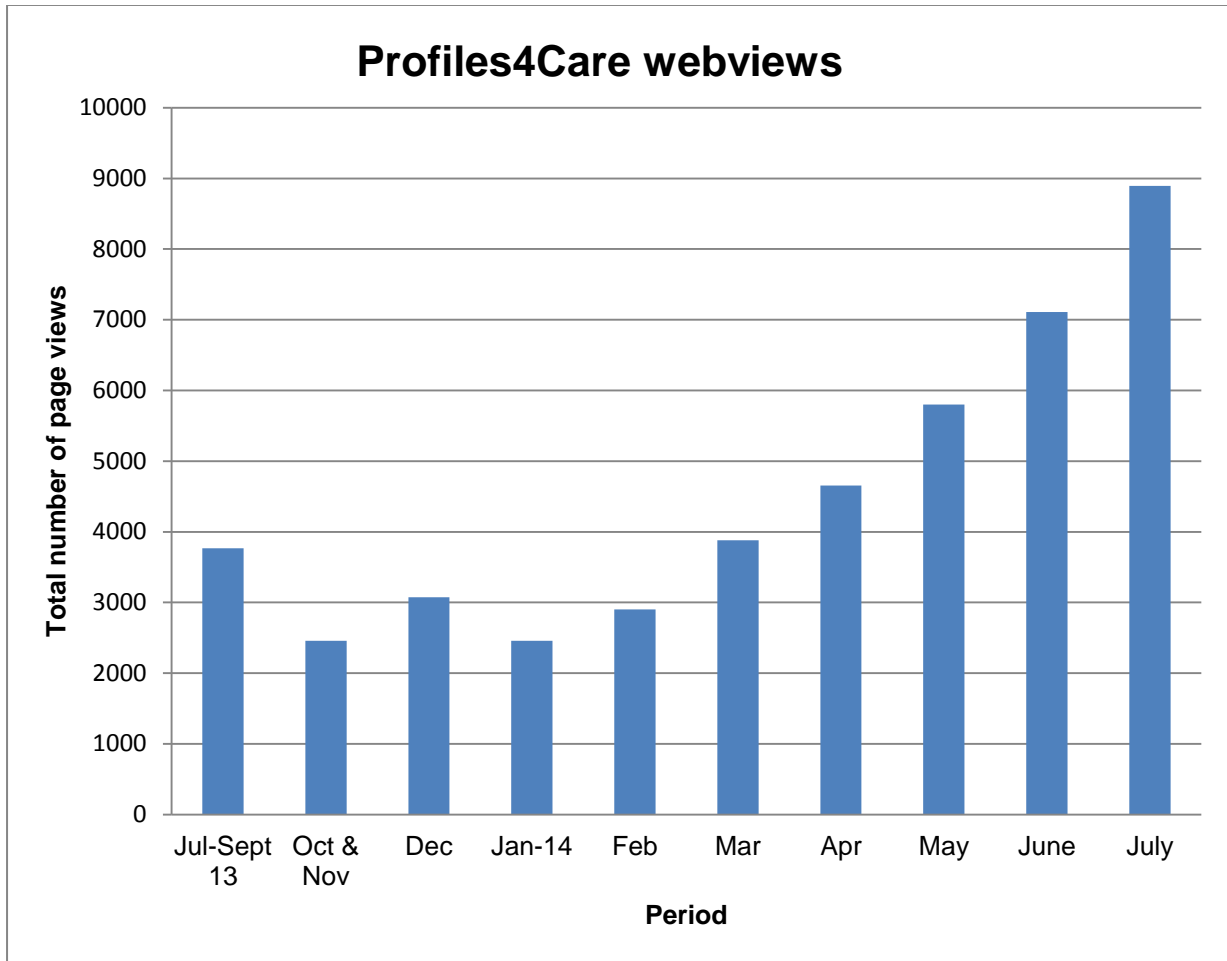


Interest in the Skills for Care recruitment and retention resources is evident through web-page analysis. Generally, a rising trend has been monitored since the launch of their new web-site in November 2013.

Latest data for June and July, illustrates an upward trend is levelling off to around 15,000 visits per month. At the date of writing this report it is difficult to assess whether the levelling off is because less people are accessing the web-pages during a summer leave period or whether the figures are levelling out generally. Whatever the reason, web-page interest has been sustained throughout the pilot period.

### 4.2.3 Profile4Care web-page analytics

Figure 6: Profiles4Care web-page views directed from NSA website



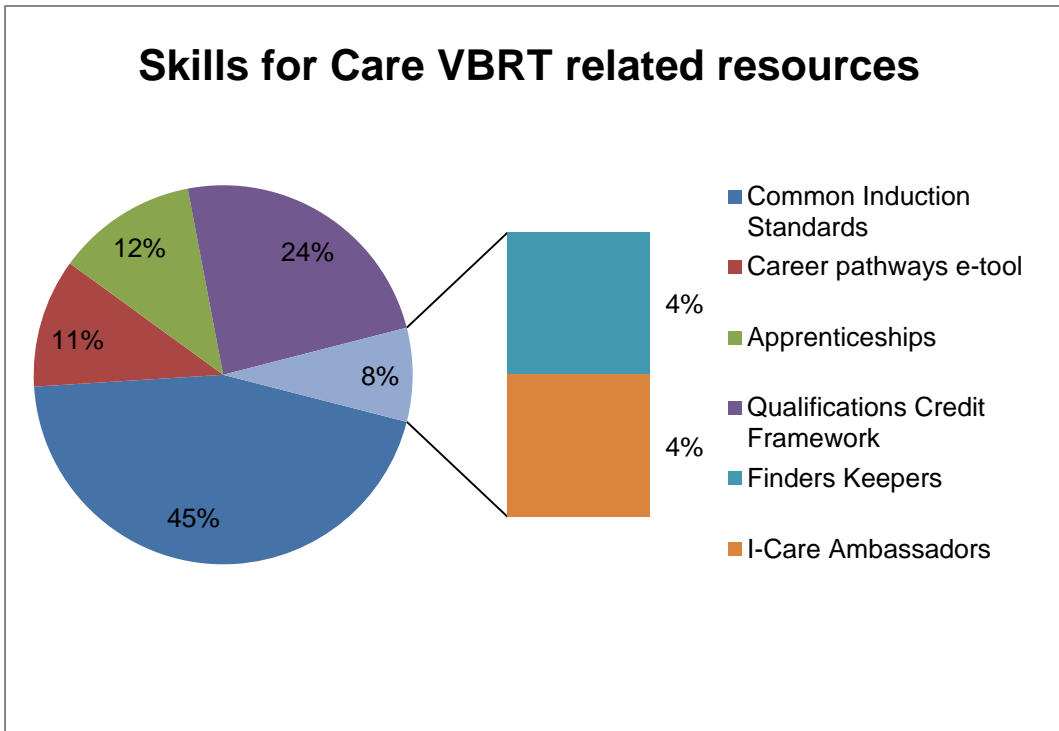
Latest data shown above illustrates an upward trend from January to July which shows that interest has been sustained throughout the pilot.

