Final Report

Essential Employability Skills
HEALTH SECTOR

Literacy Coalition of New Brunswick Ltd.

Canada

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

I. Executive Summary

The Literacy Coalition of New Brunswick (LCNB) is a non-profit organization that provides leadership to advance literacy, lifelong learning, and essential skills through partnerships and collaboration with government, educational institutions, businesses, labour unions and community partners. In a unique community partnership approach with the Newfoundland and Labrador Laubach Literacy Council (NLLLC) and PEI Literacy Alliance (PEILA), LCNB developed and piloted the *Essential Employability Skills for the Health Sector* (EES-HS) project over a 23-month period between October 2020 and August 26, 2022.

Funded by the Government of Canada's National Essential Skills Initiatives (NESI), the innovative EES-HS project provided targeted training to unemployed and underemployed participants for in-demand, entry-level positions in the health sector workforce. Modelled after the highly successful *Essential Skills for Atlantic Fisheries (ESAF)* project, ESS-HS combines hard and soft skills to prepare participants to fill important gaps in the workforce.

The high need for essential workers in the healthcare sector and many nursing homes/assisted living facilities is widely recognized, with many employers struggling to fill vacant positions. The demand for health care services is expected to soon exceed human resource supply. Despite efforts to address the challenge, the needs around recruitment and retention appear to have grown. Increased reports of staffing shortages, including resident attendants and other entry-level positions across the Atlantic provinces are rampant. Adequately caring for our aging population is not possible without an appropriately trained workforce.

Research indicates that there's an urgent need for workers in the following positions:
- Resident Attendants/Health Care Aides
- General Helpers/Personal Support Assistants
- Kitchen Aides/servers
- Cooks/Dishwashers
- Housekeeping/Laundry Staff

The EES-HS project employed a holistic approach, training both project participants as well as people managers at participating workplaces. The training consisted of:
- 30 hours of mentor training for people managers
- 8-10 weeks of classroom/virtual training for participants
- 1-week on-the-job training
- A 5-week paid work placement with a participating health sector employer

Project results: by the numbers

- 20 health sector employers participated in the EES-HS project
- 35 of 39 supervisors/managers completed the mentor training
- 73 participants enrolled in the EES-HS training
- 66 of 73 participants completed the classroom/virtual training
- 40 of 66 participants completed the on-the-job training
- 32 of 40 participants completed the work placement and were offered a job with their pilot site employer

Three months following their participation in the *Essential Employability Skills for the Health Sector* (EES-HS) project:

- 47 of the 73 participants (65%) reported being employed
- 26 of these were still employed by their EES-HS employer
- 16 were employed elsewhere

Of the 73 participants, 6 are current or prospective post-secondary students pursuing higher education in the health sector:

- 3 participants in the Resident Care Worker Program
- 2 participants in the Licensed Practical Nurse Program
- 1 in university-level academic upgrading in preparation for the Registered Nurse Program

The success of the *Essential Employability Skills for the Health Sector* (EES-HS) project has demonstrated that the winning model developed for the *Essential Skills for Atlantic Fisheries (*ESAF) project is highly adaptable and transferable to other sectors and industries. The EES-HS pilot project provided a valuable opportunity to further test and develop the innovative model by building on its strengths, improving both design and delivery, and in many cases, improving outcomes.

The lessons learned from the EES-HS project will further enhance the model for future delivery, including expansion into other areas of the health sector as well as other sectors struggling with frontline recruitment and retention challenges.

"Before, I felt expendable. Through the program, I began to feel valued again. People needed me!"

- Jessica Baillie, Participant

"I would definitely encourage other employers to take part in this program! The participants are eager to learn and are enthusiastic."

-Sara Trites, Workplace Mentor

II.   Introduction

This report presents the findings of the *Essential Employability Skills for the Health Sector (EES-HS)* project, a pilot project designed to adapt and test the transferability of an innovative and highly contextualized blended learning approach to essential and employability skills training for the health sector. The project was led by the Literacy Coalition of New Brunswick (LCNB) in partnership with the Newfoundland and Labrador Laubach Literacy Council (NLLLC), and the PEI Literacy Alliance (PEILA).

Using a pan-Atlantic partnership approach, the project focused on senior health care in Atlantic Canada, targeting unemployed or underemployed Canadians and customizing the training to the needs of the health sector. The EES-HS pilot project was a 23-month, community-based initiative funded by the Government of Canada's National Essential Skills Initiatives (NESI).

A. Background

The health sector plays a key role in primary health care for seniors. It's widely recognized that there's a high need for essential workers in the healthcare field and many nursing homes/assisted living facilities are struggling to fill vacant positions. Considering the demand for health care services is expected to soon exceed human resource supply, greater attention and proactive solutions to skills gaps and chronically vacant positions are prudent.

Concern about staff recruitment and retention in the health sector is not a new conversation, however, the COVID-19 pandemic has exacerbated an already troubling problem. Despite efforts to address the challenge, the needs around recruitment and retention appear to have grown. Increased reports of staffing shortages, including resident attendants and other entry-level positions across the Atlantic provinces are rampant.

Adequately caring for our aging population is not possible without an appropriately trained workforce. We need enough trained workers to fill care positions, not just in nursing homes, but in all long-term care settings.

The Essential and Employability Skills (EES) training model, developed through the *Essential Employability Skills for the Health Sector* (EES-HS) project, was specifically designed to take a proactive and innovative approach to addressing labour market and workforce challenges faced by health sector employers in New Brunswick (NB), Newfoundland and Labrador (NL), and Prince Edward Island (PEI).

The project also sought to unearth challenges and key success factors in place in the industry to ensure that the training model developed would be transferable to other sectors and jurisdictions in Canada.

B. About the EES-HS project

The EES-HS Project is an innovative, contextualized essential and employability skills program developed and piloted in in Atlantic Canada. The project was created to address workforce challenges in the senior health sector by providing training opportunities to unemployed or underemployed individuals and connecting them to available jobs in the health sector.

The project consisted of a combination of in-person, online, and on-the-job training customized to available entry-level jobs in the health sector. The blended learning approach of the EES-HS project proved highly effective and relevant in preparing participants for the workplace.

Modelled after the highly successful Essential Skills for Atlantic Fisheries (ESAF) project, the ESS-HS project demonstrated that the framework is adaptable and transferable across industries. By piloting the EES-HS project, we created opportunities to further develop the innovative model by building on its strengths, improving the design and delivery, and in many cases, improving the outcomes.

C. Pan-Atlantic Canadian approach

Particularly unique to this project was the pan-Atlantic Canadian approach, which allowed us to gather information and experiences from a variety of sources across three provincial health care systems that were similar, but distinct, with key differences. The pan-Atlantic approach provided important data for future expansion into other industries.

We approached this project in a holistic fashion by training not only the participants, but also the pilot site supervisors and middle managers. With this two-pronged strategy, we supported the development of people managers' skills to improve chances of long-term success for project participants engaged in the training program, while also providing valuable supervisory tools and technique to mentors.
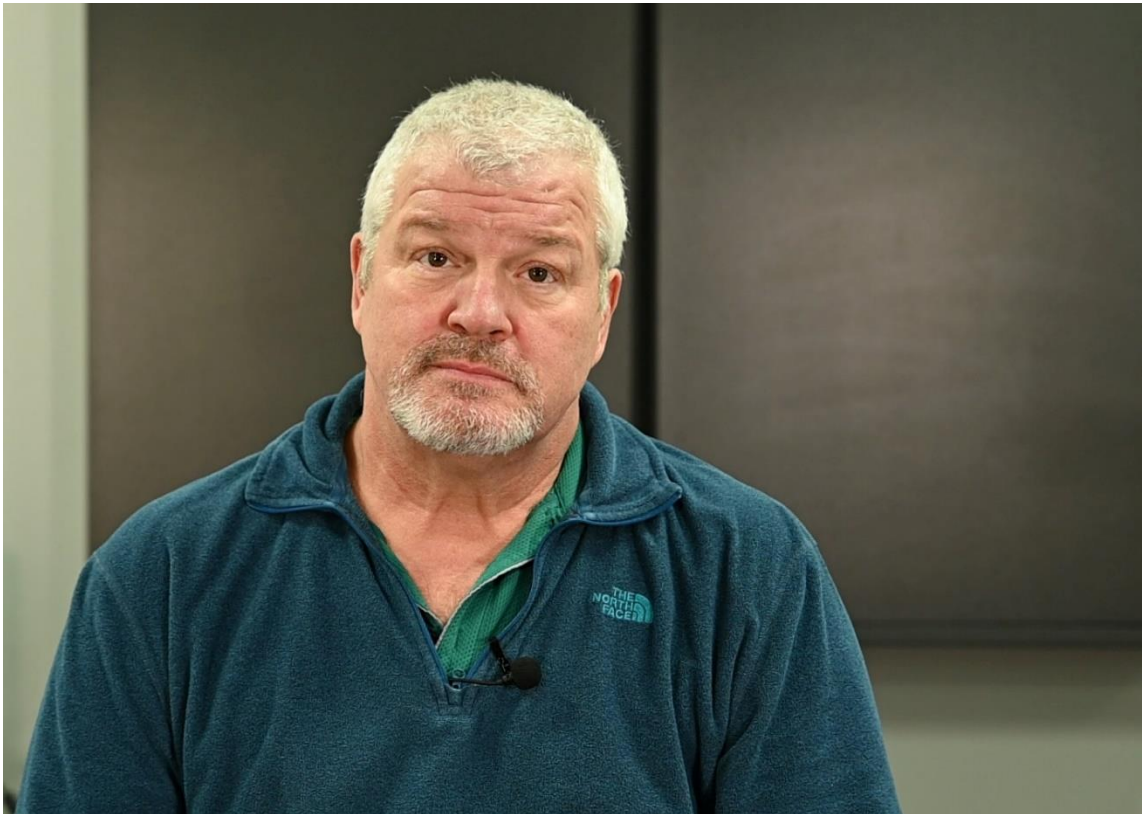
D. Project duration

Building on the success of the Essential Skills for Atlantic Fisheries (ESAF) project, LCNB received additional funding from Employment and Skills Development Canada (ESDC) to test the adaptability of the ESAF model to the senior health sector in New Brunswick, Newfoundland and Labrador, and Prince Edward Island. The Essential Employability Skills for the Health Sector (EES-HS) pilot project began in early October 2020 and ended on August 26, 2022.

