

Evaluation of the Essential Employability Skills for the Health Sector Project – Final Report

Prepared for:

Literacy Coalition of New Brunswick

Prepared by:

Goss Gilroy Inc.
Management Consultants
401 Empire Avenue
St. John's, NL
Tel: 709 754-2065

Contact Person:

Marie Ryan
mryan@ggi.ca

July 14, 2022



GOSS GILROY INC.

Management Consultants
Conseillers en gestion

Table of Contents

| | |
|--|-----------|
| LIST OF ACRONYMS | 4 |
| EXECUTIVE SUMMARY | 5 |
| 1.0 INTRODUCTION..... | 12 |
| 1.1 OVERVIEW OF THE EES-HS PROJECT | 12 |
| 2.0 METHODOLOGY | 13 |
| 2.1 CONSULTATION..... | 13 |
| 2.1.1 Interviews..... | 13 |
| 2.1.2 Participant surveys and case studies..... | 15 |
| 2.2 DATA REVIEW | 16 |
| 2.3 CHALLENGES AND LIMITATIONS OF THE EVALUATION..... | 17 |
| 3.0 EVALUATION FRAMEWORK | 17 |
| 3.1 LOGIC MODEL | 17 |
| 3.2 EVALUATION MATRIX..... | 19 |
| 4.0 FINDINGS | 19 |
| 1.1 WHAT WAS THE DESIGN PROCESS FOR THE PROJECT? | 19 |
| 1.2 TO WHAT EXTENT IS THE PROJECT RELEVANT TO ITS STAKEHOLDERS (RESPONSIVE TO NEEDS)? | 20 |
| 1.2.1 Participant uptake in the project | 22 |
| 1.3 HAVE THE GOALS OF THE PROJECT EVOLVED OVER TIME? | 28 |
| 1.4 IS THE PROJECT DUPLICATING OR COMPLEMENTING EXISTING PROGRAMS/SERVICES? | 28 |
| 2.1 ARE ADEQUATE ADMINISTRATIVE SYSTEMS IN PLACE FOR EFFICIENT AND EFFECTIVE DELIVERY OF THE PROJECT? .. | 30 |
| 2.2 DO THE ORGANIZATIONAL STRUCTURE AND RESOURCES SUPPORT ACHIEVEMENT OF THE PROJECTS' OBJECTIVES? ... | 32 |
| 2.2.1 Adequacy of the level of financial and human resources allocated to support the project..... | 34 |
| 2.3 WAS THE PROJECT IMPLEMENTED AS INTENDED?..... | 35 |
| 3.1 WHAT FINANCIAL AND LOGISTICAL CHALLENGES DID PARTICIPANTS FACE AS THEY ENGAGED IN TRAINING AND OTJ PLACEMENT AND MOVED ONTO EMPLOYMENT? | 43 |
| 4.1 HAVE THE PARTICIPANTS BEEN EFFECTIVELY SUPPORTED DURING THE PROJECT? | 45 |
| 4.2 HAVE THE MENTORS BEEN EFFECTIVELY SUPPORTED DURING THE PROJECT? | 49 |
| 5.1 HAVE EFFECTIVE PARTNERSHIPS BEEN FORMED FOR THE PROJECT? | 49 |
| 6.1 IS PROJECT DATA FOR PERFORMANCE MEASUREMENT BEING COLLECTED? | 51 |
| 6.1.1 What enhancements, if any, are needed to data collection and/or reporting processes? | 52 |
| 6.1.2 How, if at all, is the data being used? | 52 |
| 7.1 WHAT ARE THE KEY LESSONS LEARNED REGARDING THE DESIGN AND DELIVERY OF THE PROJECT? | 53 |
| 7.2 WHAT ARE THE EFFECTIVE PRACTICES IDENTIFIED REGARDING DESIGN AND DELIVERY OF THE PROJECT?..... | 55 |
| 8.1 TO WHAT EXTENT HAVE THE PROJECT'S OUTPUTS BEEN ACHIEVED | 57 |
| 9.1 TO WHAT DEGREE HAS THE PROJECT ACHIEVED ITS IMMEDIATE OUTCOMES..... | 59 |
| 9.1.1 Participants have increased confidence and sense of self-worth | 59 |
| 9.1.2 Participants have improved essential skills..... | 60 |
| 9.1.3 Participants have improved employability skills and work experience in the senior health care sector..... | 68 |
| 9.1.4 Participants have increased access to workplace-based supports..... | 69 |

| | | |
|-------------|---|-----------|
| 9.1.5 | <i>Mentors have increased confidence and capacity to support participants/ employees in their workplace.....</i> | 69 |
| 9.1.6 | <i>Employers have an improved onboarding process.....</i> | 72 |
| 9.1.7 | <i>Employers have vacant positions filled</i> | 73 |
| 9.2 | TO WHAT DEGREE IS THE PROJECT CONTRIBUTING TO ACHIEVEMENT OF THE INTERMEDIATE OUTCOMES | 73 |
| 9.2.1 | <i>Participants have increased work-related capacity and employability skills and employers have an increased pool of skilled workers</i> | 73 |
| 9.2.2 | <i>Participants are employed and have increased self-reliance</i> | 76 |
| 9.2.3 | <i>Employers have enhanced staff retention and enhanced service outcomes.....</i> | 77 |
| 9.3 | TO WHAT DEGREE IS THE PROJECT CONTRIBUTING TO THE ACHIEVEMENT OF THE LONG-TERM OUTCOMES? | 79 |
| 9.4 | HAVE THERE BEEN ANY UNEXPECTED IMPACTS (POSITIVE OR NEGATIVE) ARISING FROM THE PROJECT FOR THE STAKEHOLDERS AND PARTICIPANTS? IF YES, WHAT? | 80 |
| 9.5 | WHAT, IF ANY, OTHER FACTORS MIGHT HAVE IMPACTED THE PROJECT OUTCOMES? | 81 |
| 10.1 | WHAT ARE THE STRENGTHS OF THE PROJECT MODEL? | 83 |
| 10.1.1 | <i>Could the design and delivery be changed in any way to increase its efficiencies/effectiveness?</i> | 87 |
| 10.2 | CAN THE PROJECT BE SUSTAINED IN THE LONG-TERM? | 91 |
| 10.2.1 | <i>Overall considerations for sustaining the project</i> | 93 |
| 10.3 | WHAT INNOVATIVE PRACTICES, IF ANY, HAVE BEEN IDENTIFIED IN RELATION TO THE DESIGN AND DELIVERY OF THE PROJECT? | 94 |
| 10.4 | TO WHAT EXTENT ARE THE TARGET GROUP AND STAKEHOLDERS SATISFIED WITH THE PROJECT? | 95 |
| 11.0 | CONCLUSION | 98 |

List of Acronyms

| | |
|--------|--|
| ARMS | Accountability and Resource Management System |
| C1 | Cohort 1 |
| C2 | Cohort 2 |
| CAG | Community Advisory Group |
| CERB | Canada Emergency Response Benefit |
| EES-HS | Essential Employability Skills for the Health Sector |
| ESAF | Essential Skills for Atlantic Fisheries |
| GGI | Goss Gilroy Inc. |
| LMS | Learning Management System |
| LCNB | Literacy Coalition of New Brunswick |
| NL | Newfoundland and Labrador |
| NB | New Brunswick |
| NLLLC | Newfoundland and Labrador Literacy Laubach Council |
| PEI | Prince Edward Island |
| PEILA | Prince Edward Island Literacy Alliance |

Executive Summary

Introduction

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 evaluation was carried out over the December 2020 to May 2022 period and was designed to:

- Measure how effectively the project objectives were met.
- Measure achievement of meaningful and positive outcomes.
- Facilitate discussion and learning regarding 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.
- Inform on key success factors in implementing a blended learning approach to facilitate its transferability to other sectors and jurisdictions in Canada.