## 4.3 Awareness data gathered from surveys

### 4.3.1 Awareness of value based recruitment resources

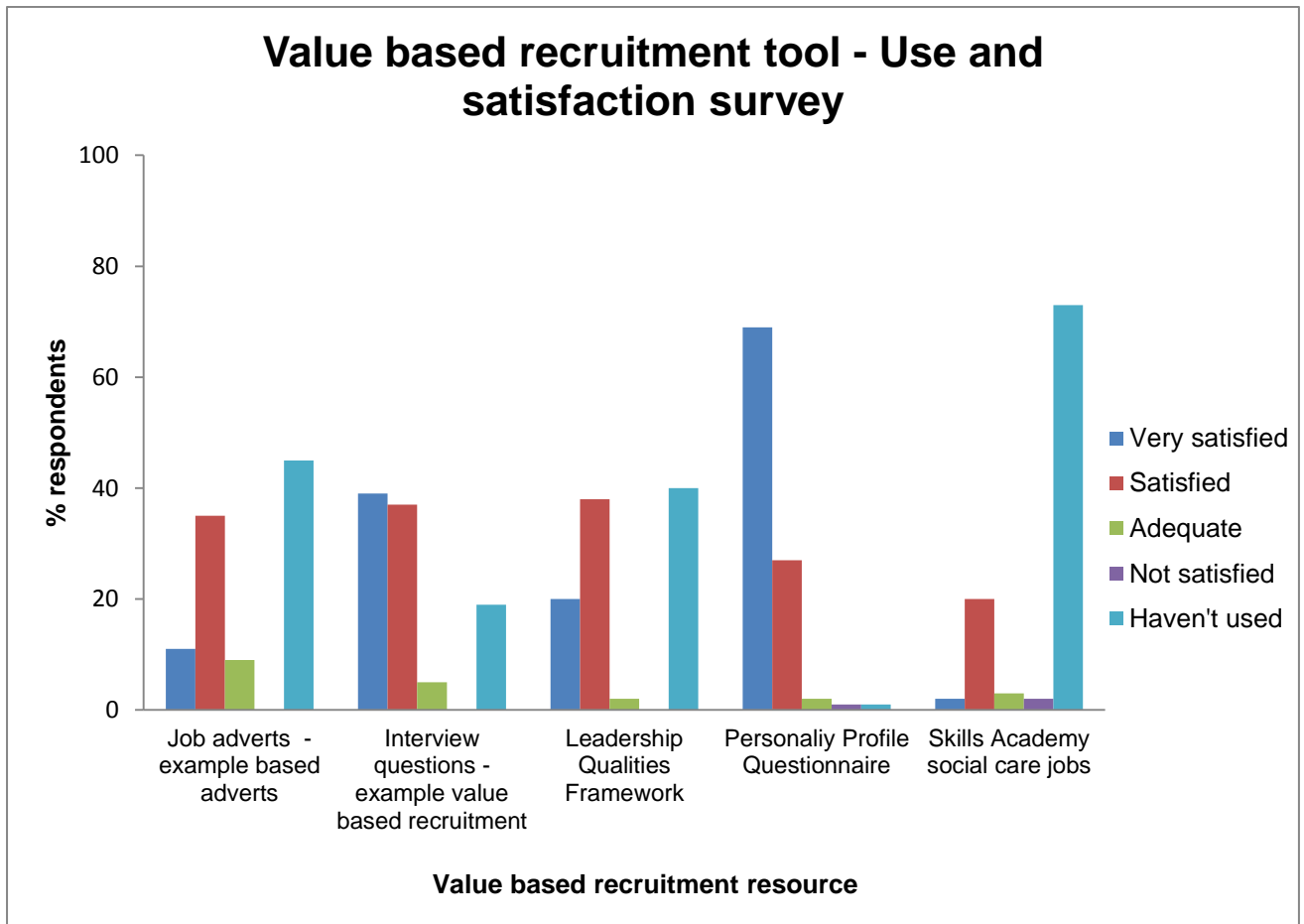
The survey highlighted that, with the exception of the Common Induction Standards (45%) and Qualification Credits Framework (24%), employers were less aware of the Skills for Care related resources linked to the NSA web-page. To support take-up of the pilot the evaluator provided an explanation of both the NSA and Skills for Care resources during the telephone survey and sent a follow-up e-mail with web-page links for their reference. Figure 5 above illustrates increased web views and Figure 7 illustrates awareness of Skills for Care’s individual resources according to survey responses.

Figure 7: Skills for Care VBRT related resources



In terms of participants' satisfaction of the VBRT resources 66% of employers reported they were using and satisfied with the example value-based interview questions. With the exception of the PPQ, 98% usage, satisfied and very satisfied; the awareness and use of other components was lower e.g. example job adverts 32% usage, satisfied and Leadership Qualities Framework, 25% usage satisfied and very satisfied. A high proportion of respondents were not using the NSA web-site to advertise their vacancies because they were advertising locally and didn't perceive the benefits of advertising on a national site.

**Figure 8: Skills for Care VBRT related resources**



### 4.3.2 Waiting list

It was encouraging to see that waiting list of employers, whilst not having access to the PPQ tool, were using other components of the NSA VBRT. 85% reported using the value-based interview questions, 50% example job adverts and, as with pilot participants, 25% using the Leadership Qualities Framework to inform their HR and practice related policies.

### 4.4 Recruitment activity

On the whole, employers are recruiting to front-line workers with 97% of respondents across the period of the pilot; 57% front-line supervisors, 25% operational managers and 8% senior managers and an average of 16% self-directed support.

All pilot and waiting list employers planned to recruit in the pilot year and indicated they were recruiting to front-line workers on a regular basis, some having large recruitment drives and/or assessment days. In terms of frequency, respondents reported, on

average, they recruit monthly (33%); less than monthly basis (33%); fortnightly (5%) and weekly (29%).

## **4.5 Respondents feedback**

Findings indicate that the PPQ is being used as originally intended however it is increasingly being used for a range of other staff management purposes.

With regard to the recruitment process, it is used at a variety of stages e.g. short-listing, in interview (either as part of an assessment centre or to inform interview questions) and at the stage of induction. It is increasingly being used to support staff development either at the start and close of probation, in supervision for reflection and personal development, in mentoring or coaching activity, in appraisal and for the development of training programmes. A small number of participating employers are using it as a pre-employment tool directly working with job-seekers to identify and develop skills in preparing to apply for posts. These include In Touch Care, Barnsley Council (Future Carers project), East Sussex County Council (Support with Confidence Scheme). It is also used to support the recruitment of personal assistants, Each Life, specialist employment agency.

## **4.6 Use of the overall value based recruitment toolkit**

### **4.6.1 Recruitment policy and process**

All employers have changed their recruitment practice to include the PPQ at some stage in their process. Response to early surveys indicated, with the exception of the PPQ, it was taking some time to look at the VBRT components and consider their relevant use within their recruitment, or other, processes. This was particularly relevant for Phase 1 who joined the pilot at its inception.