E. Project objectives

The project objectives were to:

- Increase the pool of skilled labour available in the health sector
- Connect unemployed workers in rural communities to available jobs in the health sector
- Strengthen the attachment of unemployed and underemployed individuals to the labour market by improving their essential and employability skills and providing them with job-related training and a better skill match with available jobs in their community
- Increase the essential skills of supervisors and middle managers at participating workplaces by establishing workplace mentorship training to support the application of literacy and essential skills in the workplace as well as improved employee performance and retention
- Develop and test the adaptability of an innovative and highly contextualized blended learning approach to essential and employability skills training for the health sector using a community partnership approach that is targeted to unemployed and underemployed Canadians, and customized to the needs of employers in the senior health sector

F. Here's how we did it

We created Community Advisory Groups (CAGs) to bring together agencies and organizations that work with unemployed and underemployed individuals, identify appropriate pilot participants, and community resources to support participants in overcoming barriers to employment.

The curriculum materials integrated essential and employability skills into the training program designed specifically for available entry-level jobs in the health sector. The curriculum also included a mentor training package for pilot site supervisors/managers.

Participating employers identified and allowed supervisors and middle managers to participate in a customized essentials skills mentorship training. The intent of the program was to support the application of essential and employability skills in the workplace and the *Essential Employability Skills for the Health Sector* (EES-HS) participants during the workplace experience components of the project.

G. Project governance & structure

Literacy Coalition of New Brunswick	The Literacy Coalition of New Brunswick (LCNB) was the EES-HS project lead. The LCNB Executive Director (ED) provided oversight, expertise, and guidance to the project. The ED served as an additional line of communication and observation with the team members, external consultants, the funder, and other stakeholders. A Project Manager led the concerted efforts with the partners across all provinces.
Steering Committee	The project Steering Committee was chaired by the Project Manager and included the Executive Director from LCNB, NLLLC and PEILA, and the project coordinators from NB, NL and PEI. The committee provided a forum for the provincial partners to provide oversight, guidance, and input on all aspects of the project, as well as facilitate communication, problem-solving, and information-sharing.
Community Advisory Group (CAG) – one in each province	The Community Advisory Groups provided ongoing guidance to the project team. The primary goal was to bring together government agencies and community organizations that work with low-income target groups on a regular basis. They helped identify appropriate project participants and community resources to support jobseekers in overcoming employment barriers and to provide logistical support.
Provincial project coordinators	Provincial Project Coordinators were responsible for project planning, implementation, and reporting in each province.
Local classroom/virtual training facilitators	Training facilitators facilitated classroom/virtual training for participants and mentor training for the supervisors and middle managers in each province.

In addition, the project partners (LCNB, NLLLC and PEILA) each worked closely with their respective provincial government departments and other sources to secure additional strategic funding, such as training allowances, childcare, and transportation for the participants.

The EES-HS pilot site employers were responsible for:
- Identifying entry-level job vacancies
- Participating in the workplace needs assessment
- Identifying supervisors/managers to be trained as workplace mentors
- Paying the supervisors/managers while in training
- Providing paid work placements to the participants (50% of wages + employment related costs)

Project governance structure

H. Curriculum adaptation

The *Essential Employability Skills for Health Services* (EES-HS) project was adapted from the *Essential Skills for Atlantic Fisheries* (ESAF) project training model and designed for entry-level positions in the senior health care sector (nursing homes, special care homes, and assisted living facilities).

The ESAF project was designed and implemented over the winter 2018 to fall 2020 period. A partnership effort, this project was led by the LCNB, in collaboration with the Newfoundland and Labrador Laubach Literacy Council (NLLLC), the PEI Literacy Alliance (PEILA) and Literacy Nova Scotia. The project was designed to address the labour market and workforce challenges employers face in the fisheries sector in Atlantic Canada, including an aging workforce and younger people migrating out of rural areas.

In collaboration with sector employers and stakeholders, the LCNB piloted an innovative literacy and essential skills training model to improve the skills of unemployed individuals as well as supervisors and middle managers. It was expected that the project would equip participants to not only find and keep a job, but also to be successful in their role. Toward the successful conclusion of the ESAF project, amid the context of a pandemic and the emerging need for additional health care workers, the project funder, the Federal Department of Employment and Social Development Canada (ESDC), approached LCNB to undertake a subsequent project: the EES-HS pilot project.

i. Environmental scan

The EES-HS Project was informed by an extensive environmental scan focused on current and past essential skills and employability skills training programs and curriculum resources targeted toward four job categories:
1. Kitchen aides/servers
2. Dishwashers
3. Housekeeping staff
4. Laundry workers

The environmental scan involved the identification and review of key documents and literature related to essential skills and employability skills training trends and related services. We also performed a review and analysis of existing assessment tools and curriculum examples from similar

programs in other Canadian regions. Finally, we conducted interviews with key individuals and organizations to gather information on their experience with specific needs and challenges related to the four job categories listed above.

ii.   Developing the training program curriculum

Upon completion of the environmental scan, our next task involved a review and revision of existing curriculum from the recent Essential Skills for Atlantic Fisheries (ESAF) project to determine what content could be adapted and geared toward the health sector.

In 2020, the Government of Canada revised the Nine Essential Skills, reframing the model as, Skills for Success (see https://tinyurl.com/daf4phf2). The revision of ESAF content to the new EES-HS project was based on draft versions of the new Skills for Success framework. Pandemic-related delays to the release of standardized resources from the Government of Canada meant that for the Essential Employability Skills for the Health Sector (EES-HS) Cohort 1, additional resources and videos were drawn from the Nine Essential Skills. When new and updated content became available in January 2022, we shared it with Cohort 1 facilitators as an additional resource.

In addition to revising training materials as well as content on employability skills to align with the new Skills for Success framework, LCNB adapted or developed examples, images, and learning activities to reflect working in a senior health care context. Based on the environmental scan and feedback gathered from interviews, we determined that most entry-level positions in the health sector required a Grade 12 education or equivalent, higher than the level required for the ESAF project. Our team increased the reading level of content and complexity of learning activities accordingly, while being mindful that participants may have a number of barriers to learning, such as learning in a new language, documented and undocumented learning challenges, and/or coming back to a learning environment after a long absence.

While the curriculum references standards of care and protocols related to COVID-19 safety regimes, following the recommendations of key informant interview, specific activities and examples were not incorporated as individual locations and provinces have their own policies and protocols that continue to evolve in tandem with the pandemic. New content focused on duties and tasks associated with working in senior health care facilities in the targeted job functions, cultural competency and diversity in the workplace, conflict management, and career portfolio development. The facilitator manuals for mentors and for participants contained a revised compilation of resources for facilitators to use to supplement in-person and online learning.

Facilitator orientation to the curriculum and ongoing support for online delivery was provided to individual facilitators virtually by the curriculum developer.

I.   Digital content

The online portion of the *Essential Skills for Atlantic Fisheries* (ESAF) training was conducted via a Learning Management System (LMS), using the ZNanja platform. We opted to use the same learning system for the *Essential Employability Skills for the Health Sector* (EES-HS) training, but chose to pilot Articulate 360 a well-known industry standard set of program tools, instead of the ZNanja platform.

Training activities were designed to be interactive, giving participants the choice to respond to questions and thought prompts and complete learning activities by hand in their paper manuals or online.

Before launching Articulate 360, the service provider and curriculum developer tested all the modules, and no problems were detected. Despite these efforts, the use of Articulate 360 resulted in a number of technical challenges that persisted throughout the delivery of Cohort 1.

In response to the many technical issues participants were experiencing with the Articulate 360 platform during Cohort 1, the Steering Committee convened in July 2021 to discuss possible solutions and a way forward. The well-attended meeting provided an opportunity for an in-depth discussion about the online learning system, with the primary focus being whether Cohort 2 would move forward with Articulate 360 or whether we should revert back to the platform used for the *Essential Skills for Atlantic Fisheries* (ESAF) online training. The meeting also provided an opportunity for Coordinators and Facilitators to share their important feedback on the curriculum.

Key discussion points covered included:

- The objective of the EES-HS Project is to pilot new models - the Articulate 360 system is also being pilot tested
- The LMS service provider's recommendation was to continue to use Articulate 360 for the EES-HS project, in part because there may not be sufficient time to transfer the modules to the old (ESAF) system
- The LMS service provider offered to coordinate and cover the cost of a representative to test the system to avoid further issues

Meeting attendees unanimously agreed to continue using Articulate 360 for Cohort 2 and LCNB successfully addressed and resolved existing technical issues in advance of the launch of the second Cohort.
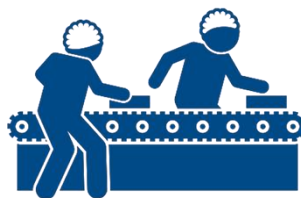
J. Targeted skills

This initiative targeted the following skills:

Essential skills

Reading · Writing · Document Use

Numeracy · Computer Use/Digital Skills · Thinking

Oral Communication · Working with Others · Continuous Learning

Employability skills

Motivation · Attitude · Accountability

Time Management · Stress Management · Presentation

Teamwork · Adaptability · Confidence

K. The EES-HS model design

The Essential Employability Skills for the Health Sector (EES-HS) training model included:

- A 30-hour workplace mentor training package for supervisors and managers
- 8 weeks of classroom/online training for Cohort 1.
  - Based on recommendations presented in the June 20, 2022, interim report, the classroom/online training was extended to 10 weeks for Cohort 2
- A 1-week on-the job- training component with a participating workplace following the classroom/online training
- A 5-week paid work placement

Although the intent was to use a blended learning approach for both cohorts, the COVID-19 pandemic necessitated a heavier focus on virtual learning across both cohorts.