Background

LCNB has a research and development focus with a significant project recently completed being the Essential Skills for Atlantic Fisheries (ESAF). The ESAF Project was designed and implemented over the winter 2018 to fall 2020 period. A partnership effort, this project was led by LCNB, in collaboration with the Newfoundland and Labrador Literacy Laubach Council (NLLLC), the Prince Edward Island Literacy Alliance (PEILA), and Literacy Nova Scotia.

The current EES-HS Project was adapted from the ESAF Project training model and designed for entry-level positions in the senior health care sector (long-term care facilities, special care homes, assisted living facilities and home care agencies). The EES-HS Project also was informed by an extensive environmental scan focused on current and past essential skills and employability skills training programs and curriculum resources for four job categories relevant for the Project.

This 23-month, community-based initiative was led by LCNB, in partnership with NLLLC and PEILA, and funded by the Government of Canada's National Essential Skills Initiatives.

Methodology

Methodologies for both Cohort 1 (C1) and Cohort 2 (C2) of the EES-HS Project evaluation included:

- interviews with project management, partners and project staff, employers and mentors (67)
- surveys with participants who remained in or who left the project, as available (32)
- follow-up surveys with participants, as available (4 from C2)
- 2 case studies with participants who were seen to be invested in the project and who experienced successful outcomes

Additionally, data was gathered and reviewed from three separate sources:

- The Accountability and Resource Management System (ARMS) platform
- The Velsoft platform (a Learning Management System – LMS)
- Project training feedback forms for both participants and mentors

Findings

Relevance

The EES-HS Project is considered relevant to the Atlantic Region and for the sector – as the demand for workers is outpacing the supply. Recruitment was further constrained because of COVID-19.

The mentors who engaged in the project spoke to its relevance to their professional development, their day-to-day work and for developing supportive peer networks.

The project provided participants an opportunity to build their skills for entry-level positions, in an effort to support employers' recruitment efforts.

The relevance of a project also can be intimated from the interest and uptake from the target groups. The EES-HS Project received a total of 96 participant referrals across C1 and C2, with almost all being self-referrals. These were distributed across the three participating provinces.

While the EES-HS Project might have been duplicating other programs/projects focused on essential skills, its area of focus – the senior health care sector – was seen to be the defining factor. The project was considered to be unique in terms of its approach of engaging employers and securing work placements at the outset, the focus on training mentors and the development of a comprehensive, yet flexible, curriculum.

Given the identified relevance of the project, there were no changes in the goals of the project.

Efficiency

Administrative structures

Project informants felt there were a few minor challenges with the administrative structure during project initiation, as may happen within the context of a pilot but, generally, the framework for the project worked quite well.

The lines of communication in the project were considered effective. The Steering Committee was seen to evolve to an effectively functioning body over the course of the project, providing a space for project updates and discussion.

The Community Advisory Groups were not constituted as intended due to there being less need for these groups, given the EES-HS Project was the second initiative based on the same model, and/or because of challenges recruiting and retaining members.

Organizational structure and resources

Overall, the project's organizational structure was described as effective, particularly arising from what was learned during the ESAF Project. There were Memorandums of Understanding for the project partners and Terms of Reference for the Steering Committee and the Community Advisory Groups, all of which supported role definition.

Project implementation

Overall, the project informants felt that the EES-HS Project was implemented as intended, with the mentors and participants receiving the planned interventions, supports and services. Intentional changes were made to the order of the curriculum modules and length of the participant training (from 8 weeks in C1 to 10 weeks in C2), and additional topics were presented, to respond to the participants' and/or mentors' needs. There were a few more participants accepted into the project during the C2 recruitment in an effort to offset those lost to attrition, and the project expanded to include more sites and regions.

The degree to which the mentor informants worked with participants varied. While a few specifically said they had a direct mentorship role, others did not, and for varying reasons, with most unrelated to the efficacy of the project.

Challenges which impacted the project design and delivery arose over the course of C1 in relation to technical issues with Articulate 360 (a suite of interconnected Apps for e-learning) and having to quickly transition to a fully online approach due to COVID-19. These were not seen to have had a major impact on the participants' or mentors' experiences or the project outcomes.

Other challenges cited for C1 and C2 included some participants choosing not to engage in the on-the-job training and/or work placement, and as such some mentors did not have any participants to work with at their sites. As well, some employers experienced difficulty retaining participants during their on-the-job training or work placement.

Some participants faced challenges when engaging in the project including, for example, personal, family, and/or financial issues, mental health concerns, which were seen to be more prevalent for C2, transportation and/or child care.

Project support for mentors and participants

Participant received financial incentives and had Facilitator, mentor and peer support, which were noted to have decreased social isolation during the pandemic. For some of the participants who did not have the benefit of a mentor, it was seen to be a gap in their overall project experience. One area in which some of the project informants felt more support was needed was in relation to mental health.

The mentor informants cited being well-supported by the Facilitators/Coordinators who, for example, ensured the curriculum content was relevant and the training experience was positive. They also were supported by their work colleagues and managers (e.g., support and guidance). Training with other mentors provided them a readily available resource network.

Partnerships

The partnership between LCNB, PEILA and NLLLC was seen to be effective in relation to the organizations having worked successfully together for the ESAF Project, having shared values and interests, and arising from the MOUs which delineated roles and responsibilities. However, it was felt by a few of the project informants that while LCNB, as lead organization, had to meet the needs of and ensure accountability to the funder, this constrained the degree of partnership and shared decision-making.

Project data

Project data was captured within ARMS and the LMS pertaining to referrals, intake, activities, outcomes and self-assessments specific to participants, as well as intake, outcomes and self-assessments specific to mentors. Each system allowed project management to access the data or generate reports summarizing the information.

Coordinators required some time to get accustomed to using the ARMS system and some initial system design details had to be addressed. However, overall, informants felt that use of the data system increased efficiency regarding data entry and reporting processes. Going forward, informants felt the system could be further streamlined to reduce redundant data entry and increase efficiency.

Data was used by project management, both to support the ongoing monitoring of the project, as well as to fulfill reporting requirements to ESDC.

Lessons learned and effective practices

Lessons learned from the project included, for example, the roles of the Project Manager and Steering Committee are critical for a project operating across multiple sites; having well-trained and empathetic Facilitators is essential; sufficient lead time is needed to engage employers, given their critical role in the project; and training should be as interactive as possible.

Effective practices garnered from the project included, for example, having digital literacy training early in the participant training facilitates a sufficient skill level to engage in online learning; interviewing potential participants contributes to a better selection; and portfolios provide a good summary of participants' achievements, competencies and experience.

Effectiveness

Outputs

73 participants began the project; 32 participants completed all three project components. 39 mentors began the pilot project; 35 completed the training.

Outcomes

→Immediate outcomes

Arising from participating in the project, the following immediate outcomes were realized:

Participants experienced **increased confidence and self-worth** – e.g., positive growth and development (motivation, sense of belonging, addressing life-long challenges).