Later surveys with phases 2 and 3 organisations differed in that a number of employers were reviewing their processes using other components from the VBRT they could easily access prior to activating their access to the PPQ. This resulted in around 20% of phase 2 employers demonstrating good practice early in their participation. At the point of activation to the PPQ, they were ready or very close to being ready to

commence the recruitment process, some having advertised in advance of their activation.

68% of survey respondents are making or have made changes to their recruitment process, a positive trend. Respondents described how they are using the VBRT and, whilst the majority of feedback relates to the PPQ, there is evidence the VBRT is being embedded into standard recruitment practice.

**Examples include:**

“We have changed the whole of our recruitment process to embrace the NSA VBRT and are currently testing it through recruitment. We have used the toolkit to inform our HR and Learning & Development (L&D) policy and our L&D professionals are currently reviewing our competency framework in the light of the NSA’s Leadership Qualities Framework. We will be evaluating the reviewed recruitment process to our previous process and comparing tools after which we will be in a better position to provide feedback on our findings.”

**Avenues Group (Phase 1) - Presenting key documents in an accessible format**

“We have overhauled our interview questions, early feedback suggests they are much more insightful and help to pick up on certain values. The PPQ has been used for both new recruits and for internal development purposes. Managers have commented on the usefulness and how it helps them to obtain a more holistic picture of job applicants.”

**CLS Group (Phase 2)**

“We have designed a ‘value-based carer profile’, value-based interview questions and we are in the process of designing value-based written assessment to care scenarios to bring out personal values of applicants and to assess their suitability to social care.....we expect to go fully live by the end of April 2014.”

**Employer (Waiting list)**

“We have partially reviewed our recruitment process ..... currently using a pre-employment VBRT-type psychometric test to assess values and attitudes.”

**Employer (Waiting list)**

**In addition employers are reporting an increased confidence of recruiting managers in selecting the right people at the outset:**

“We have had greater success in finding out who has the right values for our organisation and recruiting managers have expressed greater confidence in the process. I also think the quality of candidates [we are interviewing] has improved”

**Welmede Housing Association**

We match the candidates to values. We know if a candidate has the necessary qualifications, what we don't know is whether they possess the right attitude to work with vulnerable people so recruiting to values rather than concentrating on their skills and knowledge enriches the interview process”

**Courtland Care Homes**

**Small, and/or new, employers are finding the VBRT supportive in developing their recruitment practice.**

“Due to the fact that this is the first time we have ever employed staff we have found the information very valuable. It helped break the ice and gave us an idea of how the person views themselves, this enabled us to get them talking and to understand what it means to work in the care sector. It is important to have certain personality traits and skills that cannot be taught, this [the VBRT] highlights these areas or lack of.”

**Emerald Home Care**

**4.6.2 Wider Use of the Value based recruitment toolkit**

Findings, throughout the pilot, have highlighted that the VBRT is facilitating a review of other staff management and development processes with a number of employers using the toolkit to enhance their supervision, including to feedback poor practice, appraisals and to support staff development. There is also wider evidence of the VBRT facilitating the drive for cultural change.

“Used the LQF as a source of reference for a new competency framework” this is informing practice throughout the organisation.”

**Pivotal HR**

Lifeways Community Care, a large organisation, use the PPQ in a ‘valuing people’ training workshop delivered to all levels of staff to challenge their ideas and attitudes immediately after viewing a DVD e.g. Winterbourne View. Personal actions are then



identified as part of staff development. They also plan to use the PPQ as part of their appraisal process.

### **Lifeways Community Care Phase 3**

Alongside using the VBRT to inform a range of staff practices, Agin Care has started a “Getting to know yourself better” programme incorporating a lot of the elements and is trying to up-skill managers to change philosophy from the top down. They have used LQF to match existing managers’ skills with an aim to inform their bespoke continuous development and have incorporated three of the values-based interview questions into their appraisal process and person specifications. They have their own succession planning however are looking at e-career pathways as part of that.

### **Agin Care Phase 3**

“We started with failure to recruit to 24 full-time vacancies, we asked ourselves where we were going wrong and the Chief Executive Officer took lead on a new recruitment strategy that focuses on value-based recruitment. We’ve started values-based recruitment and a whole new model has been put together incorporating the profiling tool and other VBRT components. We can see the use of the new model is culturally changing our organization”

**Suzanne Millard, Chief Executive Officer, Guild Care**

During the time on the pilot Guild Care has further developed its cultural change strategy, refer to Guild Care’s cultural change case study included at Appendix 3

## **4.7 Early signs of value based recruitment toolkit effectiveness and impact**

Survey 2 sought to understand whether “early signs of effectiveness and retention” were evident. 48% of employers scored ‘yes’ however in a later question “have you observed any evidence of improved behaviours or improved service provision since your commencement on the pilot” 72% of respondents feel it is still “too early to say”. A longitudinal evaluation will determine the effect.

Evaluation has observed:

- It took some time for Phase 1 employers to learn about the pilot and use the VBRT therefore recruitment activity was delayed, in general until three months into the pilot. With an average eight weeks to recruit plus 6-12 weeks induction it is likely the earliest recruits are close or recently completed their probationary period.

- Phase 2 participants, starting in November 2013, were better prepared and 20% were demonstrating early signs of good practice. Their start time being seven months before the close of the pilot. Taking into account average recruitment and induction timelines set out above, the earlier recruits for Phase 2 employers are likely to be in their six month probationary period.
- Phase 3 employers started their participation in February 2014 allowing five months before pilot close. Again, new recruits are likely to still be in their probationary period.

On that basis it is understandable that it is “too early” to evidence the impact of the VBRT and a longitudinal study is recommended to measure retention, recruitment cost and the impact on the quality of service provision.

Having said that, employers’ adoption of the VBRT is showing signs of positive impact on recruitment practice and process for the majority of employers:

“There is more stability in recruitment and staff retention and we have increased our recruitment of younger people who are demonstrating remarkable success in working with people who come with complex needs and behaviours.”

**Woodford Home Care**

“.....undoubtedly the VBRT has made an important contribution to our integrated programme of staff recruitment and support.”

“Up-skilling of managers has been evidenced through better handling of employment relation issues.”

**Agincare**

“Agency costs were in the region of £8,000 per week to backfill vacancies that were consistently held. Using the VBRT has enabled managers to be more pro-active in their recruitment activity, staffing is now at full capacity consequently reducing cost.”

**Guild Care**

Some frustration is evident when the employer/manager has awareness and is trying to facilitate change however internal and/or external organisation policy can inhibit their use of the VBRT, concluding the importance of sign-up and engagement of senior managers and partners at the outset.

“This [frequency and use] has been sporadic’ despite me pushing it my end! The teams are signed up but it is our corporate Recruitment that is slow in coming forward.”

**Employer**

Where PPQ is used to support individual employers in their recruitment of support workers and personal assistants:

“I feel for those taking part it is a useful tool – to both appreciate strengths and development they may need/want. Attempts have been made to get individual employers to use the tool when recruiting personal assistants however this is very dependent on the agency commissioned to advise individual employers.”