L. Additional training

In addition to the EES-HS training modules, the participants also received the following employment related training:

- Guest speakers shared their expertise and knowledge on specific areas related to job search or career planning. Topics included:
  - Resume writing
  - Interviews
  - Information on the Residential Care Worker and Licensed Practical Nurse programs
  - Mental health
  - Budgeting and debt management
- Participants received in-person certificate training on topics relevant to the health sector. Additional training provided in each province varied depending on employer needs and available entry-level positions. The topics included:
  - First Aid/CPR
  - Gentle Persuasive Approach to Dementia Care
  - Psychological First Aid (self-care and caring for others)
  - Non-violent Crisis Intervention
  - Food safety
- Participants also received the following online training:
  - Workplace Hazardous Materials Information System (WHMIS)
  - ABC Life Literacy Canada – Financial literacy webinar

Cohort 1 and 2 participants attended in-person graduations in PEI, however COVID-19 restrictions in New Brunswick and Newfoundland and Labrador forced graduation events in these provinces online for both cohorts.

M. Project implementation overview

The following chart provides an overview of *the Essential Employability Skills for the Health Sector* (EES-HS) project implementation timelines and changes made from Cohort 1 to 2.

October 2020 to February 2021	EES-HS project planning and development

March to July 2021	EES-HS Cohort 1	Virtual training with adapted curriculum	On-the -job training	Work placement

May to September 2021	Cohort 1 interim evaluation and curriculum revision

October 2021 to May 2022	EES-HS Cohort 2	Virtual training with revised curriculum	On-the -job training	Work placement

June to August 2022	Final project evaluation and report writing

III.   Our pilot site employers

A. Essential Employability Skills for the Health Sector (EES-HS) employers

When we began the project, our goal was to recruit 9 health sector employers from across the three Atlantic provinces. We surpassed this target, engaging a total of 20 health sector employers in the EES-HS project (9 employers in Cohort 1 and 11 employers in Cohort 2).

As indicated in the table below, all 3 provinces exceeded the minimum number of pilot site employers required for both cohorts with NB and NL each recruiting six (6) employers and PEI recruiting eight (8) employers.

Number of Employers Pilot Sites by Province

	NB	NL	PEI	Total
Target	3	3	3	9
Actual	6	6	8	20
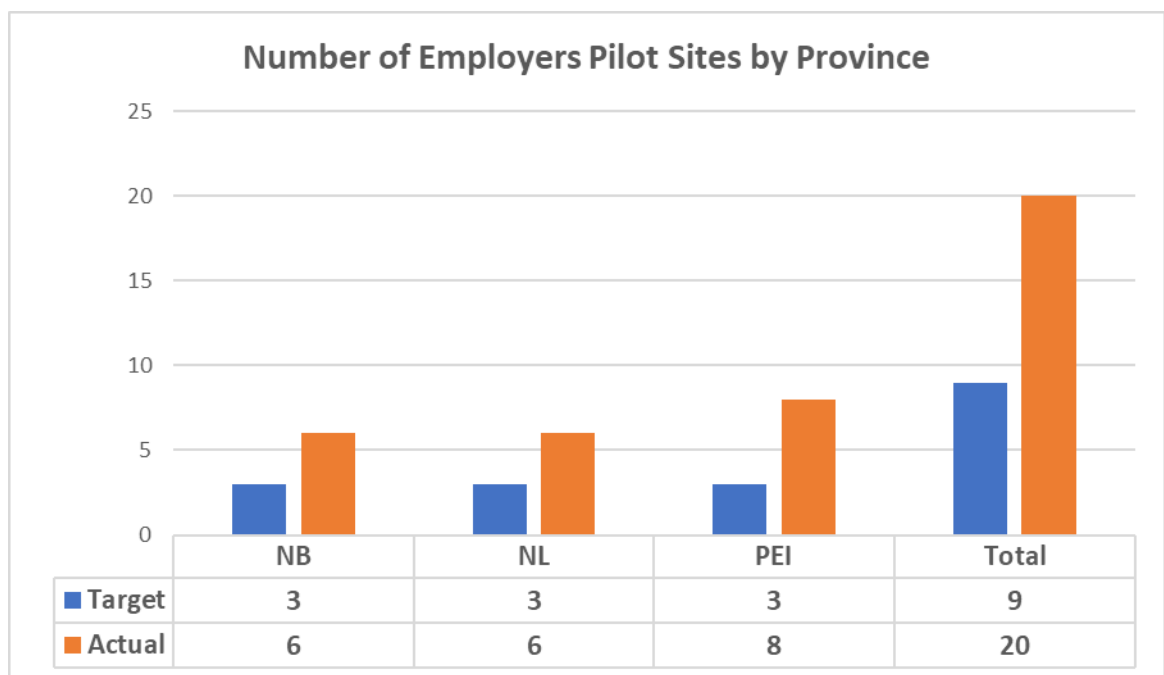
B. List of employers and pilot sites

The following employers were selected as pilot sites based on their location, readiness, and interest in participating in the *Essential Employability Skills for the Health Sector* (EES-HS) project.

PROVINCE	COHORT 1	COHORT 2
NEW BRUNSWICK	Foyer Saint-Antoine, Saint-Antoine Golden Years Estate, Moncton Kindred Home Care, Moncton	Golden Years Estate, Moncton Kindred Home Care, St-Stephen MacLeod Home, Woodstock
NEWFOUNDLAND AND LABRADOR	Mountain View Retirement Centre, Corner Brook Westmorland Estates Retirement Community, Corner Brook Ivy Durley Place, Flowers Cove	Mountain View Retirement Centre, Corner Brook Momentum Development Support, Corner Brook Callingwood Downs, Clarke's Beach
PRINCE EDWARD ISLAND	Garden Home, Charlottetown Whisperwood Villa, Charlottetown The Mount Continuing Care Community, Charlottetown	Garden Home, North River Whisperwood Villa, Charlottetown The Mount Continuing Care Community, Charlottetown South Shore Villa, Crapaud Clinton View Lodge, Clinton

C. Business size

The business size of participating employers varied from smaller to larger sized businesses. Of the 20 health sector businesses:

- 13 employed fewer than 100 employees (65%)
- 6 employed between 100 and 500 employees (30%)
- 1 employed over 500 employees (5%)

The participating employers all had vacant positions within:

- NOC 6731 – Housekeeping
- NOC 6741 - Laundry workers/attendants

- NOC 6711 - Food service/kitchen helpers (servers/dishwashers)
- NOC 4412 - Resident attendants/personal care attendants/resident care aides/home support workers

D. Recruitment challenges

Via the Workplace Needs Assessment, employers identified the following recruitment challenges when trying to fill vacant positions:

- Difficulty finding local workers in small or remote communities
- Difficulty finding motivated staff that are dependable and eager to do the level of service required
- Difficulty finding employees who understand what health care entails and are motivated to perform the role
- Overall lack of employee motivation and engagement
- Difficulty finding people who want to work
- Shortage of available and suitable applicants
- Difficulty finding the right people with the necessary skills and the right attitude
- Difficulty filling shift work and/or casual positions
- Difficulty finding qualified licensed practical nurses and registered nurses
- Overall lack of applicants due to small labour pool

E. Skills gaps

Employers identified the following gaps in both employability and essential skills among new and existing employees:

- Employees don't appear to understand the importance of reliability and the effect it has on the residents and their co-workers
- Basic computer skills are typically an issue
- Many employees lack effective communication skills. They don't appear to understand the need to listen and accurately communicate to their team members.
- Communication, work ethic and expectations regarding the realities of working in a health care environment (for example, resident care) were also identified as issues
- Staff struggle to work as a team, often due to ineffective communication skills
- Poor report writing and documentation (shift reports, incident reports, checklists, etc.)
- Inadequate leadership skills and time management

F. Pandemic-related challenges

Participating employers also identified the following challenges specifically related to the COVID-19 pandemic:

- The need for additional funds to cover costs related to disinfecting and screening
- Not having enough staff to meet the residents' needs
- The overall impact of the pandemic and the changing COVID-19 rules and/or guidelines
- Finding people who want to work during a pandemic

IV. Our mentors

A. Supervisor/manager characteristics

A total of 39 mentors began the training (21 in Cohort 1 and 18 in Cohort 2).

As indicated below, NB reached its target with 12 supervisors/managers while NL and PEI with 14 and 13 supervisors/managers respectively surpassed their target. It's noteworthy that 35 of the 39 supervisors/managers (90%) completed the mentor training.

Number of supervisors/managers enrolled in mentor training by province

	NB	NL	PEI	Total
■ Target	12	12	12	36
■ Actual	12	14	13	39
■ Difference	0	2	1	3
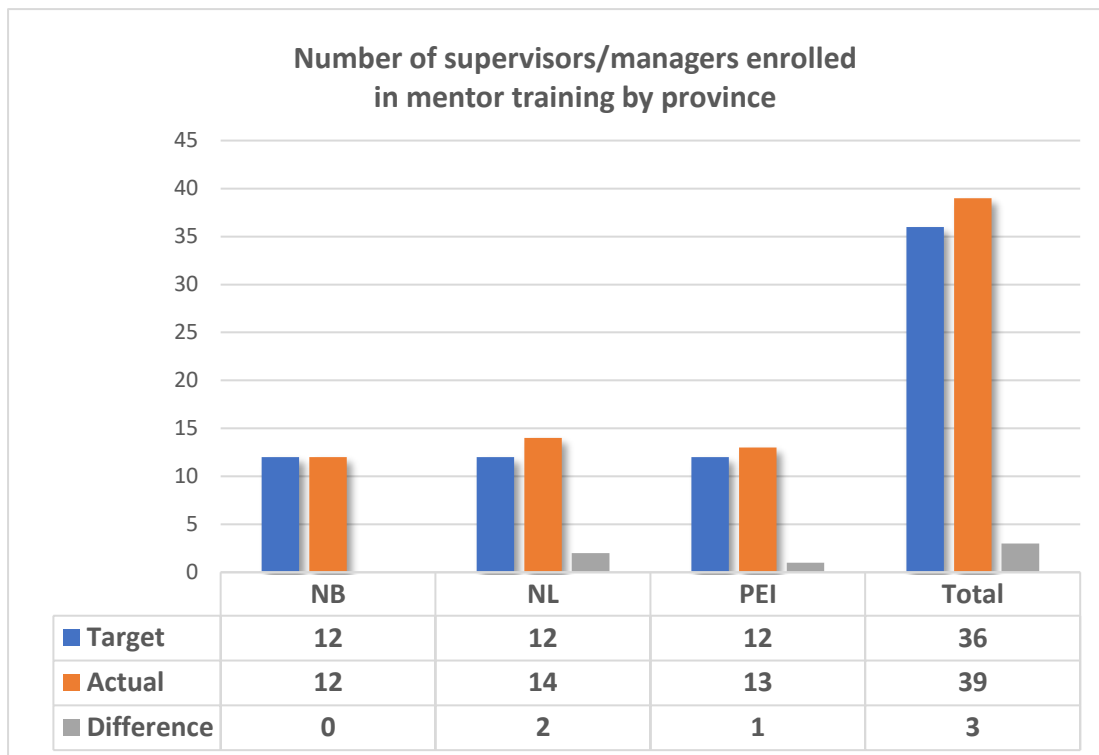
The following summary of mentor characteristics is based on information collected via intake forms distributed by provincial project coordinators.