Participants overall have **improved essential skills** - e.g., pre- and post-assessment of their readiness to learn showed slight increases of average scores across cohorts and across provinces. As well, almost all of the C1 and C2 participant respondents (n=16) said they ‘agreed’ or ‘strongly agreed’ they have improved essential skills. When asked to rate changes they may have experienced in nine essential skills, most of the participant respondents noted an increase of 1 to 2 rating levels (e.g., from ‘not skilled’ to ‘skilled’).

C1 and C2 participant and survey respondents felt that their **employability skills had improved** and many of the project participants **gained work experience in the senior health care sector**, as evidenced by the number who completed their on-the-job training and/or work placements, as well as the number who were employed in the sector at the end of their work placement.

Benefits were accrued for participants who received **workplace-based support from mentors**.

Project, mentor and employer informants highlighted the project provided the mentors with tools and learning which **increased their confidence and capacity to support participants/employees in their workplace**.

Some of the **employers have an improved onboarding process and vacant positions filled** – e.g., more robust orientation process, an intentional focus on supporting new hires for their first few weeks and/or the ability to facilitate a positive work environment. While the project has helped a few employers in the project sites to fill vacant positions, significant recruitment challenges remain. However, some of the employer and mentor informants highlighted how the project has provided job seekers a unique and direct path into the sector and/or a way to ‘try out’ the sector, with the potential to have a larger impact.

→Intermediate outcomes

Participant respondents felt they had **increased their work-related capacity and employability skills**. Almost all of the mentor informants, who either directly worked with a participant or observed them working in their workplace (under another mentor and/or manager), felt the participants were better prepared and/or trained than other entry-level staff. Arising from the knowledge that the participants were work-ready, employers were seeking out opportunities to participate in the project to access a potential pool of skilled workers.

Participants are **employed and have increased self-reliance** - 47 of the 73 project participants were employed at the end of the project. Of this group, over half were employed with their EES-HS Project employer. It would seem evident that working full-time would support participants to be more self-reliant, and less dependent on financial programs such as Income Support.

Employers have enhanced staff retention and enhanced service outcomes - A good proportion of the participants were retained by the employers with whom they had worked during the project.

The mentor training, learning and skill building has resulted in improved service outcomes for the relevant employers.

→Long-term outcomes

There is some evidence that the project likely has contributed to achieving the long-term outcomes of **improved quality of life** (e.g., social inclusion) and has **enhanced attachment to the labour force** (e.g., full-time employment) for those participants who were retained by their EES-HS Project employers. Additionally, it was felt that these outcomes would also equally be realized for early leavers whose project participation had provided them skills and confidence to find employment elsewhere.

Unexpected impacts

Unexpected impacts included the positive effects the project had on its partner organizations – e.g., capacity building, a positive profile, and garnering a transferable training model; and networks which the participants and mentors each formed, providing them avenues for peer support, friendship, and/or strategizing.

Factors impacting outcomes

Factors impacting outcomes, and beyond the project's control included, for example, the onset of the pandemic, participants' unique circumstances, capacities and challenges, and the attraction of other types of employment with higher wages.

Overall model and approach

Strengths of the project model

Project strengths included building on an existing model and evolving it over the course of the project, well-skilled project staff and an experienced Project Manager, the depth and scope of support provided to participants and mentors, and facilitating some new hires for the senior health care sector.

Elements of the model described as 'helpful' or 'very helpful' by most participants and early leaver respondents included the online/in-class training, training delivery, mentor support (for those who worked with a mentor) and the work placement (for those who finished this component).

The large majority of all of the participant respondents also rated the project topics (e.g., adaptability, communication, numeracy) as 'helpful' or 'very helpful'.

Changes to the design and delivery to increase efficiency/effectiveness

A number of suggestions were made to enhance the efficiency and/or effectiveness of the model. These included: further testing and honing of the project approach including the hybrid model, tweaks to the curriculum and learning processes, strategies for more effective mentor and participant recruitment, and ensuring participants have access to a mentor in the workplace.

Sustaining the project in the long-term

There is a continuing need for the project given the current and ongoing demand for entry-level workers in the senior health care sector and the upskilling it provides participants to fill vacant positions. Considerations for sustaining the project include continuing to employ the blended approach to learning and the mentoring component, identifying strategies to increase participant retention, ongoing use of a shared data platform, and engaging an administrative assistant to input participant intake and outcome data.

Innovative practices

The project's hybrid model (online and paper content) allowed for much flexibility during implementation. Having trained mentors provided an important support to participants in the workplace; this is not an approach generally used in traditional employment programs. Delivering the program in multiple locations and expanding its reach provided an opportunity to further test the online aspect of the model. Including experiential learning activities reinforced the in-class/online training.

Stakeholders' satisfaction

The large majority of the project stakeholders were very satisfied with the project and their participation.

Conclusion

The evaluation of the EES-HS Project has demonstrated that the ESAF model is adaptable and transferable. The project provided opportunities for the model to further evolve by building on its strengths and addressing issues which constrained its design, delivery and/or outcomes.

The lessons learned from the EES-HS Project will further hone the model for future delivery, including expansion to other areas of the health sector and/or other sectors struggling with front-line recruitment and/or retention.

1.0 Introduction

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 evaluation was carried out over the December 2020 to May 2022 period and was designed to:

- Measure how effectively the project objectives were met.
- Measure achievement of meaningful and positive outcomes.
- Facilitate discussion and learning regarding 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.
- Inform on key success factors in implementing a blended learning approach to facilitate its transferability to other sectors and jurisdictions in Canada

The evaluation has been undertaken in two distinct stages – following Cohort 1 (C1) and Cohort 2 (C2). At the end of C1, a series of reports were produced overviewing the results to that point based on the input from project stakeholders, staff and partners; employers and mentors; and participants. This final report incorporates all of the information from, and builds on, the findings from these interim reports.

1.1 Overview of the EES-HS Project

LCNB has a research and development focus with a significant project recently completed being the Essential Skills for Atlantic Fisheries (ESAF). The ESAF Project was designed and implemented over the winter 2018 to fall 2020 period. A partnership effort, this project was led by LCNB, in collaboration with the Newfoundland and Labrador Literacy Laubach Council (NLLLC), the Prince Edward Island 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, for example, an aging workforce and a younger workforce migrating out of rural areas.

Through the ESAF Project, and in collaboration with sector employers and stakeholders, LCNB piloted an innovative literacy and essential skills training model to improve such skills for unemployed individuals as well as supervisors and middle managers. It was expected that the project would equip participants to find, keep and succeed at a job.

As this project was brought to a successful conclusion, and within 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 - sought LCNB's interest in undertaking a subsequent pilot project – EES-HS.

The primary goal of the EES-HS Project was to address some of the workforce challenges in this sector through adapting and testing the contextualized blended learning approach to essential and employability skills training. This 23-month, community-based initiative was

led by LCNB, in partnership with NLLLC and PEILA, and funded by the Government of Canada's National Essential Skills Initiatives.

During the project, a combination of in-person, online and on-the-job training was provided to unemployed or underemployed individuals in the participating provinces and customized to the available front-line jobs in the health sector - in long-term care facilities, special care homes, assisted living facilities and home care agencies.

The project also sought to better understand the challenges encountered and key success factors in implementing the blended learning approach to further facilitate its transferability to other sectors and jurisdictions in Canada.