**Employer**

#### **4.8 Suggestions for improvement, and on-going development**

In the main, and because employers are satisfied with the VBRT, suggestions for improvement were few however those that did make suggestions are worthy of consideration. These include:

- Develop values-based job descriptions and job specifications.
- Develop a road map: how to use tools along the recruitment journey.
- Develop a good practice application form for value-based recruiting.
- Develop a guidance in the use of a PPQ to remove fear (context of suggestion relates to use by individual employers).
- Develop guidance on the use of the VBRT and how it can inform a change programme.
- Conduct a longitudinal study, on a selection of employers, to identify the effectiveness and impact of the VBRT on employers recruitment, retention, change strategy, quality of service provision and customer satisfaction.
- Benchmark recruitment and retention (benchmark data was not available at the outset of the pilot due to many employers not having their own data).
- Develop a financial modelling system to calculate the cost of recruitment.
- Develop guidance or framework that supports a business case for the funding of PPQ.
- Develop guidance for the procurement of psychometric tests appropriate for social care.

- Write a matrix of suitable alternative suppliers/systems available on the market, based on research conducted.

## **4.9 Research into alternative systems**

### **4.9.1 Research**

The purpose of the research was to “explore and identify personality profile providers; the tests available on the market; their applicability to social care and their cost”. It should be stated that the research did not assume to ‘test the validity’ of any particular system; it sought to look at the systems from the perspective of a social care employer and its relevance to recruiting to social care values.

Findings highlight:

- a high volume of systems on the market
- a multitude of test types (making it difficult to compare ‘like with like’)
- less were readily available to measure an individual’s suitability to work in social care
- participants have limited experience of using a similar test
- review of previous research identified ‘situational judgement’ tests as a relevant tool for ensuring those seeking jobs have a good understanding of the nature of the job prior to their application (‘A Question of Care’: Skills for Care and Development).

### **4.9.2 Preparedness to pay beyond the period of the pilot**

At the time of the second surveys, 30.4% respondents were not prepared to pay for a profiling tool beyond the period of the pilot, the remainder, the majority of whom were medium sized employers, indicated they were prepared to pay however would prefer to pay for an annual licence rather than pay per report. At the close of the pilot, their view has changed, a significant number of pilot participants are purchasing the PPQ for their continued use beyond the period of the pilot.

### **4.9.3 Ongoing use of PPQ or similar tool**

Findings from the evaluation activity has found that the PPQ, or similar product, adds value to social care employers’ recruitment process and aides the selection of employees who are being assessed to have the ‘right values’ at the outset of their

employment. Findings also indicate that the PPQ, or a similar product, supports a range of people and organisational development processes facilitating cultural change.

Pilot participants initially expressed concerns that after embedding the PPQ into their recruitment process, they will not be able to sustain its use beyond the pilot period due to the cost of procuring the PPQ or a similar system. However, since the pilot closure (31<sup>st</sup> July 2014) a significant number of pilot organisations have decided to continue with the PPQ beyond the pilot. This is reflective to how useful they have found the tool with regards to not only recruitment, but also retention and appraisal.

#### **4.9.4 Findings from research into alternative systems**

Deciding which profiling system to purchase is extremely complex, particularly in identifying a solution for recruiting to values in social care. From the research into alternative systems on the market it was found a small number of those included in the review were suitable in a social care (and health) setting. A Matrix of those considered relevant to social care has been developed and is attached as Appendix 4 to this report.

## 5.0 Conclusions and recommendations

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### 5.1 Conclusions

#### 5.1.1 The pilot

- Overall the VBRT pilot has evidenced that its tools and resources have added value to the recruitment of social care workers.
- The mix of participating employer size and type was representative of the social care sector.
- 68% of participating employers have used the VBRT to review their recruitment processes.
- 100% have embedded the PPQ into their recruitment process.
- The VBRT is being used for a range of HR and practice purposes and is facilitating cultural and organisational change.
- The evaluation underscored the importance of gaining senior management and partner sign-up from the start.
- Employers have made suggestions for on-going development of the VBRT.
- A significant number of pilot organisations have decided to continue with the PPQ beyond the pilot. This is reflective to how useful they have found the tool with regards to not only recruitment, but also retention and appraisal.

#### 5.1.2 Overall Value based recruitment toolkit: Awareness and uptake

- Initially low awareness of the VBRT was evident however this increased over the duration of the pilot.
- Web-page analysis illustrates a sustained interest in the VBRT.
- Employers score the VBRT resources as satisfactory and very satisfactory.
- Interest in the VBRT was sustained by the employers on the waiting list who were reviewing their recruitment processes.

#### 5.1.3 Recruitment

- In the main recruitment is to front-line worker (97%) and front-line supervisor roles (57%)
- Employers are reporting an increase in confidence in recruiting managers and making a sound judgement of a candidate's suitability to a social care role.

- Psychometric tests, on their own, do not provide sufficiently robust information to inform recruitment (or other) decisions. However, combined with a range of recruitment techniques (e.g. interview, tests and group work) it enhances the process and informs better value-based decisions.

#### **5.1.4 Research into profiling systems**

- Research into alternative psychometric profiling systems found there is no one system suitable for all.
- Profiling tools can be used in many positive ways; recruitment, induction, supervision, appraisals and the development of staff at all levels.
- A Guidance and Matrix to facilitate employers choice of a psychometric system relevant to social care has been developed and is included as Appendix 4 to this report.

## **5.2 Recommendations**

Based on the conclusions above the following recommendations are made for VBRT Steering Group consideration:

- Continue to develop the value-based toolkit, broadening its resource pool to wider staff management processes, e.g. supervision, appraisal, performance management, staff development and cultural change, ensuring it is easily accessible to all employers.
- Continue to promote awareness and take-up of the VBRT.
- Benchmarking activity and long term evaluation is conducted, particularly in relation to those demonstrating change and good practice through their participation in the VBRT pilot.
- Consider 'suggestions for improvement' put forward by employers via a related (Skills for Care) Recruitment & Retention project.
- Promote and publish evaluation findings for wider dissemination.

## 6.0 Appendices

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### 6.1 Terms of use

#### **National Skills Academy's Value based recruitment toolkit terms of use:**

1. You must be recruiting now or in the near future (as this is the function which is being evaluated)
2. To use the Profiles4Care on-line recruitment solution as part of your usual application process
3. You are not currently using any type of value-based recruitment tool
4. Agree to take part in the pilot which ends July 2014.
5. Agree to take part in the regular evaluations within the running time of the pilot.
6. Agree to data sharing as per the accepted safeguards expressed in the Data Protection Act.
7. Agree to share details of your recruitment activities as held on the system as per the accepted safeguards expressed in the Data Protection Act.
8. If required, agree to support the evaluation and promotion of the pilot with case studies, comments and quotations.