N=39	Characteristics	Total Supervisors/Managers (with %)
Gender	Male Female Prefer not to say	7 (18%) 31 (80%) 1 (2%)
Age Group	18-24 25-29 30-39 40-49 50-59	2 (5%) 4 (10%) 10 (26%) 14 (36%) 9 (23%)
Priority Groups	Person with disability Woman Visible Minority Indigenous Person	2 31 1 4
Highest Education Attainment	Community College Grade 12 GED Grade 11 or less Other	22(56%) 6 (15%) 0 (0%) 1 (3%) 10 (26%)
Years of Supervisory Experience	None Less than 1 year 1-3 years 4-5 years 5-10 years Over 10 years	1 (3%) 5 (13%) 9 (23%) 11 (28%) 5 (13%) 8 (20%)

B. Training results

Our goal was to have 36 supervisors/managers participate in mentor training sessions. Supervisors/managers completed the mentor training before project participants entered the workplace for on-the-job training. This approach ensured that participants would be well supported during their work placements and therefore have the greatest chance for success. Increasing the capacity of supervisors/managers to coach their new and existing staff can lead to increased employee retention. Each provincial partner committed to identify and train a minimum of 12 supervisors and/or managers.

A total of twenty-one (21) supervisors/managers participated in the Cohort 1 mentor training. Four mentors did not complete the training (one was beginning a new position as a supervisor and felt too overwhelmed completing the mentor training at the same time and three others were dismissed by their employer for various reasons). Eighteen (18) supervisors/managers participated in the Cohort 2 mentor training, and all 18 supervisors/managers completed the training.

C. Organizational impact

The mentors who participated in the training held various positions as either supervisor or manager with the participating employers.

Employers commented that the project provided the mentors with tools and learning which has increased their confidence and capacity to support participants/employees in their workplace.

Mentors highlighted several areas of skill building they developed through their participation in the mentor training including leadership, communication/active listening, team building, conflict resolution, and understanding the value of providing ongoing help to their employees. Overall, mentors felt that the training was an effective way to develop their mentorship skills, train new employees, and improve employee retention.

Mentors in Cohort 1 expressed a need for additional leadership skills, conflict management, and performance management content, which we were able to accommodate in Cohort 2.

V. Our participants

A. Participant referrals

The pilot project received a total of 96 participant referrals (54 in Cohort 1 and 42 in Cohort 2), distributed across all three participating provinces – New Brunswick (NB), Newfoundland and Labrador (NL), and Prince Edward Island (PE). Nearly all of the referrals were self-referrals (88 of 96). The remaining seven referrals were provided by employment counsellors, community organizations, or another source.

Most participants (84%) reported that they learned about the project from social media (for example, partner organization websites, Facebook, Twitter). The remaining participants reported hearing about the project from a community agency, an employment counsellor, employer, community member/friend, or through other means (unspecified).

A total of 73 participants, who met the eligibility requirements were accepted, and began the pilot project (33 in Cohort 1 and 40 in Cohort 2). Of these, 66 were self-referrals and seven were agency-referrals.

B. Participant characteristics

The participant characteristics summarized below are based on information collected via the intake forms distributed by provincial project coordinators.

N=73	Characteristics	Total Participants (with %)
Gender	Male	10 (14%)
	Female	59 (81%)
	LGBTQ2S	4 (5%)
Age Group	18-24	12 (16%)
	25-29	7 (10%)
	30-39	22 (30%)
	40-49	22 (30%)
	50-59	10 (14%)
Priority Groups	Person with Disability	6
	Women	59
	Visible Minority	5
	Indigenous Person	5
	OLMC	1
Highest Education Attainment	Community College	24 (33%)
	Grade 12	30 (42%)
	GED	11 (14%)
	Grade 11 or less	3 (4%)
	Other	5 (7%)

C. Training results

Although the training for both cohorts was provided virtually because of the COVID pandemic, some of the additional training sessions (for example, First Aid/CPR) were provided in-person when possible.

i.   Cohort 1 and Cohort 2 results

Below are the combined results for each project component by province.

Actual Results	Participants enrolled in training	Completed classroom / virtual training	Completed OTJ training	Completed work placement	Employed by pilot site employer
NB	25	22	15	13	13
NL	23	20	12	8	8
PEI	25	24	13	11	11
Total	73	66	40	32	32

A total of 73 participants were selected and present on the first day of the virtual training (33 in Cohort 1 and 40 in Cohort 2). Of those enrolled in the virtual training, 66 participants (90%) completed the virtual/classroom training with 7 participants leaving during this time. Reasons provided for leaving the project during the virtual/classroom component include:

- 2 participants left due to health reasons and /or illness
- 3 participants accepted employment elsewhere (1 in the health sector)
- 1 participant determined that they were not suited to the type of work
- 1 participant was dismissed due to poor attendance

Of the 66 participants who then moved on to on-the-job training, 40 participants (61%) completed the component. Reasons provided for participants leaving before completion include:

- 7 participants accepted employment elsewhere
- 3 participants left due to child care/family responsibilities
- 2 participants left due to bereavement/death in the family
- 2 participants did not accept the on-the-job opportunity – one wanted to earn a minimum of $16/hour and another participant was only willing to work preferred shift times which the employer could not accommodate
- 1 participant determined that they were not suited to the type of work
- 1 participant determined that they were not ready to work for personal reasons
- 1 participant left due to medical reasons
- 1 participant left for health reasons
- 2 participants were dismissed early by the pilot site employer
- 3 participants did not show up for the on-the-job training
- 4 participants did not complete the on-the-job training for unknown reasons (coordinators were unable to reach them)

Of the 40 participants that moved on to the work placement component of the project, 32 (80%) completed the component. Reasons provided for participants leaving before completion include:

- 2 participants left due to health reasons
- 2 participants accepted employment elsewhere
- 1 participant was not ready to work
- 3 participants determined that they were not suited to the type of work

The overall completion rates based on the number of participants who completed each project component are:

- 90% of participants (66/73) completed the classroom/virtual training
- 65% of participants (40/66) completed the on-the-job (OTJ) training
- 81% of participants (32/43) completed the work placement
- 100% of participants (32/32) who completed the project (all 3 project components) were offered a job with the pilot site employer

Based on 3-month follow-up surveys conducted following their participation in each cohort of the project, 47 of the 73 participants (65%) reported being employed. This included participants who

left part way through the project because they found employment elsewhere. Below identifies the number of participants employed per cohort, as well as the number of participants employed within the senior health care sector with the employer with whom they completed their work placement (26) and those who reported being employment elsewhere. However, their employer/s were not associated with the pilot project and may or may not be related to the senior health care sector (16). Five other participants were reported being employed at the end of the project but didn't specify the nature of their employment.

Total 73 participants	Cohort 1 33 participants	Cohort 2 40 participants
47 employed	23 employed	24 employed
26 employed with EES-HS employer	12 employed with EES-HS employer	14 employed with EES-HS employer
16 employed elsewhere	7 employed elsewhere	9 employed elsewhere
5 did not specify	4 did not specify	1 did not specify
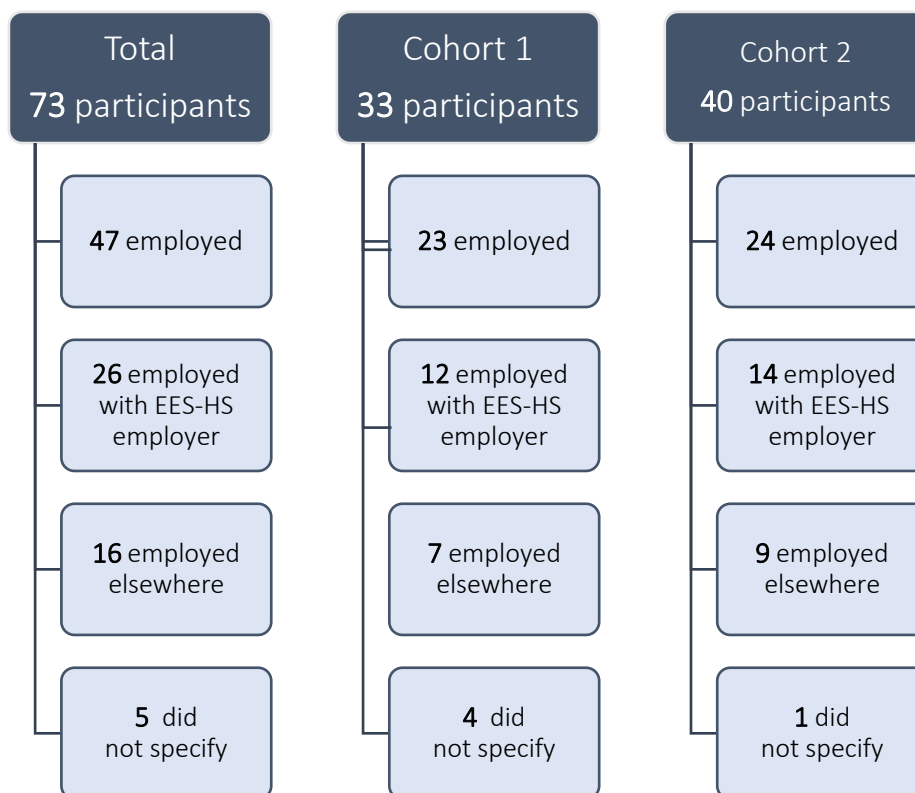
D. Overall skills gains

The pre- and post-program readiness to learn and the pre- and post-program assessment of essential skills (numeracy, document use, and reading) were delivered via the Znanja platform, and weren't subject to the technical saving errors encountered by Cohort 1 with the Articulate 360 platform. Completion rates on post-program assessments were low, perhaps pointing to participants' frustration with the software.