2.0 Methodology

2.1 Consultation

Interviews were conducted with project management, partners and project staff, employers and mentors, and surveys were undertaken with participants who remained in or who left the project, as available for both C1 and C2. All interviews and surveys were conducted via telephone or Zoom and took from 30 to 90 minutes depending on the informants'/respondents' role and/or their level of engagement in the project.

2.1.1 Interviews

The total number of interviews conducted for the EES-HS Project evaluation was 67, as presented in Table 1.

Table 1: # of informants for C1 and C2

| Informant group | Cohort 1 | Cohort 2 |
|---|----------------------------|----------------------------|
| <i>Project Authority and partners / project staff</i> | 10 | 10 |
| <i>Employers</i> | 4 | 3 |
| <i>Mentors</i> | 11 | 13 |
| <i>Follow-up interviews with mentors</i> | 7/11 agreed to a follow-up | 9/13 agreed to a follow-up |
| <i>Totals across groups and cohorts</i> | 32 | 35 |
| <i>Total across both cohorts</i> | 67 | |

Project Authority, partners and project staff

All of the EES-HS Project management, partners and project staff engaged in interviews for the evaluation. This group included the Project Manager and Executive Director from LCNB, the Executive Directors of PEILA and NLLLC, and the Project Coordinators and Facilitators.

Twenty interviews in total were conducted: ten near the end of each of C1 and C2. For the purposes of reporting, those interviewed will be referred to as 'project informants'.

Employers and mentors

All of the project employers and mentors (who completed their training) were invited to participate in an interview for the ESS-HS Project evaluation while C1 and C2 were ongoing.

A total of 39 mentors participated in the project (21 in C1 and 18 in C2).



Mentors were distributed across provinces.



In total, four employers and 11 mentors participated in the consultation for C1; three employers and 13 mentors participated for C2. These informants were from across the three project sites.

All but one of the employer informants worked with long-term care or retirement homes; the remaining employer was a home care agency. The employers varied in relation to the number of project participants they had agreed to take on for the project.

The mentors were a diverse group in terms of their responsibilities and included those in leadership positions (e.g., Regional Director, supervisor, managers), human resources, dietary, accounting, front line patient care, training, recreation, and housekeeping/laundry. A profile of the mentors, including demographic information, can be found in Appendix "A".

Follow-up interviews with the mentor informants

All of the mentors who participated in an interview for their cohort, were invited to participate in a follow-up interview, about three months following their initial interview. Seven of the 11 mentors interviewed during C1, and nine of the 13 mentors interviewed for C2, participated in a follow-up interview about three months post-project.

The majority of the follow-up mentor informants were from PEI and NL, with fewer from NB. Additionally, most of the informants worked in long-term care settings, with the remaining informants working in a home-care agency.

Of the 16 interviews conducted with follow-up mentor informants, three from C1 and six from C2 had one to three participants at their workplace at the time of the interview. Some of the remaining follow-up mentor informants stated that there were no participants at their workplace at that time, or there were participants working elsewhere in their facility.

2.1.2 Participant surveys and case studies

The total number of participants who were surveyed and/or engaged in a case study for the project evaluation is presented in Table 2.

Table 2: # of participants who engaged in surveys and/or case studies

| Informant group | Cohort 1 | Cohort 2 |
|--|-----------------|-----------------|
| <i>Participants who completed all project components and completed a survey</i> | 6 | 10 |
| <i>Participants who left the project before completing one or more project components and completed a survey</i> | 8 | 8 |
| <i>Case study participants</i> | | 2* |
| <i>Follow-up surveys with project participants</i> | | 4 |
| <i>Totals across groups and cohorts</i> | 14 | 24 |

*We reached out to all of the participants identified by the Coordinators/Facilitators but only a few responded, and two ultimately agreed to participate.

Surveys

All of the project participants were invited to take part in a survey for the evaluation, even if they did not complete the three project components - in-class/online training, on-the-job training and work placements.

→Six C1 participants and 10 C2 participants *who had completed all three components* were surveyed. For C1, the participants were evenly distributed across the three project sites. For C2, the majority of the participants were from NB, with the remaining being from NL and PEI. For the purpose of reporting, this group will be referred to as ‘participant respondents’.

→Eight participants from each of C1 and C2, who left the project before completing the on-the-job training and/or work placement, completed a survey. Of note, we only approached

those who had completed at least two weeks of the classroom/online training. This was considered sufficient time for them to be able to comment on early aspects of their participation. For the purpose of reporting, this group will be referred to as 'early leaver respondents'.

The participant and early leaver respondents were asked their gender, age range, level of education, employment status, and source of income prior to starting the project and were given the option of self-identifying as an Indigenous person, a visible minority, a newcomer and/or a member of the 2SLGBTQIA+ population. The demographics of these respondents is provided in Appendix "B".

Follow-up participant surveys

We approached the C2 participant respondents to do a follow-up discussion about three months following their initial survey. We were successful in engaging four of these respondents, three of whom resided in NB and one who resided in NL. As there was an even smaller pool of C1 participant respondents, we felt it would be more prudent to seek their participation in the case study process.

The intent of the follow-up survey was primarily to identify longer-term outcomes around employment. At the time of the interview, three of these participants were working with a home care agency and one was working in a long-term care facility.

Case studies

The site Coordinators identified a number of participants who they felt could provide more in-depth information on their project experience and who had a 'story' to share around their participation. We reached out to all of the suggested participants but were successful in engaging only two. Both were from C2 and also had engaged in the survey process. One of the case study participants was from NB and one was from PEI.

The case study participants had been living in their respective provinces for some years, and both had long periods of unemployment prior to engaging in the EES-HS Project. One of the informants is very well educated and has had varied work experience including self-employment. The second informant had very limited work experience, primarily in the front line/retail sector.

2.2 Data review

Data was gathered and reviewed from three separate sources:

- The Accountability and Resource Management System (ARMS) platform captured data gathered through the participant referral forms, intake forms, project interventions completed, as well as outcomes. The platform also captured mentor intake forms and outcome information.

- The Velsoft platform (a Learning Management System – LMS) recorded data resulting from project learning, including participant Pre- and Post-Readiness to Learn assessments, self-assessments of some essential skills, as well as mentor Pre- and Post-Readiness assessments.
- Data gathered through project training feedback forms for both participants and mentors was also reviewed.

2.3 Challenges and limitations of the evaluation

While the participants signed an evaluation consent form at the outset of their cohorts outlining the evaluation processes in which they would be asked to engage, response rates to participate in surveys and case studies were low. In an effort to increase participants' uptake in evaluation activity for C2, we increased the survey honorarium from \$20 to \$40 and offered \$60 to the case study participants. This had minimal impact on the overall participation rate. Challenges persisted in engaging the participants' interest and/or in working around their personal and work schedules.

In future project inceptions, consideration should be given to holding online focus groups with cohorts at each of the project sites near the end of their training, led by a member of the evaluation team. The current project demonstrated that the participants gelled as a group at each site and were comfortable working together as a group and with their Facilitators. By engaging them in this way, there would likely be a much higher participation rate.