## 6.2 National Skills Academy website analytics



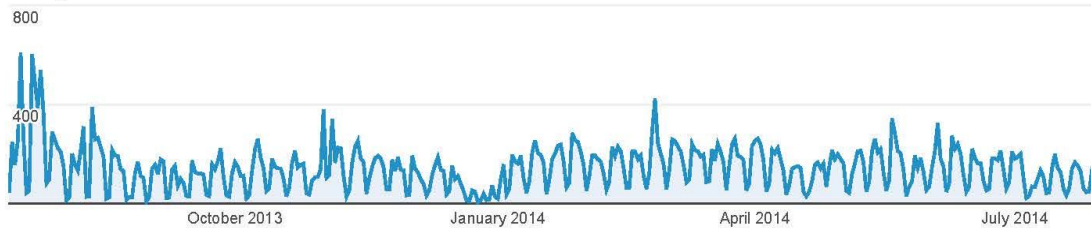
### Pages

Jul 14, 2013 - Jul 31, 2014

All Sessions 100.00%
+ Add Segment

#### Explorer

#### Pageviews



This data was filtered with the following filter expression: **values-based-recruitment-toolkit**

Page	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	54,987 % of Total: 15.49% (354,986)	44,823 % of Total: 16.61% (269,921)	00:02:36 Site Avg: 00:01:37 (59.82%)	33,851 % of Total: 24.00% (141,042)	77.33% Site Avg: 60.93% (26.91%)	62.12% Site Avg: 39.73% (56.34%)	\$0.00 % of Total: 0.00% (\$0.00)
1. /values-based-recruitment-toolkit	19,631 (35.70%)	13,752 (30.68%)	00:02:30	10,869 (32.11%)	57.91%	49.30%	\$0.00 (0.00%)
2. /values-based-recruitment-toolkit-interview-questions	13,437 (24.44%)	11,977 (26.72%)	00:03:59	8,945 (26.42%)	87.46%	74.89%	\$0.00 (0.00%)
3. /values-based-recruitment-toolkit-faqs/what-are-social-care-values-why-do-they-matter	7,951 (14.46%)	7,187 (16.03%)	00:03:59	6,832 (20.18%)	89.30%	85.56%	\$0.00 (0.00%)
4. /values-based-recruitment-toolkit-job-advertisements	7,892 (14.35%)	7,219 (16.11%)	00:02:33	5,477 (16.18%)	91.05%	73.54%	\$0.00 (0.00%)
5. /values-based-recruitment-toolkit-lqf	2,420 (4.40%)	1,914 (4.27%)	00:01:21	194 (0.57%)	47.42%	19.30%	\$0.00 (0.00%)
6. /values-based-recruitment-toolkit-faqs	505 (0.92%)	232 (0.52%)	00:00:29	37 (0.11%)	27.03%	8.12%	\$0.00 (0.00%)
7. /values-based-recruitment-toolkit-faqs/how-can-i-identify-values-when-recruiting	424 (0.77%)	387 (0.86%)	00:00:42	18 (0.05%)	55.56%	19.10%	\$0.00 (0.00%)
8. /news/minister-launches-the-skills-academy-s-new-values-based-recruitment-toolkit	381 (0.69%)	314 (0.70%)	00:01:12	183 (0.54%)	36.07%	32.55%	\$0.00 (0.00%)
9. /values-based-recruitment-toolkit-faqs/what-are-personality-profile-tests-and-how-should-i-use-them	350 (0.64%)	325 (0.73%)	00:02:17	142 (0.42%)	81.69%	49.43%	\$0.00 (0.00%)
10. /values-based-recruitment-toolkit-faqs/what-is-the-link-between-values-and-leadership	159 (0.29%)	149 (0.33%)	00:00:48	14 (0.04%)	78.57%	22.01%	\$0.00 (0.00%)

Rows 1 - 10 of 576

## 6.3 Case studies

### 6.3.1 Whittington Health NHS Trust (partners with care providers)

[www.whittington.nhs.uk](http://www.whittington.nhs.uk)

Whittington Health provides general hospital and community services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield and Camden. As one organisation providing both hospital and community services, they are known as an “integrated care organisation” for which they are a pioneer site. Integrated care means that they bring quality services closer to home and speed up communication between community and hospital services; improving their patients’ experience particularly for those who need different levels of care. Whittington Health NHS Trust say that partnering with patients, carers, GP’s, social care, mental health and other healthcare providers is key to their approach.

Whittington Health, who works to a social care model, has a strong reputation for safe care. For two years they have consistently had one of the lowest death rates in England - one of the key criteria for measuring patient safety. The organisation also has a highly-regarded educational role, teaching more than 600 undergraduate medical students, nurses and therapists throughout the year, and providing a range of educational packages for postgraduate doctors and other healthcare professionals.  
<http://www.whittington.nhs.uk/default.asp?c=3920>

The organisation has been a health organisation for a long time and, as with other organisations they were considering the need to invest in a cultural change to embed the learning from recent cases that were in the public domain, e.g. Mid-Staffordshire NHS Trust and Winterbourne View via embedding values-based behaviours and working. This is set in the context of building a health and care workforce that identify, share and develops values based care both to service users and within the organisation.

“The journey has been challenging” says Kim Hope-Sales, Whittington Health’s Deputy Director for Leadership, Talent & OD, “it takes a long time to embed a culture and requires leadership sign-up and ownership at the very top with value-based working embedded and evident at all levels within the organisation. It’s not about recruitment on

its own; it requires a whole systems change with elements such as our Organisational Development, Leadership and Development practice needing a review”

Prior to joining the VBRT pilot, in February 2014, Whittington Health’s leadership team were already developing their strategic approach and as such were refreshing their values. Taking part in the VBRT pilot enabled them to use the VBRT components to inform their strategic approach. “We knew it was a risk using a pilot toolkit to develop a new approach. However having fully scrutinised the toolkit and having spoken with the NSA and Profiles4Care we gained confidence about its legacy and sustainability”.

Starting the review with a staff engagement survey they knew what challenges they needed to overcome that would inform their change plan. Findings from their survey also enabled them to agree their priorities and approach regarding embedding the VBRT.

Since joining the pilot Whittington have embedded the VBRT into their nursing recruitment process and have used the PPQ following shortlisting and the pre-interview stage, at the first, for health care assistants, nurses and linked health and care workers across their integrated care organisation. They also provided managers with a set of ‘values-based interview questions’ to assist ensuring that interviewees were appointed with their value base at the heart of the decision. The Trust also recognises that to shift an organisation culturally and see real value and evidence of change, changes required are much broader than recruitment alone. They believe that it is one that starts with recruiting the right people, but then it must ensure that it nurtures and develops the values behaviours within its existing workforce via regular 1-1’s and at appraisal. This case study shares their journey to implementing their new “Potential & Performance” appraisal approach that aims to embed values-based reflection and discussion into their standard appraisal policy. Their biggest challenge is how they gain commitment from managers who traditionally sit within a more transactional management role and who are somewhat resistant (and fearful) of change. Ensuring that the key recommendations from the Francis & Winterbourne Reports regarding the need to instil excellent values and leadership behaviours within care, the new appraisal would be based upon these two elements as well as evidencing meeting service objectives.

Having previously been involved in the development of the NSA's Leadership Qualities Framework (LQF) and their development of LQF assessment tools, Kim Hope Sales sought to have the VBRT as the first element of the appraisal assessment. With the development of the new NHS Health Care Leadership Model ([www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)) she also wanted to ensure that the Whittington workforce were also self-assessing themselves on their leadership behaviours against this framework. A set of 4 online leadership behavioural self-assessment tools were then bespoke designed for strategic, operational and front line leader, as well as front line staff; aligned against the new NHS leadership model. The workforce would self-assess against their 9 dimensions, and the VBRT would assist in nurturing the culture of self-assessing key values. "Whilst the VBRT was not exactly aligned to the Trust's 5 core values: set as ICARE (Innovative, Compassionate, Accountable, Respectful & Excellent), the aim would be that staff would begin to see the expectation that these were required."