Anecdotally, facilitators reported that the literacy level and educational background of participants were in general higher than those of *Essential Skills for Atlantic Fisheries* (ESAF) participants. Therefore, pre- and post-assessment scores were higher than anticipated. With such pre-program scores, any errors made on a post-program assessment tended to drive the results down.

Participants were able to complete the assessments at their own pace, and answers were auto saved. Time stamp analysis revealed that a number of the participants who achieved lower scores in post-program assessments took much less time to complete the assessment.

Readers are cautioned not to assume lower scores equate to less learning. As well, the low sample size and lack of standardized assessment delivery protocols renders any in-depth statistical analysis beyond basic counts, amounts, and averages impossible.

The following summarizes data captured within the Learning Management System (LMS) used for the project during Cohorts 1 and 2. Project participants completed a Readiness to Learn assessment before and after the classroom/virtual training component. The analysis of pre- and post-scores takes into account only those participants who completed both assessments. For this reason, data analyses represent the pre- and post-results of 21 of the 33 Cohort 1 participants (NB - 8; PEI - 4; NL - 9) and 31 of the 40 Cohort 2 participants (NB – 10; PEI – 14; NL – 7). The assessment included a total of 30 statements on which participants were asked to rate themselves using the following scale: 0 (not at all like me), 1 (very little like me), 2 (undecided/not sure), 3 (somewhat like me) and 4 (a lot like me).
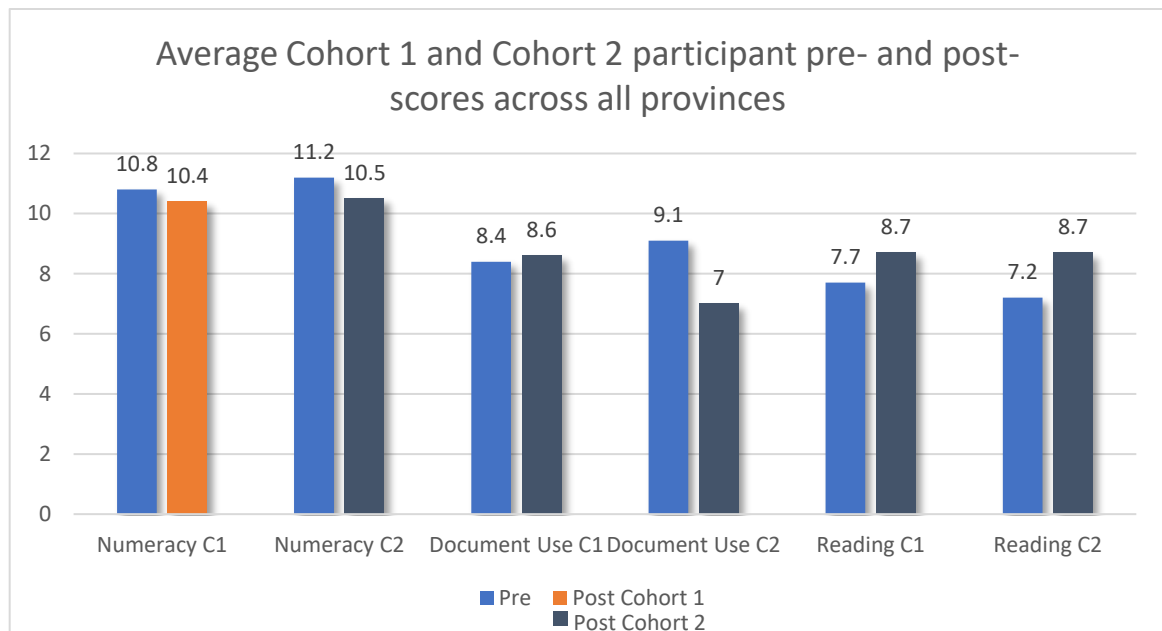
As demonstrated in the figure below, overall, all provinces saw slight increases when comparing pre- and post-scores over both Cohort 1 and 2. The average pre- and post-assessment scores were consistent across both cohorts, with Newfoundland and Labrador (NL) and Prince Edward Island (PE) scores remaining unchanged. However, New Brunswick (NB) average scores increased

between the first and second cohorts. Average pre- and post-scores were also compared across Cohort 1 and 2 participants. However, few differences emerged.

Readiness to Learn - participant pre- and post-scores by province for C1 and C2
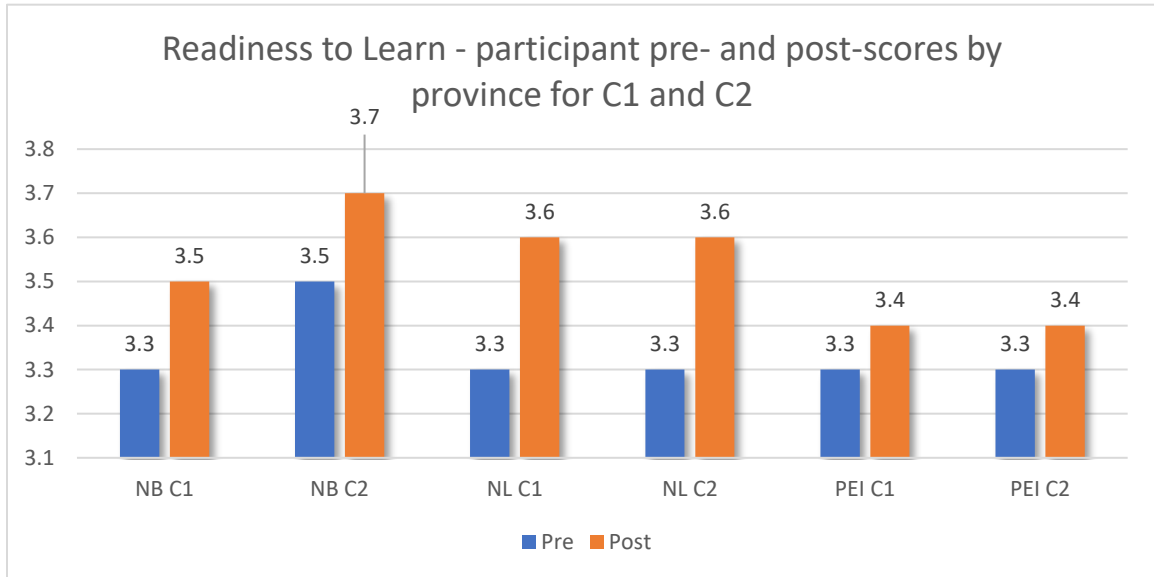
Within the Learning Management System (LMS), participants also recorded their self-assessment of specific essential skills, both before and after their participation in the training. The analysis takes into account only those participants who completed both the pre- and the post-assessment. The following data therefore summarizes the responses of 60 participants (25 from Cohort 1 and 35 from Cohort 2). The assessment included a series of questions covering the areas of numeracy, document use, and reading.

When comparing cohorts across essential skill types, trends were similar regarding numeracy (both decreased) and reading (both increased); however, document use saw an increase in Cohort 1 from pre- to post-assessment while Cohort 2 experienced a sizable decrease. Overall, average participant scores were highest in numeracy in comparison to document use and reading.

Average Cohort 1 and Cohort 2 participant pre- and post-scores across all provinces

|	Numeracy C1	Numeracy C2	Document Use C1	Document Use C2	Reading C1	Reading C2
Pre	10.8	11.2	8.4	9.1	7.7	7.2
Post Cohort 1	10.4					
Post Cohort 2		10.5	8.6	7	8.7	8.7

As indicated in the figure below, when assessing individual essential skills by province, some differences emerged. Overall average numeracy scores remained high with some post-scores trending slightly higher or lower than pre-assessment scores.

Numeracy - Average Cohort 1 and Cohort 2 participant pre- and post-scores by province and overall

	NB C1	NB C2	PEI C1	PEI C2	NL C1	NL C2
Pre	10.3	11.9	11.5	11.1	10.7	10.3
Post Cohort 1	10.5					
Post Cohort 2		11	10.9	9.9	10.0	10.7
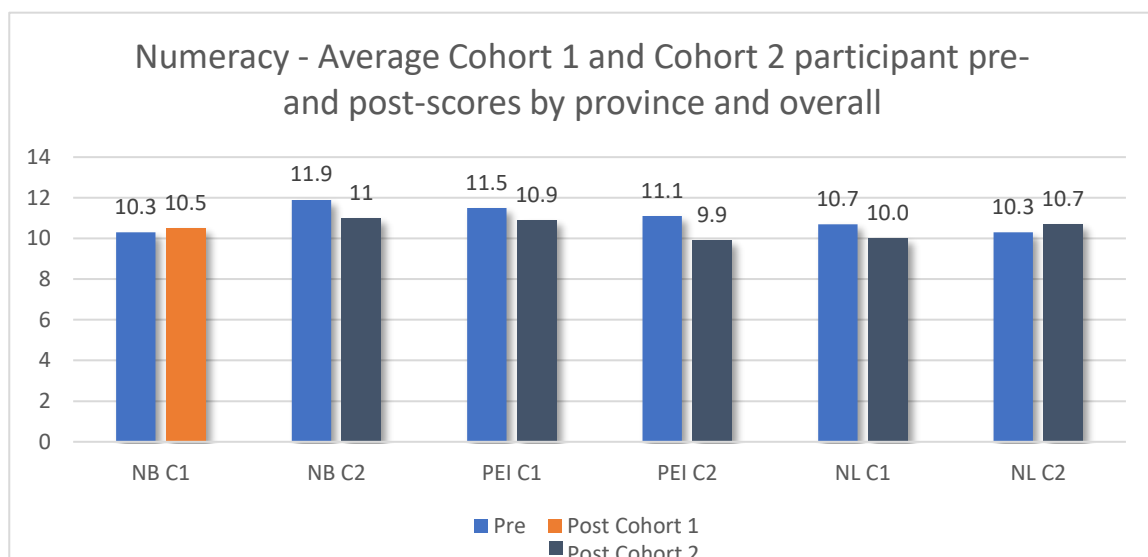
Average document use scores were fairly consistent across cohorts and provinces with the exception of New Brunswick (NB). The province saw average increased document use scores in Cohort 1 and a significant decrease in Cohort 2. An analysis of the digital log failed to surface explanations for this result.