3.0 Evaluation Framework

3.1 Logic model

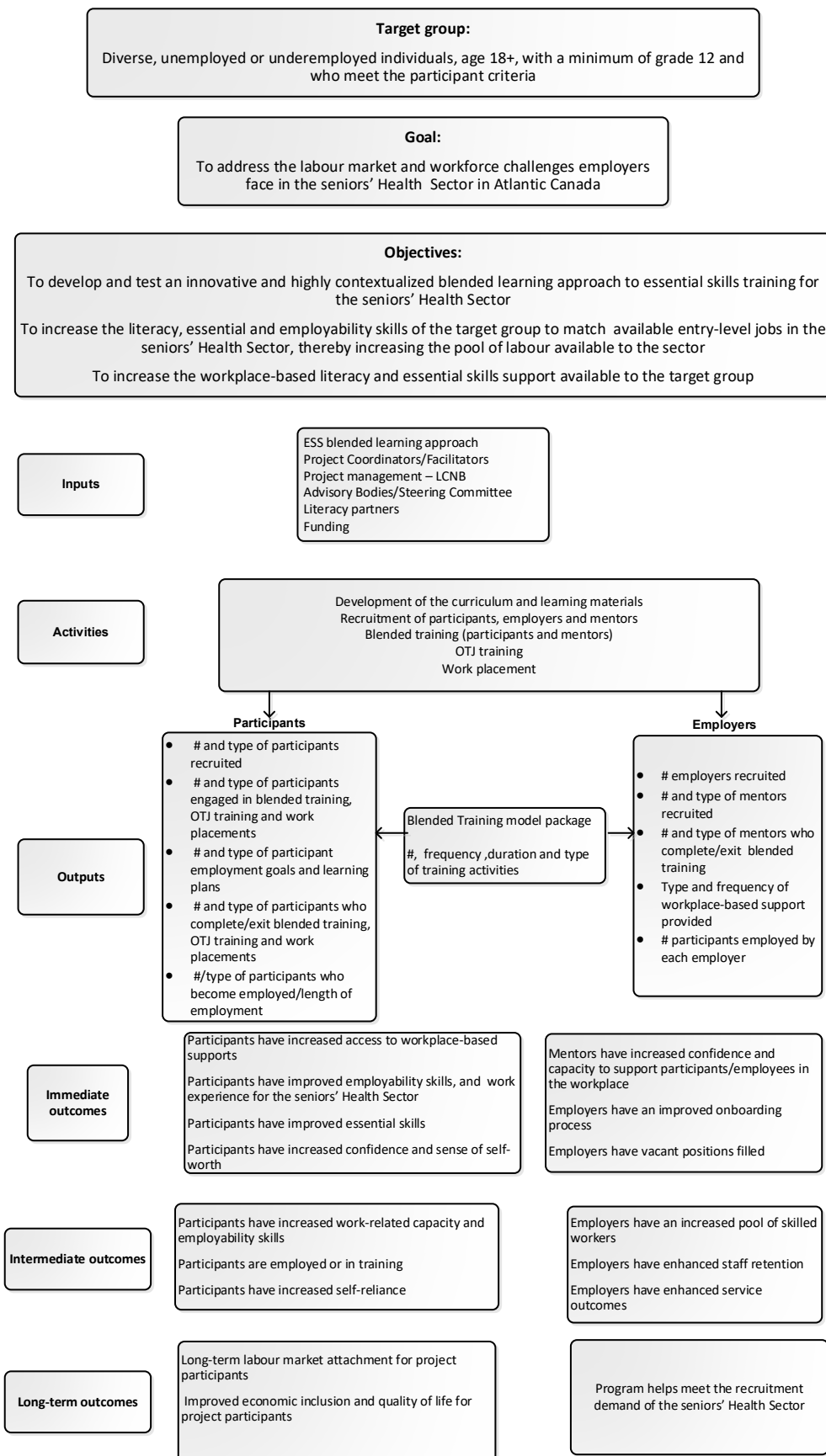
A logic model is a map between the resources an organization provides, the activities it undertakes, the key outputs produced, and the outcomes achieved (immediate, intermediate/medium and long-term). A logic model can be summarized through its:

- **Inputs**, “what the organization puts in”, in terms of resources (e.g., human, financial, physical, organizational and/or external resources in any combination);
- **Activities**, “what the organization does”, in terms of the most important work tasks;
- **Outputs**, “what the organization produces”, arising from these Activities;
- **Outcomes**, “why the organization is doing” the Activities and producing these Outputs to address the key question: what difference does the project make?

Outcomes are the key focus of the logic model as they effectively show the intended results, thereby demonstrating accountability for the difference that the organization (specifically, the programs and services delivered) makes.

The following logic model depicts how these programmatic elements are connected and ultimately result in the anticipated changes, both immediate and over time.

EES-HS



3.2 Evaluation Matrix

The evaluation focused on the key evaluation topic areas of relevance, efficiency, and effectiveness – those recommended by the Government of Canada Treasury Board Policy on Results, as well as sustainability. The key questions for the evaluation are presented in the Evaluation Matrix, which is shown in full in Appendix “C”. The matrix also provides the methods through which relevant information was gathered.

The following sections correspond to the questions in the Evaluation Matrix.

4.0 Findings

RELEVANCE

1.1 What was the design process for the project?

Findings:

The 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 (long-term care facilities, special care homes, assisted living facilities and home care agencies). Further, 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 for four job categories.

As previously discussed, the primary goal of the EES-HS Project was to adapt and test the transferability of the existing ESAF training model for entry-level positions in the senior health care sector (long-term care facilities, special care homes, assisted living facilities and home care agencies).

It was highlighted by a few of the project informants that the lessons learned from the design and delivery of the ESAF Project informed that of the EES-HS Project. Further, 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 for four job categories:

- kitchen aides/servers
- dishwashers
- housekeeping staff
- laundry workers

The scan involved the identification and review of key documents and literature related to essential skills and employability skills training trends and related services; a review and

analysis of existing assessment tools and curriculum examples from similar programs in other Canadian regions; and interviews with key individuals and organizations to share information and experiences regarding their specific needs and challenges with respect to the four job categories listed above.¹

Some of the project informants also stated that the experience and expertise of the project management, partners and curriculum developer served to provide a firm foundation on which to design and implement a new project. Additionally, all but one of the Coordinators/Facilitators across the three sites were engaged for the ESAF project and, so, brought their own level of experience to bear.

1.2 To what extent is the project relevant to its stakeholders (responsive to needs)?

Findings:

The EES-HS Project is considered relevant to the Atlantic Region and for the sector – as the demand for workers is outpacing the supply. The issue of recruitment to the sector was seen to be further constrained because of COVID-19.

The mentors who engaged in the project spoke to its relevance to their professional development, their day-to-day work and for developing supportive peer networks.

The project provided participants an opportunity to build their skills for entry-level positions, in an effort to support employers' recruitment efforts.

The relevance of a project also can be intimated from the interest and uptake from the target groups. The EES-HS Project received a total of 96 participant referrals across C1 and C2, with almost all being self-referrals. These were distributed across the three participating provinces.

The large majority of the participant respondents said that they engaged in the project because of their interest in the senior health care sector and/or arising from unemployment.

All of the C1 and C2 project and employer informants agreed that the EES-HS Project is relevant to and can address needs within the senior health care sector. Once again, some of the project informants spoke to evidence from the environmental scans and discussions with those in this sector.