"It has been about building the culture and setting the tone with our workforce that values-based behaviour matter" added Kim.

The other key element in driving a values based culture is by having 'coaching conversations' between managers and those they manage. The Trust has invested in training up their leadership; starting with those at director, right through to operational management level in these 'coaching conversations'. What will then be realised is a more mature, and required method of managing individuals and teams; one that is based upon an adult-to-adult, strengths based approach, and more importantly, one that has more proactive staff engagement. In time, they will be developing 'champions' from those demonstrating values-based working from within their organisation, who will then assist in those areas where values are not as apparent and/or where managers have developmental needs. "We have champions in demonstrating values. We're just not used to identifying them in an equitable way. The VBRT will enable us to do that", and for managers, "the discussions will enable managers to see that values-based behaviours are as important as competency based training in care delivery"

Kim states that the use of the VBRT in appraisal discussions has been powerful particularly where managers have developed 'coaching conversation' skills that have encouraged the manager to use a facilitative approach to reflective practice. This has enabled staff to reflect and take responsibility for their own behaviours. "We can identify this equitably and also celebrate example role modelling that is far more impacting at the front line than an external 'expert' training. It's all about building capabilities from within".

Kim suggested a number of improvements to the VBRT and separately, regarding the PPQ. With regard to the PPQ she felt that the language could be more generic; taking it from 'candidate' to a more generic term to reflect its potential wider use, e.g. within reflective practice, appraisals and staff development. For the VBRT she suggests Profiles for Care devise a template VBRT business case that OD development leads in organisations can use to show the business value re: investing in it. It would also be useful to design a 'roadmap' for the VBRT re: how it can be used within both recruitment and appraisal processes

In order for the VBRT to become more marketable re: usage, Kim also suggested that the back end content/data management system had a solution of automatically sending completers reports immediately back to them. At present, the administration to do this is hugely time consuming; needing a dedicated administrator to manually send reports. The registration element prior to completing the self-assessment also could have 'drop-down boxes' with categories of recruitment/appraisal group campaigns, so that when collating the candidate cohorts for vacancies or appraised teams, managers can easily lift reports against given groupings.

With regard to the early signs of impact, this is difficult to determine due to the 'gradual' utilisation of the VBRT. Kim feeds back, "Staff engagement and senior leadership endorsement have been crucial in successful adoption. We have had a renewed enthusiasm for appraisal, improved relationships between the manager and line managed, and there are early signs in the cultural shift that focusses on behaviours which works against poor practice and the identification that development is more than just 'skills'. And finally she adds, "We have an equitable approach to identifying 'unsung heroes' and those who make a difference in delivering quality care".

At the point of writing this case study they have implemented the Potential & Performance programme with their more senior leadership levels (director through to operational managers). They are now seeking funding for the 'coaching conversations' training to be rolled out to front line leaders.

### **6.3.2 Woodford Homecare & Support Services** [www.woodfordhomecare.co.uk](http://www.woodfordhomecare.co.uk)

Woodford Homecare & Support Services is regulated by the Care Quality Commission provides domiciliary care and support in Wolverhampton and Dudley. They are proud of their reputation for providing caring and responsive services to people focusing on the outcomes they want, to help them to feel safe and valued and, to have the best quality of life possible.

With a total commitment to the delivery of quality services Helen has, during her professional life as a teacher and social worker, always known that quality services are predicated up on a quality workforce motivated to aspire and achieve qualifications and equally feeling they are being valued and treated as an individual.

Woodford Homecare were participants in an earlier pilot that helped shape the on-line personality profiling questionnaire and, as such, were very keen to participate in the wider project of piloting the overall VBRT resources. Through this later pilot they have used a number of the VBRT resources including the **value-based interview questions**, the **Leadership Qualities Framework (LQF)** and the **on-line personality profiling questionnaire (PPQ)** that have informed new roles to drive a quality and values-based culture and are embedded into their standard recruitment and staff development processes.

Helen Wilcox, Director of Woodford Homecare, talked to the Evaluator about how they developed their '**Whole Organisation Approach**' to cultural change and their emerged strategy to deliver increased choice and control for people who use their services. Having learned from good practice values frameworks and from national reviews that highlight poor practice, e.g. Winterbourne View and Francis Report into Mid-

Staffordshire NHS Foundation Trust, Woodford Homecare committed to recruiting for values and behaviours, despite the paucity of tools to support their aspiration.

Initially, through looking at the LQF, they decided to focus on developing leadership from the front-line through the recruitment and development of front-line staff who are able to work directly with people who use services to exercise their choice and control. Using the leadership qualities framework to write job profiles, new roles were developed 'Quality and Compliance Leads' (QCL), who have been developed as role models to 'walk the talk' working directly with front-line staff to promote and develop good, values-based practice and use supervision as a vehicle to reflect practice. Helen says "preparing for supervision has been enhanced by our QCL's, who, having more specific intelligence about the supervisee, have been able to make supervision more person-centred, modelling the kind of behaviours that we want them [front-line staff] to evidence in their practice" Helen added, "we have been able to openly discuss perceived challenges and a plan built on their strengths, their values, their attitudes and our joint aspiration to achieve a win : win for people who receive care and support which has fitted well with our culture of being proactive with staff feeling that they are being valued as an individual"

The initial 'test' of the PPQ was undertaken by a number of existing staff to inform progression opportunities and decisions as well as recognising that despite investment, good leadership and management the reshaping of some existing staff was not going to happen and led to supporting activity and decisions to move them on. Helen reports, "Informing decisions not to proceed was equally as important as making appointments as it allowed real testing out of the alignment of verbal presentation and testing its validity during interviews"

Woodford's recruitment process has also been reviewed. Helen reports that recruitment is front-loaded in terms of investment with authority and responsibility being delegated to the QCL's to recruit the 'right' front line staff with the 'right' attitudes and behaviours to fit out values-based culture. Feedback is offered to every candidate who completes the PPQ. This provided a constructive opportunity to offer feedback that could be used by candidates to access specific support to enhance their capabilities to develop into a potential recruit or be steered towards alternative employment.

The outcomes of Woodford's approach have been significant. Helen fed back that organisationally, they have improved the tailoring of learning outcomes to suit individual staff and have a better understanding of how best they learn at the outset and can pair them with the best mentor to suit their profile as well as the mentor who provides the best match to the individual staff member.

'Compatibility' (matching of staff to the individual receiving service provision) is also better informed and greater success is evident. Further, in the time travelled during the pilot a higher satisfaction level for the people they support and the staff member is manifestly in evidence.

Helen adds, "there is more stability in recruitment and staff retention and increased our recruitment of younger people and they are demonstrating remarkable success in working with people who come with complex needs and behaviours."