Document Use - Average Cohort 1 and Cohort 2 participant pre- and post-scores by province and overall
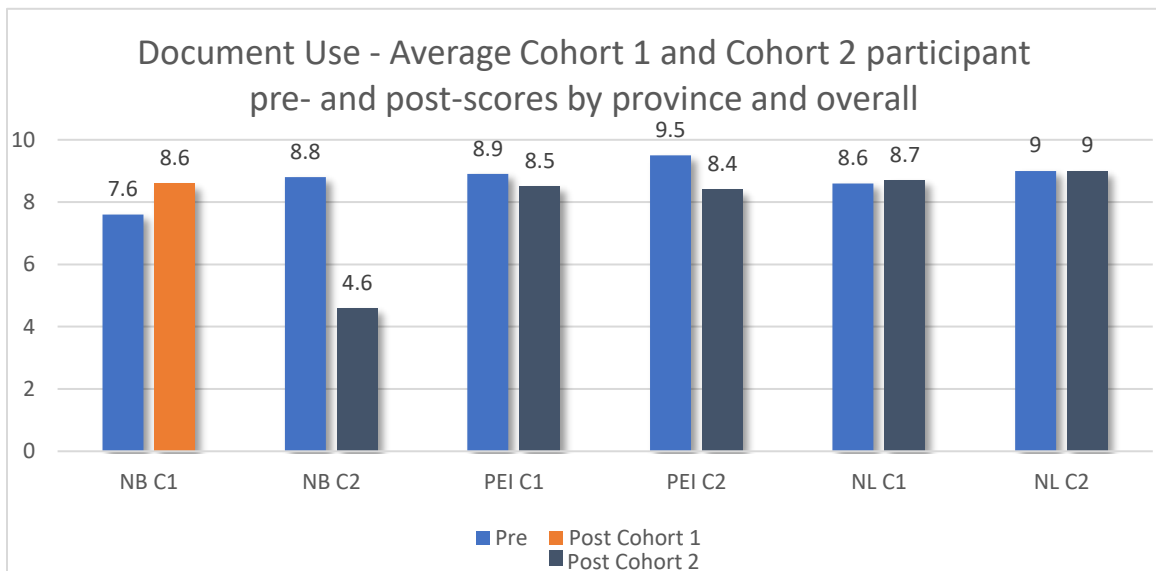
As per the figure below, few differences emerged when assessing the average pre- and post-reading scores across provinces and cohorts with all seeing a slight increase.

Reading - Average C1 and C2 participant pre- and ost-scores by province and overall
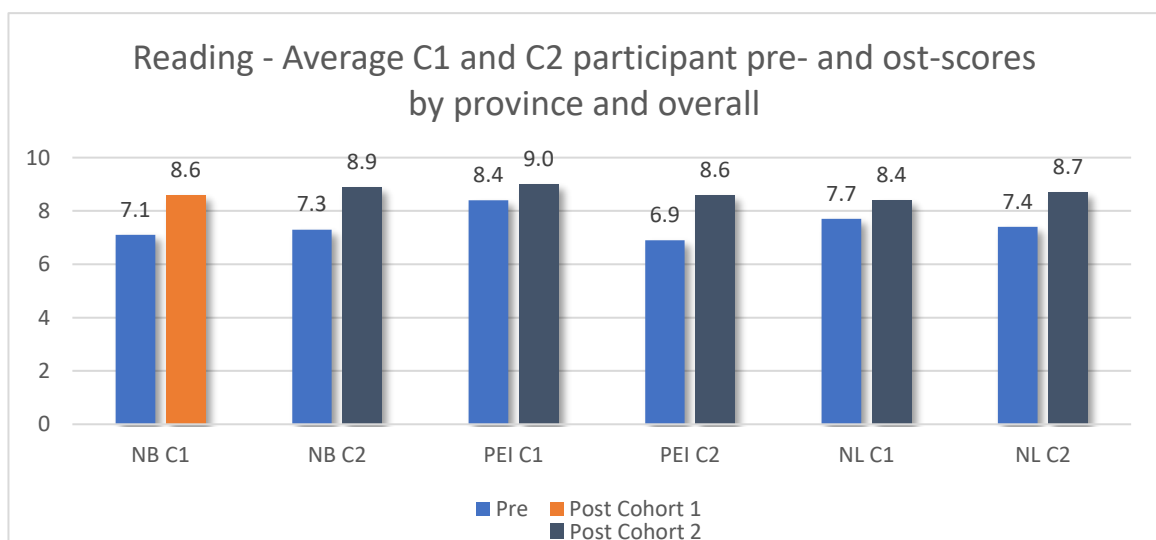
VI. Project deliverables

A. Steering committee

The Steering Committee formed at the beginning of the *Essential Skills for Atlantic Fisheries* (ESAF) project continued their important work with only minor to membership on the EES-HS project. The Steering Committee included:

- A Project Manager (committee chair)
- The Executive Director of each partner organization (Literacy Coalition of New Brunswick, Newfoundland and Labrador Laubach Literacy Council, and PEI Literacy Alliance)
- Provincial Project Coordinators.

The Steering Committee provided a forum for sharing information and ideas between the partner organizations to inform the successful planning, development, delivery, and evaluation of the EES-HS project.

The functions of the Steering Committee were to:

- Provide guidance and to advise
- Review project documents/reports and provide feedback to the Project Manager
- Ensure the project was delivered according to the objectives, activities, scope, time, quality, and cost in accordance with the funding agreement
- Provide a forum to communicate appropriate project information back to key stakeholders within or relevant to their own organization
- Ensure that project activities occurred as planned for each phase of the project
- Meet monthly or more often if needed

B. Communications plan

The detailed ESAF project communications plan, developed through a "Value Proposition" workshop that involved the four partner organizations and their staff, was used to identify EES-HS stakeholder groups, their communications needs, and to introduce the project to key stakeholder groups. To be consistent in their approach, project partners and coordinators were equipped with:

- A logo and promotional materials to create an identity for the EES-HS project
- Sample e-mail & correspondence templates

- A sell sheet / recruitment page to promote the project with a consistent message
- Rules, guidelines, and Frequently Asked Questions (FAQs)
- Follow-up case studies and video testimonials
- A dissemination strategy to promote and share the model with organizations, employers, and communities

In addition to the above, the project partners helped develop a sustainability strategy that identifies how the training model will be sustained, in whole or in part, by partners or other interested parties.

C. Essential skills profiles

Provincial project coordinators identified the workplace essential skills tasks for the vacant positions the participants would enter. The existing Essential Skills Profiles in the Employment and Skills Development (ESDC) database were examined, used, and validated by the employers. New profiles were not created because the profiles in the ESDC database accurately described the tasks and complexity levels of the vacant positions participants entered.

D. EES-HS Curriculum

As mentioned earlier in this report, an environmental scan was conducted with the intent to adapt the *Essential Skills for Atlantic Fisheries* (ESAF) curriculum to the senior health sector and design the new *Essential Employability Skills for Health Services* (EES-HS) curriculum. Based on the information collected, it was apparent that a customized learning program for individuals who wish to pursue entry-level positions in the health care sector would be beneficial because we found no existing targeted programming available in the three provinces to address the essential skills and employability skills needed for those positions.

Mentor Training

The 30-hour mentor training focused on developing the communication, team building, and mentoring skills of supervisors and/or managers, thus increasing their capacity to coach and retain new and existing staff.

The learning resources and activities in the mentor training workshop were designed to reinforce the connection between employability skills, literacy, and workforce preparedness. The goal was to support the efforts of supervisors/managers in mentoring new employees. Topics covered by the training include:

- Communication
- Working as a team
- Resolving workplace conflict
- Setting goals to optimize staff and individual performance

Participant Training

The customized training for entry-level positions focused specifically on preparing unemployed or underemployed individuals for available entry-level jobs in the health sector, specifically, kitchen aides/helpers, dishwashers, housekeeping staff, laundry workers, and non-certified heath care workers in home care businesses.

Decisions on content were made based on consultation with stakeholders, the project Steering Committee, as well as employment and literacy practitioners. The content was also informed by results from a pan-Canadian environmental scan of hiring practices, training needs, and skills gaps of new employees hired in entry-level positions in nursing homes, special care homes, assisted living facilities, and home care businesses.

Learning activities centre on the essential employability skills for success in the workplace and help participants gain the skills they need to find a job, keep it, and succeed at that job.

Here are some of the topics covered by the classroom/online training:

- **Effective communication** - communicating ideas, active listening, giving, and receiving feedback.
- **Collaboration** - teamwork, positive workplace culture, and working with diverse individuals
- **Problem-solving and decision-making** - critical thinking, decision-making
- **Reading** - being able to understand written numbers, symbols, images, words, sentences, and paragraphs in print and electronic formats
- **Writing** - being able to communicate information and ideas through text composed in print or electronic formats

- **Numeracy** - being able to understand and use numbers and other mathematical ideas (for example, to determine costs, lengths, volumes, and time)
- **Adaptability** - dealing with change, resiliency, goal-setting
- **Digital skills** - being able to understand information from digital technology, and to use appropriate tools to create, input, access, organize, integrate, and assess digital resources
- **The role of mentoring to increase workplace success -** expectations, commitment, trust
- **Preparing for employment** - creating resumes, interviewing skills, portfolio development

Where appropriate, learning materials and activities were rooted in health care contexts, with learning activities and examples reflecting scenarios encountered by kitchen aides/helpers, dishwashers, housekeeping staff, and laundry workers. In addition, guest speakers provided participants with context-specific information including Alzheimer's/Dementia awareness and Senior Life (aging stages).

Participants also received standardized training and workplace training certifications. These additional training opportunities varied from one pilot site employer to another and included, in general:

- First Aid/CPR
- WHMIS
- Food Handling/Safety
- Non-Violent Crisis Intervention
- Safe Lifting
- COVID-19 Training

Participants were also matched with a mentor at their pilot site location. Mentors helped answer questions about working at their organization and supported participants as they transitioned from the classroom/online training to the workplace.

All training materials, including the facilitator, mentor and participant manuals as well as the PowerPoint presentations are available in both official languages.