More specifically, these informants cited the aging demographic and increasing demand for long-term care, as well as interest from employers facing ongoing challenges filling positions and retaining staff within the sector. It was felt that staff vacancies within the sector were due

¹ Information on the environmental scan was garnered from the Cohort 1 Summary Report: Curriculum Development and Mentoring, September 30, 2021.

to, for example, lower wages available for certain positions, and the availability of the Canada Emergency Response Benefit (CERB), which drew some who had been working in lower-paying jobs away from the labour market.

Comments included:

Yes. There's an employment need in the care sector. The project could have probably trained twice as many participants and found placements for them all.

Definitely – there are shortages for all shifts. With all the boomers aging, a lot more people are going into long-term care homes. It's only going to get worse.

When the training component for this program ended, a week later I had a manager of the long-term care hospital [...] contact me explaining how much shortage there is in health care there and asked if they could send project information all along [their region].

There is a 100% need for the project. Our industry is facing a critical need – the shortage of available workers. Finding and retaining seniors' care workers has always been a problem, but it has been exacerbated by the onset of the COVID-19 pandemic.

The C1 employer informants also said that the project was a good opportunity for students just out of school, those looking to reintegrate into the workforce, or those who have experienced barriers to more formal education pathways, to be trained and start in positions which are in such high demand. Comments included:

This program matched up our need for trained applicants with the need for people in the region to get training. [...] The EES-HS Project provides the opportunity for private sector facilities to attract good, qualified applicants whose training level may not be that of the personal care attendant calibre but would lend itself to the care home environment [...].

One of the C2 employer informants, however, said that the project might need a few 'tweaks' to ensure it was most responsive to the sector's demands. They said, for example, that all participants may not be the 'right fit' as some who came to the employer's site indicated early on in their placement that the job/s were not what they expected or wanted (see Section 2.3 for further discussion of the challenges with retention.)

Perspectives of the mentor informants

Most of the C1 and C2 mentor informants said they had no previous mentor experience (ARMS data shows that only 3 of the 39 indicated that they had previous training in mentorship); hence, almost all of the mentor informants said that the training was 'very useful' and relevant to their work. They said, for example, that the training was crucial for preparing them for their roles (e.g., knowing what to expect and do in certain situations), it was a good refresher on what they should know and reinforced what they were doing 'right', and/or it would be applicable not only to project participants but other employees in their workplaces. Further, some of the mentor informants said it was helpful to learn and share

with others in the group and a great opportunity to connect with other mentors in similar roles throughout other facilities Comments included:

I learned how to engage others and how to be an active listener. The learning was very enlightening – just knowing new ways of doing things. Everything I learned can be applied to my day-to-day work.

We went over things we should be doing in our jobs, but we sometimes forget because we get into these daily grind ruts. It was refreshing to be reminded about communication, leadership, listening.

It gave me the tools I needed to deal with situations, like conflict avoidance, and conflict resolution. The program allowed me to get ideas from other people about new ways to do things, such as goal setting, and helping others set goals.

A few of the C2 mentor informants highlighted that while they had done other training/leadership courses in the past, the EES-HS Project training was far superior, more comprehensive and/or provided training that managers could use ‘practically every day, right from the start’. As examples, they cited that:

- The training was well-organized, set-up and presented; the binder was helpful.
- Past training sessions mostly involved conflict resolution, and how best to protect yourself legally; this program focused on how to avoid conflict.
- Past programs were about ‘managing people’, while this program was about ‘working with people to help them succeed.’

One of the C2 mentor informants said that the training was ‘good’, stating they would use some of the learning in their work. However, this informant felt that given time for learning could be constrained, it was frustrating when some of the material was repetitious.

1.2.1 Participant uptake in the project

The relevance of a project can be intimated from the interest and uptake from the target groups. As can be seen in the following sections, there was significant interest in the EES-HS Project.

Referrals

The EES-HS Project received a total of 96 participant referrals (54 in C1 and 42 in C2), distributed across all three participating provinces (see Table 3). Almost all were self-referrals (88 of the 96). The remaining seven referrals were provided by employment counsellors, community organizations or another source.

A total of 73 participants, who met the eligibility requirements, were accepted into and began the pilot project (33 in C1 and 40 in C2). Of these, 66 were self-referrals and seven were agency-referrals.

Table 3: Number of referrals received

| | Cohort 1 | | | | Cohort 2 | | | | TOTAL |
|--------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | NB | NL | PEI | Total | NB | NL | PEI | Total | |
| Overall Referrals | 20 | 14 | 20 | 54 | 16 | 12 | 14 | 42 | 96 |
| Self-referrals | 19 | 11 | 20 | 50 | 14 | 11 | 13 | 38 | 88 |
| Referral by agencies | 1 | 3 | 0 | 4 | 2 | 1 | 0 | 3 | 7 |

| | | | | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Accepted into the Program | 11 | 11 | 11 | 33 | 14 | 12 | 14 | 40 | 73 |
| Self-referrals accepted into program | 10 | 8 | 11 | 29 | 14 | 10 | 13 | 37 | 66 |
| Referrals by agencies accepted into program | 1 | 3 | 0 | 4 | 2 | 1 | 0 | 3 | 7 |

How participants learned about the project

As presented in the data, most of the 73 participants (84%) who started in the project reported that they learned about the initiative from social media (e.g., website, Facebook, Twitter). The remaining participants reported hearing about the project from a community agency, an employment counsellor, an employer, a community member/friend or through other means. The participant and early leaver survey respondents indicated that ‘other’ included via Indeed, a job posting website, a brochure and/or Kijiji.

Participant Profile

The following provides an overview of the 73 participants who were accepted into the project, based on administrative data captured in ARMS. Where possible or applicable, findings are provided by province.