"A person-centred and values-based approach to our staff policy starts at recruitment and goes on during supervision and all learning and development thereafter. We have always taken time recruiting ensuring that there is a 'win:win' outcome and using the VBRT has provided a vehicle to progress our person-centred approach that has brought increased consistency and transparency to our recruitment and development practice"



## 6.4 Guidance and matrix to facilitate your selection of profiling systems that support values based recruitment

Research into the identification of profiling systems that assess ‘values’ appropriate to social care found there is a large volume of profiling tests on the market, all were considered to be appropriate for their purpose however some were found to be more relevant to some sectors than others (e.g. sales or banking) or specific job roles (e.g. management or graduates) or specific purpose (e.g. recruitment or personal/team development) or offer a specified or combination of tests (e.g. attitude, competence, function, personality or motivation).

Some profiling tools were described as something other than ‘values’ however they appear to be aligned to the values described as appropriate for working in social care<sup>1</sup>; others may describe themselves as ‘values’ however may be an adaption or customisation of a previous system or more aligned to other personal ‘qualities’ (e.g. *belief, value and attitude: definitions can be found at the bottom of this guide*).

All these differences makes it difficult compare ‘like with like’. For social care it was found there is no one definitive solution for all social care employers. Therefore, it is important that social care employers ask themselves a number of questions prior to identifying a profiling system of their choice.

These include:

- **What purpose do you need the assessment for?**
- **How much can you afford?**
- **Do you want an on-line or off-line solution?**
- **How quickly do you need a response?**
- **How long/complex do you want the test to be?**
- **What do you want to measure?**

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<sup>1</sup> “What are social care values and why do they matter?” as described by the National Skills Academy: <https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit-fags/what-are-social-care-values-why-do-they-matter>

## Responding to questions

The following information provides suggested when responding to the questions listed above:

### 1. What purpose do you need the assessment for?

- **Psychometric tests** are generally used to discover how good someone is at particular skills, such as verbal or numerical reasoning
- **Psychometric profiling** is used to “build a picture” of either an individual or a team, such as identifying their values, personality type or occupational interest  
<http://lcp.org.uk/index.php/2011/07/what-is-psychometric-testing-definition/>

### 2. How much can you afford?

Costs can vary from £3-£25 per report (to buy a system ‘off-the-shelf’) to £thousands plus (to ‘build’ your own system based on your organisation’s vision and job profiles). If you intend occasional or low volume use it may be more cost effective to consider a payment per assessment report, taking into account scale of economy (costs tend to fall as more are used). Where its intended use is for ‘high volume’ it is likely to be more efficient to buy an annual ‘license’ that may apply to unlimited or restricted use (e.g. up to a stated volume) per annum, most systems providers will offer a six month or annual review with usage or renegotiation based on previous usage, recommended for first time users. Many systems providers offer a ‘free trial’ so don’t forget to ask. Consideration of requirements for training and administration should also be understood, consideration to these two factors are included in “how quickly to you need a response?” below. **All providers of the systems included in the Matrix below are willing to consider a reduced fee for small and third sector employers.**

### 3. Do you want an on-line or off-line solution?

- **‘On-line’** means (usually for off-the-shelf solutions) easily accessed on-line, mostly web-based, no consultancy fees, rapid deployment and quick to use, these are useful for profiling a large number of people.
- **‘Off line’** definitely means consultants fees, ‘practitioner license’ fees and training, but can be more in-depth as the trained consultant/licensee often meets the candidates face to face. Cost is much higher. No unlimited usage licenses available offline.

#### 4. How quickly do you need a response?

Both online and offline affect the speed of response, for online solutions the response rate is likely to be immediate however some systems require a 'trained and licensed practitioner' to 'administer the system' and/or to feedback reports to candidates which is likely to delay the response time. The offline solution is either delivered by the procured consultant or by a licensed practitioner (internal or external), e.g. Myers Briggs. In all cases where there is a 'licence to practice' there will be a fee.

#### 5. How long/complex do you want the test to be?

Personality profiling primarily seeks to understand human commonalities before individual differences or what makes a person unique. As such if there are particular traits that are more appropriate to a sector or job roles the individual reports produced may present similarly where human commonalities occur. Broadly speaking, there are two types of personality tests: *ipsative* and *normative*. *Ipsative* personality tests are designed to measure how job-applicants prefer to respond to, for example, problems, people, work pace and procedures. The 'ipsative' approach does not directly compare a candidate to other people's personality assessment; it's a report solely about them. In contrast, '*normative*' personality tests assess measurable personality characteristics on individual scales and the end score measures characteristics against patterns of pre-defined 'normality' (i.e., are they more or less like 'the norm'). Ipsative tests tend to be shorter than normative and less susceptible to 'social desirability' responses, when a job-applicant attempts to respond to personality related items in a way that reflects them positively but not necessarily accurately.

#### 6. What do you want to measure?

The following types of test provide definition to those included in the Matrix below (a wider range of test definitions are included at the base of this guide).

- **Ability:** assesses an individual's ability (skills, talent and proficiency) to do a task or job.
- **Attitude:** assesses how an individual's values translate into behaviours e.g. assesses an individual's 'feelings' about an event, person or object, particularly

useful in pre-screening and recruitment situations or as a tool to 'address' inappropriate behaviours.

- **Competence:** used in recruitment or development settings, job applicants or existing staff can be assessed for their ability or capacity to do a particular task or job that is benchmarked against a framework of behaviours, similar to assessing staff to the social care 'Qualifications Credit Framework'.
- **Cognitive:** assesses mental processes that underlie behaviour, including thinking, reasoning, problem solving, decision making, creativity and to some extent motivation and emotion.
- **Emotional Intelligence (EI):** used in recruitment, coaching and development situations, EI assessment measures a persons level of emotional intelligence e.g. how they communicate and relate to others and how they cope in challenging situations and personal stress, factors that may impact on their decision making .
- **Function:** assesses knowledge, skills and attitudes related to a job function, differentiating good bad and indifferent.
- **Motivation:** determines an individual's level of motivation related to a particular job or role. For example it could be used to assess whether any employees are right for taking on a leadership position, or a potential student prior to embarking on a course of education or, in the case of social care, whether an individual has the right motivation to work in a social care environment.
- **Personality:** "a test usually involving a standardised series of questions or tasks, used to describe or evaluate a subject's personality characteristics" (The American Heritage Dictionary of the English Language, Fourth Edition copyright 2000 by Houghton Mifflin Company (2009).

Used in recruitment and retention context it can be used to assess whether a candidate will fit into a job/team or organisation in terms of personality, attitude and work style, areas that may impact on their motivation. Other factors of personality can correlate substantially with non-traditional aspects of job performance such as leadership and effectiveness in a team environment. The Myers-Briggs Type Indicator (MBTI) and Thomas International are popularly used in these types of settings.

- **Situational Judgement:** measure the suitability of job applicants by assessing attributes such as problem solving and service orientation, these tests screen for

candidates with key attributes and assess their capabilities to perform and respond to job-related situations. Situational Judgement tests are commonly used as employee-selection and employee-screening and have been developed to predict employment success. An example of its use for pre-screening is Skills for Care's "A Question of Care" that has been tested with Job Centre Plus for pre-screening of suitability to the sector; alternatively it can also be used in recruitment as part of a wider recruitment process.