E. Project evaluation

Goss Gilroy Inc. (GGI) was engaged by the Literacy Coalition of New Brunswick (LCNB) to undertake a comprehensive evaluation of the *Essential Employability Skills for the Health Sector* (EES-HS) Project. This project was undertaken with two partners – the Newfoundland and Labrador Literacy Laubach Council (NLLLC) and the Prince Edward Island Literacy Alliance (PEILA). As such there were

three main project sites – one each in New Brunswick, Newfoundland and Labrador, and Prince Edward Island.

Project evaluation took place between December 2020 and May 2022 and was designed to:
- Measure how effectively the project objectives were met
- Measure achievement of meaningful and positive outcomes
- Facilitate discussion and learning about best practices among project stakeholders including participants, supervisors/managers, employers, and staff
- Inform organizational learning and continuous improvement including, but not limited to, unintended outcomes of the project

Evaluation was conducted in two distinct stages: Cohort 1 and Cohort 2. At the end of Cohort 1, evaluators produced a series of reports outlining interim results based on input from project stakeholders, staff, partners, employers, workplace mentors, and project participants. This final report incorporates all data across both cohorts and builds upon interim report findings.

Based on findings outlined in the Cohort 1 interim reports as well as important feedback from facilitators and project coordinators, the project team implemented several changes to the project in advance of Cohort 2, including:
- **Extending participant training:** to allow for more training time to cover the topics without rushing and allowing sufficient time for class discussion, the length of the participant training was extended from 8 weeks in Cohort 1 to 10 weeks in Cohort 2.
- **Rethinking the order of modules:** For Cohort 1, print and digital module sections were numbered 1., 2., 3., etc. as listed in the *Nine Essential Skills* framework. We learned that the numbered model created the false impression that each module should be completed consecutively. In fact, the intent was for all content to be delivered based on learning needs and daily instructional plans and therefore, in any order. We also recommend that introductory digital skills content including digital literacy, how to use a Chromebook, and email be covered early in the program to facilitate online learning, in particular. We shifted to an alphabetical rather than numerical format for Cohort 2 as a solution.
- **Updating content to align with the new *Skills for Success* framework:** once the new *Skills for Success* content was released, our team replaced content related to the *Nine Essential Skills* framework with introductory videos, images, and links to the new online content.
-
- **Adding new content:** new resources and materials were added to the mentor, participant, and facilitator manuals based on instructor feedback and from our ongoing research into relevant and appropriate materials.

- **Making copy edits & testing functionality:** our team, along with a curriculum consultant, completed a thorough audit of all training materials and made necessary edits/updates. We also tested all digital content extensively toward the end of Cohort 1 for functionality. Here are some of the pieces we addressed through our audit:
  - Testing and replacing links as needed
  - Making copy edits to printed materials
  - Sharing changes with the Learning Management System (LMS) service provider for digital implementation
- **Adding delivery sites**: upon Steering Committee recommendation, we expanded training delivery in Cohort 2 to three additional municipalities to further test the delivery model and increase project reach.

VII. Challenges, lessons learned & best practices

A. Challenges in implementation & related solutions

The following outlines the main challenges we encountered with the Essential Employability Skills for the Health Sector (EES-HS) project as well as recommended solutions based on our learning:

COVID-19

- Delivering training online due to COVID-19 restrictions on in-person gatherings, was not a significant challenge to delivering the EES-HS project. We gained valuable experience through moving the Essential Skills for Atlantic Fisheries (ESAF) project online during the second cohort in response to the pandemic. In fact, EES-HS facilitators were better able to understand the contextual challenges some participants faced learning and working online.

- Delivering in-person training and finding a large enough space to accommodate physical distancing was more challenging during a pandemic. Additionally, the pandemic made in-person group tours of participating workplaces challenging, particularly for Cohort 1.
  - o **Recommended solution:** our solution was to hold tours virtually via Zoom, as needed.

- Initially, the COVID-19 pandemic made engaging employers for the EES-HS project difficult due to lockdowns and restrictions. Understandably, employers were busy addressing major issues, like staff shortages. With patience and persistence, however, we were able to make meaningful connections with employers and build interest and demand for the project.

- Due to the COVID-19 pandemic, participants completed all assessments online, which resulted in insufficient and inconsistent pre- and post-assessment data. Results did not provide the most accurate picture of the progress participants were making or of the overall success of the project. We believe the following contributed to a lack of useful data:
  - o Participants did not complete assessments at the same time or under similar conditions
  - o A standardized approach was generally lacking
  - o Participants may have felt anxiety about having to demonstrate a certain skill level at the outset, possibly impacting some participants' scores.

- To better reflect the actual progress of project participants (both from personal growth and skill-based perspectives), any results of completed assessments would need to be contextualized.

An example of a reflection on online assessments written by a project facilitator:

"During the first week of the program, a participant with [a challenge] asked their partner to help with the on-line pre-test by reading the questions. [The participant] did not feel confident in their reading skills and was quite worried they would "lose the spot in the program" if they did poorly. In fact, they did quite well on the pre- test.

During the last week of the program, [the same participant] completed the on-line post-test independently as they felt more confident and wanted "to try things on their own." They noted that over the previous 10 weeks, they had improved in self-esteem, gained a better understanding of how to navigate conflict, and felt more resilient - all key components of Essential Employability Skills. As a result, they were able to find a job [and address personal challenges]. However, despite this new-found confidence and personal independence, their post-test scores were lower than the pre-test scores. Thus, if that metric [alone] was considered, one might ask if their participation in the EES-HS program made any difference."

- o **Recommended solution:** implement a more holistic approach to progress assessment to ensure a balance between relying on assessment scores, factoring in participants' realities, and overt evidence of personal and/or skills gains.

Project curriculum

- The *Essential Employability Skills for the Health Sector* (EES-HS) project participant criteria required a minimum education achievement of a high school diploma, due to education requirements for the identified in-demand, available jobs in the health sector. This meant that the overall participant group academic level was higher than that of participants in the *Essential Skills for Atlantic Fisheries* (ESAF) project. Although curriculum content was sufficiently flexible to meet the needs of all the EES-HS project participants, some Cohort 1 participants felt that the content wasn't sufficiently challenging.

o   **Recommended solution:** for future iterations, an in-depth review of content level and complexity is recommended to ensure that it's sufficiently challenging and appropriate for participants and for the sector.

Web-based learning system (Articulate 360)

- As described earlier in this report, the EES-HS project relied on a Learning Management System (LMS) for delivery. The ESAF project used the ZNanja platform. The EES-HS project piloted the Articulate 360 platform instead as it's a well-known industry standard set of program tools.

- Despite pre-launch testing, Cohort 1 participants experienced various technical and connectivity issues with the Articulate 360 learning system.

- For most participants, the issues experienced in Cohort 1 and Cohort 2 did not have a negative impact on their learning experience. They realized that pilot projects don't always run smoothly, the issues were addressed and/or, despite the issues with the learning system, they had flexibility in working within the framework of a solid curriculum.

   o   **Recommended solution:** Ensure there is sufficient time to undertake a beta testing trial for online materials before these are implemented in the project.

Retaining participants

- Newfoundland and Labrador (NL) partners' decision to expand the project to a broader geographical region (across the province) led to some participant retention issues for Cohort 2. Although they received a lot of applicants from various communities across the province, challenges arose in finding employers in the same communities as the participants. Additionally, it was more difficult to form relationships with employers from a distance.

   o   **Recommended solution:** a better practice would have been to select the employers before recruiting the participants.

- The expansion to a broader geographical region for Cohort 2 was a good strategic decision and helped further test the model in all 3 provinces. It worked well in New Brunswick and Prince Edward Island, however, in a province as large and spread out as NL it proved a real challenge.

   o   Recommended **solution:** hire an additional project coordinator to support better participant retention results.

- Other participant retention challenges included participants not showing up for work, and/or leaving because they couldn't do shift work (evenings or overnights) due to various family commitments and/or because of childcare needs. Additionally, wage differences across pilot site workplaces impacted overall participant retention.
    - o **Recommended solution:** implement a fixed six-week training wage rate across all participating workplaces to prevent competition across pilot sites and increase participant retention.

- Some participants left the project before completing the training, due to various reasons, including:
    - Finding alternative employment
    - Accepting a position with higher wages
    - They found the long-term care work environment stressful
    - The location of their pilot workplace was inconvenient for them
    - Scheduling challenges
        - o **Recommended solution:** The selection criteria for the participants has to be well-defined and crafted to ensure that, to the extent possible, selected participants are the best fit for the training. It might also be worth looking to incentivize participation as well as completing assessments.

Mentor training

- Some participating workplace mentors identified challenges to engage in training for an extended period at any given time, such as:
    - Variable shift work with changing scheduled
    - Having to be off the floors and away from their job
    - Heavy workloads
    - Energy and attention challenges in engaging in online learning after a 12-hour shift
        - o **Recommended solution:** we structured facilitated sessions to be as flexible as possible to reflect mentors' demanding work schedules and limited availability. To that end, some of the mentors participated virtually from their workplace. The optimal approach would be for employers to provide time during the workday for the mentors to participate in training.

Mentor availability to support participants in the workplace

- Time management was the main challenge for the mentors. Several found it difficult to complete their regular work tasks while also mentoring participants.
  - **Recommended solution:** Consider having the mentor training mostly asynchronous, with one weekly live session as a group.

B. Lessons learned & best practices

Throughout the project, the following lessons learned were identified by Informants (partner organizations, their staff, mentors, employers, participants, etc.):

Project management

- The role of the Project Manager is critical when working on a project such as the EES-HS, which includes multiple sites, staff and partners. The project was fortunate to have a well-skilled and an experienced Project Manager
- Clearly outline and communicate roles and responsibilities across all project partners while allowing for some flexibility around how different organizations operate.
- In addition to the monthly Steering Committee meetings, implement periodic one-on-one check-in times with individual team members to see how things are going and address any issues as they come up.

Advisory structures

- To ensure collective ownership of the project from the outset, ensure that a project Steering Committee is in place. The Steering Committee provides an important venue for coordination and communication, including involving all key stakeholders in critical decision-making.

Designing the curriculum/learning materials

- Allow sufficient time to design, develop, review, adapt, and revise curriculum content and learning materials in advance of implementation.
- Ensure that participant training is customized to specific work-related skills needed for the relevant workplace. Targeted, relevant learning engages participants and supports their overall understanding of what's required in the sector.
- Make room for facilitators to customize content and training approaches to participants and their specific learning needs. Flexibility is fundamental to delivering curriculum modules and gives facilitators the freedom to address current or emerging issues which may impact overall learning or the topics covered.