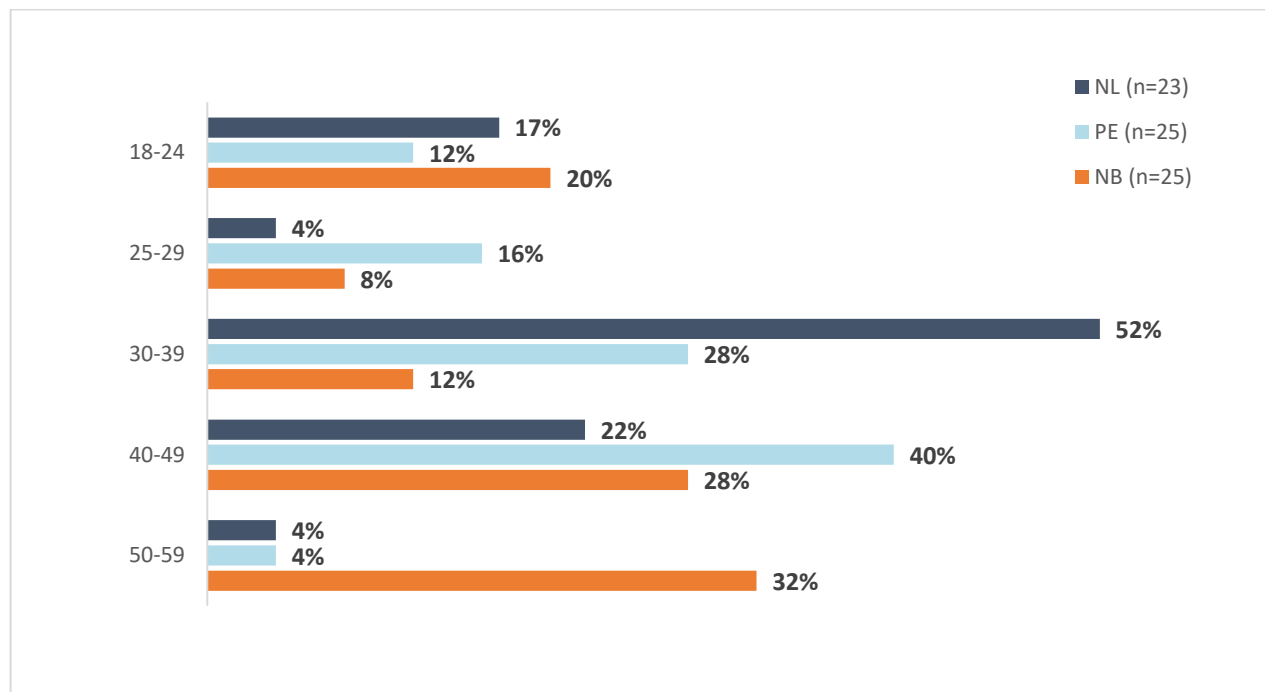
Gender

Of the 73 participants, the majority identified as female (81%). Additionally, 14% identified as male and 5% identified as LGBTQ2S+.

Age group

Participants were distributed across age groups. However, differences emerged across provinces. As shown in Figure 1 below, a greater proportion of participants in NL and PEI were between the ages of 30 and 49, while NB saw a large proportion of participants in the older age groups, especially 50-59 years.

Figure 1: Participants by age group



First language spoken

Almost all participants reported English as their first language spoken (72 of 73). One participant reported French as their first language.

Citizenship

Almost all participants reported having Canadian citizenship (72 of 73) while one participant identified as being a newcomer.

Priority groups

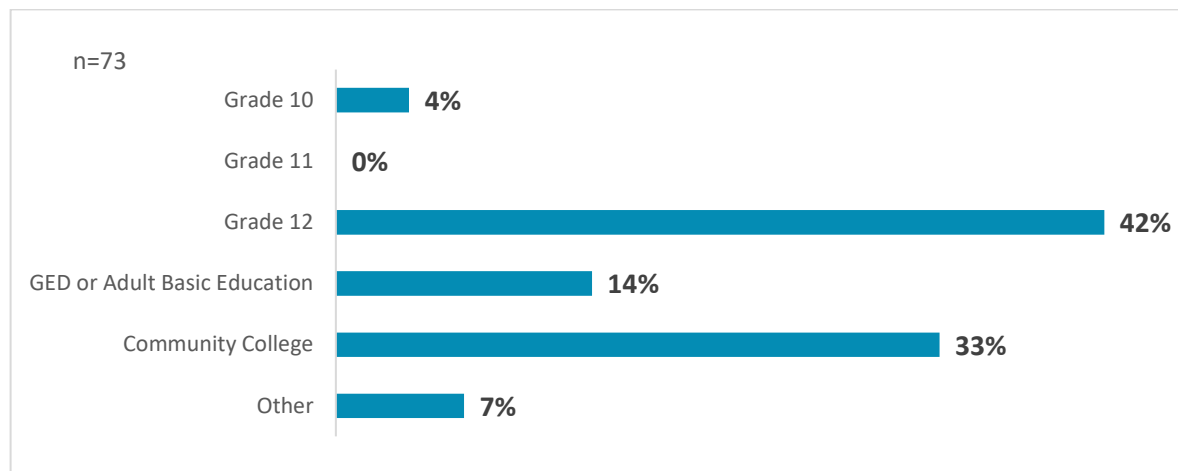
Participants identified belonging to several priority groups, including persons with disabilities, women, visible minority, and/or Indigenous people, as shown below.



Highest level of education completed

The largest proportion of participants reported Grade 12 (42%) or Community College (33%) as the highest level of education completed (Figure 2 below). No differences emerged between C1 and C2 participants in their education levels.

Figure 2: Highest level of education completed



Driver's license

Most participants (89%) had a driver's license, and all 73 participants reported having access to a reliable form of transportation.

Employment

During participant intake, eight participants reported being employed – two part-time and six on a casual/short-term basis.

Career/employment action plan

Two-thirds of C1 participants (67%) and all C2 participants had a career/employment action plan.

Financial Assistance

Almost half of the participants (33 of 73) reported receiving financial assistance at intake:



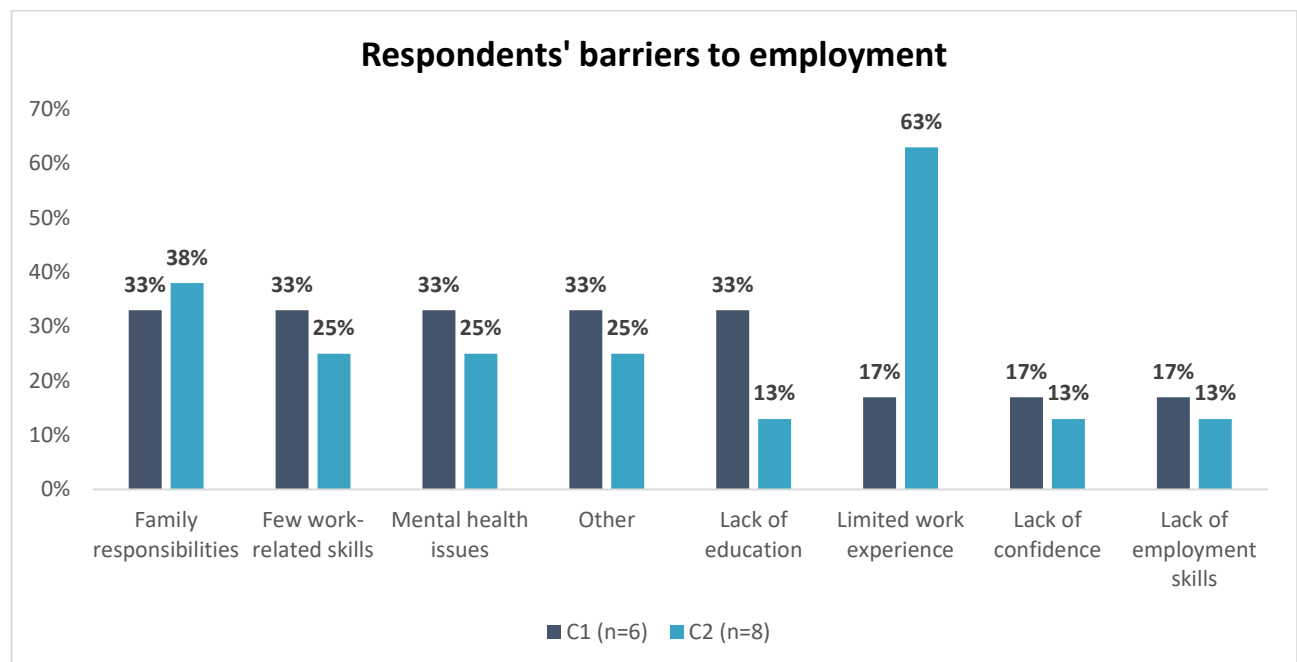
Barriers to employment cited by respondents, case study participants and/or presented in the data

According to the data, 79% of C1 participants and 48% of C2 participants identified personal and/or employment challenges or barriers. Additionally, two of the C1 participants and 13 of the C2 participants reported a need for an accommodation or support to aid their training or work placement.