- **Value-Base:** aim to identify whether potential employees/candidates have the right values and behaviours to work in a particular sector, e.g. social care. It enables the employer to gain a 'sense' of how a candidate will treat people, their commitment to a particular sector and their qualities.

### Other popular psychometric tests

Definitions of other popular psychometric tests that are available on the market, not included in the Matrix below, are included at the end of this Guide to facilitate your choice of the most appropriate test to suit the purpose at any given time

- **Matrix:** The Matrix below sets out psychometric (or other) systems considered to be relevant to social care and is based on the findings of recent research. It should be noted this is not an exclusive list; there are many systems on the market, some of which may be relevant to social care and/or its suitability and purpose for your organisation. Therefore, it is important you carry out your own research when sourcing for an appropriate system to your needs.
- **Relevance to social care:** All systems included in the Matrix below are considered to be '**relevant to social care**'<sup>2</sup> and is intended to facilitate your choice. Please note they are listed in alphabetical order, not in the order of preferred or most appropriate system.
- **Costs:** Cost per license or report are available on request which should be made via the web addresses included in the Matrix below. Please note in all cases a monthly or annual cost per license and a cost per report (low usage) applies.

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<sup>2</sup> "What are social care values and why do they matter?" as described by the National Skills Academy: <https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit-faqs/what-are-social-care-values-why-do-they-matter>

- **‘Help-line’ and technical support:** offered by all system providers below
- **Small and third sector employers:** All providers of the systems included in the Matrix below are willing to consider a reduced fee for small and third sector employers.

System	Measures	Psychological Assessment	Model	Experience in Sector
<b>A Question of Care</b> <a href="http://www.aquestionofcare.org.uk">http://www.aquestionofcare.org.uk</a>	Situational Judgement video case studies and choice of responses to 'what happens next?')	n/a	On-line situational judgement that enables the assessment of suitability of an individual to the care sector. May be used prior to, during and post the recruitment process	Extensive – developed by Skills for Care and Development
<b>E-Talent Select</b> <a href="http://www.etalentrecruitment.com/">http://www.etalentrecruitment.com/</a>	Behaviour Personality Skills	Personality is normative Behaviour is ipsative Skills, training etc. collect answers to user-defined questions from the applicant	On-line profiling tools – fully automated  <a href="http://vimeo.com/99630271">http://vimeo.com/99630271</a>	Worked in social care e.g. Balhousie Care Group and Bright Care
<b>McIntyre Profile</b> <a href="http://www.macintyrecharity.org/">http://www.macintyrecharity.org/</a>	Personality Competency, Involving Everyone	Normative, refined for McIntyre, a large employer in the social care sector	<ul style="list-style-type: none"> <li>▪ On-line personality assessment.</li> <li>▪ Competency based questions for interview.</li> <li>▪ People supported and others involved in the process.</li> </ul>	Extensive
<b>Profiles4Care (People Maps)</b> <a href="http://www.profiles4care.com">www.profiles4care.com</a>	Personality	Ipsative – tailored to Health and Social Care sectors	Web-based on-line system with limited in-house administration required. Does not require training, 'license to practice' or consultancy fees	Systems tested in health & social care via NSA VBRT pilot  NHS experience, Client base : Client base: 100% health & care sector employers'

System	Measures	Psychological Assessment	Model	Experience in Sector
<b>Psysoft</b> <a href="http://www.psysoft.com/care">http://www.psysoft.com/care</a>	Emotional Intelligence (assesses social and emotional functioning in candidates)	Normative format questionnaire. Reports available include EQ-i 2.0 workplace, leadership, group and EQ 360	Administered via on-line portal. Requires certification training, followed by pay-as-you-go charges per candidate report	Extensive NHS experience
<b>Sticky People (Staff-Sure 'People Clues' Assessments)</b> <a href="http://stickypeople.co.uk">http://stickypeople.co.uk</a>	Core measures: <ul style="list-style-type: none"> <li>▪ Personality/Job Fit</li> <li>▪ Workplace Attitude (Safeguarding)</li> </ul> Also available: <ul style="list-style-type: none"> <li>▪ Cognitive (IQ)</li> <li>▪ Candidate On-boarding report</li> <li>▪ Candidate feedback report</li> </ul>	Normative and offers reports based on 'norms' developed for Health and Care sectors.  Sample reports and test links available upon request.	Web-based on-line system with simple in-house administration dashboard 60 minute free training session for employers to get started Benchmarked care profiles include care worker, support worker, nurse and 18 other care roles Limited in-house administration required. Does not require license to practice	Social care, healthcare and child care sectors  Award-winning and used in US care sector since 2006, UK since 2012  Client base : 100% care sector employers
<b>Who Cares?</b> <a href="http://www.tests-direct.com/pdf/WhoCares_User_Manual.pdf">http://www.tests-direct.com/pdf/WhoCares_User_Manual.pdf</a>	Function (relates to job function Values (through situational judgement items)	Normative	Consultancy Web-based on-line system Test-Direct says easy to use. Sells training <a href="http://www.tests-direct.com/products">http://www.tests-direct.com/products</a> <a href="http://www.tests-direct.com/sample-reports/whocares-administrator">http://www.tests-direct.com/sample-reports/whocares-administrator</a>	Social Care, health and healthcare 2 validation studies carried out. Latest study 2014 <a href="http://www.tests-direct.com/pdf/WhoCares_Validation_Study.pdf">http://www.tests-direct.com/pdf/WhoCares_Validation_Study.pdf</a>



## Personal quality definitions:

“Me and Us” resource: Personal Health Education <http://www.me-and-us.co.uk/psheskills/bva.html>

- **Belief:** an internal feeling that something is true even though that belief may be unproven or irrational
- **Value:** a measure of worth or importance a person attributes to something; our values are often reflected in the way we live our lives
- **Attitude:** is the way a person expresses or applies their beliefs and values through words or behaviours

## Other types of tests available on the market include:

- **Aptitude:** designed to measure work-related perception, judgement and reasoning. They operate on a principle there is only one correct answer to each test question and that everybody can solve all questions, the only difference between people is how quickly they complete the test. Popular aptitude tests include numerical reasoning, verbal reasoning, spatial reasoning, and mechanical reasoning. <http://www.psychometricinstitute.co.uk/Psychometric-Test-Guide/Aptitude-Test-Guide.html>
- **Cognitive Ability:** can assess general intelligence and correlate very highly with overall job performance. Individuals with higher levels of cognitive ability tend to perform better in their jobs. This is especially true for jobs that are particularly intellectually demanding.
- **Job-Knowledge tests** : particularly useful when applicants must have specialised or technical knowledge and commonly used in fields such as computer programming, law and financial management
- **Performance Assessment:** is a process to find out if applicants can do the job for which they are applying. Tests are administered and judged by hiring managers who will be supervising the potential new recruit. These assessment tests can be used as a pre-screening tool to test applied knowledge, skills-job match and commitment of the applicant towards the job position.