- Include different learning styles and preferences in training delivery. It's important to ensure there's space for different modes of learning (for example, online, in-person, digital, and paper-based). Hard copies of training manuals should always be made available to facilitators and project participants.

Recruitment and retention of participants

- Active recruitment, especially on social media platforms proved highly successful in engaging potential project participants. A combination of social media, posters, and other recruitment avenues, like radio and print ads was more effective than any one method alone.
- The selection criteria for mentors and participants should be well-defined and crafted to ensure that, to the extent possible, both groups are the best fit for the training.
- Conducting interviews with participants allows for the selection of the best fit and prioritizes getting to know the participant, discussing the program's intent and activities, as well as commitment.

Assessment

- A holistic approach is required to ensure a balance between relying solely on pre- and post-assessment scores and factoring in participants' realities and overt evidence of personal and/or skills gains.

Online training

- Bandwidth is an important consideration when delivering online training. Some aspects of coursework might need to be adapted – for example, it may not be possible for all participants to view a video online. Facilitators should be prepared with a Plan "B" in case of technical issues.
- It is challenging for some participants to engage in an online course, particularly during a lockdown, should there be external demands on their attention (for example, children at home). It's important for facilitators to ease participants' concerns or level of embarrassment around unexpected interruptions during at-home learning.
- Training should be as interactive as possible (for example, breakout rooms and teamwork) to encourage participant engagement.

Supporting participants and mentors

- Having well-trained and empathetic facilitators is critical, as they can 'read' the participants and mentors and understand where they might need additional support with their learning and around more personal issues like self-confidence.

- Facilitators should be as available as reasonably and practically possible – via email, text, and phone during regular program hours. It's important to ensure that appropriate boundaries are established around contact outside of regular hours.
- Whenever and wherever possible, prioritize a hybrid learning approach with set times for participants and mentors to come together face-to face as a group for learning, sharing, and relationship-building. Additionally, encourage participants and mentors to support each other's learning outside of the classroom.
- Allow for sufficient training time for participants to ensure their learning doesn't feel rushed. Provide opportunities for participants to give ongoing feedback on what they like/do not like about the training to inform where additional focus might be needed.
- Training should include a focus on strategies for coping with stress, workload and work-life balance, all of which are critical soft skills and life skills. Additionally, given the prevalence of mental health issues, and added pressures due to the COVID-19 pandemic, be prepared to direct participants to resources for additional supports.
- Set clear expectations around commitments and level of support, especially as related to the workplace mentorship training, both for mentors and project participants.
- To offset potential anxiety around entering a new workplace, organize a guided tour of participating pilot sites for project participants and have employers speak to participants about expectations.

Employer recruitment

- Ensure sufficient lead time to engage employers, especially given their critical role in the project. All promotional and communications materials should be in place before participant recruitment begins. Take particular care to clearly articulate roles, responsibilities, and level of commitments, as well as how the project may benefit employers. Such transparency could include a discussion about what the orientation process will look like, what employers need to provide, and how the on-the-job training will unfold.
- Engage in clear conversation with site managers/supervisors who will be on-the-ground with project participants in order to set clear expectations, raise awareness about project goals, support relationship-building, and increase buy-in related to having participants on-site for on-the-job training and work placements.

Training and supporting mentors

- Mentors can engage more fully in the training if their employers provide time for them to participate during working hours.
- Group learning, especially if mentors are from the same site and/or in the same region enhances the value of the training; they can share ideas, experiences, and good practices.

Customizing and adapting the curriculum and learning materials

- Having project stakeholders work in a participatory process with the curriculum developer supports collective understanding and overall ownership of the training.
- Having digital literacy training early in the participant training supports those with less skills in this regard to be better prepared for online learning.

Portfolios

- The participant portfolios were used first in the Essential Skills for Atlantic Fisheries (ESAF) project and implemented again for the EES-HS Project as a tool to capture both formal and informal learning. Having a portfolio file which contains participants' certifications and an overview of their learning and skills acquisition provides a good summary of their achievements and gives them, and a potential employer, a snapshot of their competences and experience.

VIII. Conclusion

The *Essential Employability Skills for the Health Sector* (EES-HS) project has demonstrated that the winning model developed for the *Essential Skills for Atlantic Fisheries (*ESAF) project is highly adaptable and transferable to other sectors and industries. The EES-HS pilot project provided a valuable opportunity to further test and develop the innovative model by building on its strengths as well as addressing and finding creative solutions through lessons learned in terms of ESAF's design, delivery and outcomes.

The pan-Atlantic community-based approach led by the Literacy Coalition of New Brunswick (LCNB) in partnership with the Newfoundland and Labrador Laubach Literacy Council and PEI Literacy Alliance proved essential to the EES-HS pilot project's success. The unique structure allowed for a common gap in the job market to be addressed across three provinces: New Brunswick, Newfoundland and Labrador, and Prince Edward Island. The partnership meant that project partners could draw on their different skills and resources, thereby achieving positive results.

The lessons learned from the EES-HS Project will further enhance the model for future delivery, including expansion into other areas of the health sector as well as other sectors struggling with frontline recruitment and retention challenges.

X

APPENDIX A - EES-HS Testimonials

Jessica Baillie

Participant

Golden Years Estates

Moncton, N.B.

Before I found this program, I hadn't worked for four years. I'd moved and had a child. It was very hard to balance work and daycare. Eventually, I was able to work a full-time job and found the Essential Skills for the Health Sector Program through a job search on Indeed.com. When I saw the post on Indeed.com, I saw it as a phenomenal opportunity and a "sign" to get back into the workforce. I loved the class. There was lots of diversity.

Through it, I was able to regain my confidence. Before, I felt expendable. Through the program, I began to feel valued again. People needed me! My job placement was at Golden Years Estates. I love it – and I love working with the residents.

Sometimes, it's difficult working with seniors because you know they won't be there forever and you really get to care about them, but my job is important, and I now feel like I'm making a positive difference. I'm even thinking of returning to school to be an LPN!

Sara Trites

Program mentor

Activity Coordinator, Golden Years Estates

Moncton, N.B.

As a program mentor, I supervised one individual during their six-week program job placements here at Golden Years Estates. It's a really good program and I liked it because it would filter out individuals who didn't have any real knowledge of the job before coming here.

The participant we received was pre-screened to ensure that they were suitable to the environment. We met once per week to touch base and ensure that all expectations were being managed. It was a good introduction to all departments. Some people don't truly know what they're getting into before they are hands-on. This program was an excellent way of getting them prepared and to ensure that the career was a good fit for them.

I would definitely encourage other employers to take part in the program! The participants are eager to learn and are enthusiastic.

Tanya Tulk

Participant

Mountain View Retirement Centre

Corner Brook, N.L.

I was a single mother who stayed at home to take care of my son. I'd always wanted to work in caring for seniors but wasn't sure how to go about it. I took care of my father every day for 14 months in a similar setting and discovered I had a knack for it.

The opportunity to be a personal care attendant just fell into my lap when someone at the local resource centre told me about the program and thought I'd be a good fit. I'm now working full time at Mountain View Retirement Centre which has 90 seniors in residence.

It's a very rewarding job. I love everything about it. I look forward to going in for every shift. Through this program, I was able to pursue my dream. I might even go back to school to become an LPN.

I highly recommend the program. It was the best way for me to move forward because of the classroom training, mentoring and job placement to ensure it was a good fit for that. After so many years of not working, I regained my confidence and have a new career that I love! Whenever I think about the program, I say to myself, "I needed this!"

Haley Macintyre

Participant

The Mount Continuing Care Community

Charlottetown, P.E.I.

I'd always wanted to work in the health-care field, but I got sick in high school and took time off. Recently, I saw an ad on Facebook about the Essential Skills for the Health Sector training program and thought it was an excellent opportunity as I was eager to get into the workforce.

I've really flourished from this. I truly appreciate the program – the training, the mentoring, the support. Everything the program included helped me be well prepared and know what to expect! I wouldn't be where I am today without it. This has been a very good learning experience. I had to work hard but loved every minute of it!

I love my job – and I love the residents. This has been so wonderful for me because I now see a bright future. I'm even thinking of going back for more training at Holland College to become an LPN. I have my confidence back!

Matt Perry

Participant

Garden Home

Charlottetown, P.E.I.

I was unemployed after a career in the retail and construction industries and looking to get into health care, but I had no experience or education in the field. My plan was to go back to school to get a job in the sector, but then I saw a Facebook ad for the Essential Skills in the Health Sector Training Program and decided to apply.

The program's classroom work involved studying essential skills and getting training in areas specific to a job in the health-care sector, including training in CPR and dementia, among others. We also had guest speakers on subjects such as resume writing. It was all very interesting and useful for moving forward in my career.

My job placement was at the Garden Home in Charlottetown. I loved it and really enjoyed the work. Because of the program, I knew what to expect and progressed through the on-the-job training. I'm definitely going to make a career out of it, for sure! The program encouraged me and confirmed my decision to take the Resident Care Worker post-secondary program at Marguerite Connolly Training and Consulting (MCTC) so that I can progress in the industry. There are so many opportunities for me now! I feel prepared!

Trish MacInnis

Employer

Training Coordinator, PEI Seniors Homes
(Garden Home, Lady Slipper Villa, Whisperwood Villa)

Charlottetown, P.E.I.

We had two participants from the Essential Skills for the Health Sector Training Program who completed the on-the-job placement portion of the program. As an employer, I found that they were well prepared for the realities of a career working with seniors in a residential care facility. They had the tools they needed as an entry point to a career in the sector.

We gave them the opportunity to further explore what it means to work in residential care for seniors. Through the placement, they grew to know what to expect and get familiar with the daily environment. I truly saw their confidence grow throughout this time so that they could stay with us afterwards. Hearing participants speak at the program's graduation ceremony filled me with so much pride and hope. Their attitudes even helped me! I was proud and humbled to have worked with them.

I would definitely take on more participants in the future. There is a tremendous staff shortage in healthcare, and I feel this program will provide a positive impact. I would recommend the program to other facilities without hesitation!