The participant respondents (n=14) expanded on the types of employment barriers they faced, as presented in Figure 3. In most cases, fewer of the C2 respondents identified having barriers. One exception is in relation to limited work experience – with 63% of the C2 participant respondents identifying this barrier. Twenty-five to 33% of C1 and C2 respondents also indicated having the following barriers – family responsibilities, few work-related skills and/or mental health issues.

Of note, the C1 and C2 participant respondents who indicated ‘other’ barriers elaborated to say that being out of the workforce for long periods was a barrier (especially in consideration of how much has changed over the years), as was a lack of opportunity and/or the COVID-19 pandemic. C2 respondents cited a few extra barriers, including a lack of transportation and/or few computer/technology/digital skills.

Figure 3: Participant respondents’ barriers to employment



One of the case study participants spoke to having a significant gap in their resume due to mental health struggles, which impeded their ability to find a job. The participant had worked with an employment counsellor for an extended period with no success and felt that, even if they were considered for a position, their lack of work experience would result in them being excluded. Prior to the project, this case study participant also indicated having no income.

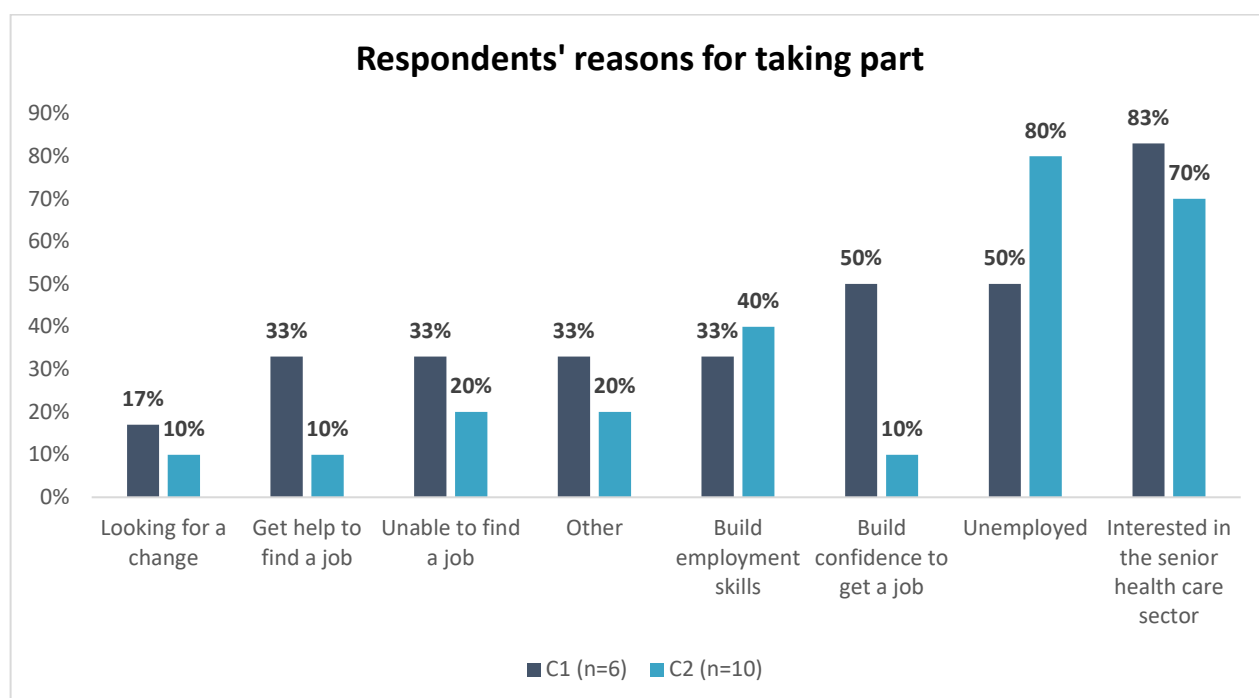
The other case study participant felt their limited work experience, as well as being a single parent with young children, were barriers to employment. They felt that no one was willing to give them a chance. Prior to the project, the participant had been on Income Support for many years.

Why the participant respondents participated in the EES-HS Project

The participant respondents (n=16) were asked why they chose to take part in the project and they could provide multiple responses. As presented in Figure 4, the large majority of the C1 and C2 respondents identified one or two primary reasons for participating: interest in the senior health care sector and/or unemployment.

Of note is that a larger proportion of C1 participant respondents participated because they felt a need to build their confidence to get a job and/or to get help to find a job, as compared to the C2 respondents.

Figure 4: Participant respondents' reasons for taking part in the EES-HS Project



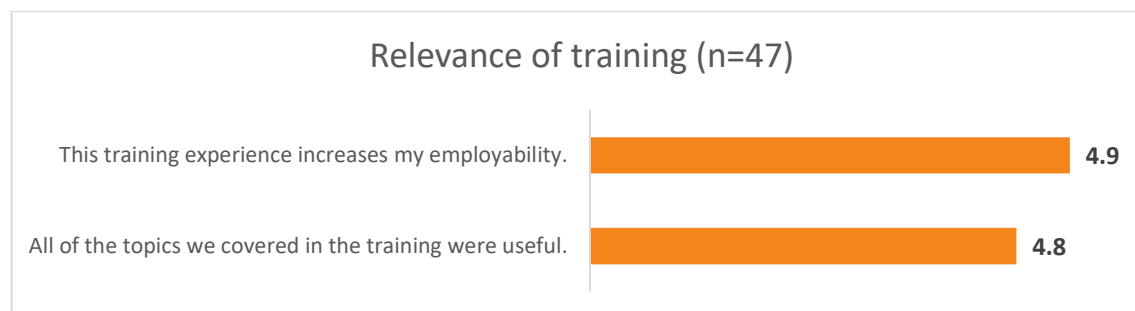
A few of the participant and early leaver respondents, as well as the case study participants, also highlighted other reasons for engaging in the project. These included, for example, that the project was their 'last resort' for employment, they did not want to depend on Income Support, paid training was appealing, and/or it was an opportunity to reintegrate into the workforce after a prolonged duration of unemployment. As commented by one of the case study participants:

It was a huge opportunity for me and came along at exactly the right time. I was having a tough time finding work, and the program was willing to give me a chance. The program is actually directed at unemployed/underemployed individuals so the fact that I hadn't worked for so long was an asset not a liability in terms of being an appropriate candidate.

Participants' training feedback form responses

The participants (n=47) also spoke to the relevance of the training on their online feedback forms (see Figure 5). They strongly agreed that the training experience increased their employability (e.g., enhanced confidence and skills), and that all topics covered were useful. Further, and similar to what was noted through the consultation, the training provided a transition for some participants to re-enter the workforce, and it increased their confidence and skills.

Figure 5: Average participant ratings regarding training relevance



1.3 Have the goals of the project evolved over time?

Findings:

Given the identified relevance of the project, there were no changes in the goals of the project.

1.4 Is the project duplicating or complementing existing programs/services?

Findings:

While the EES-HS Project might have been duplicating other programs/projects focused on essential skills, its area of focus – the senior health care sector – was seen to be the defining factor. The project was considered to be unique in terms of its approach of engaging employers and securing work placements at the outset, the focus on training mentors and the development of a comprehensive, yet flexible, curriculum.

A few of the project informants highlighted that the ESS-HS Project is, or may be, a duplication of other existing programs/projects in the Atlantic Region focused on essential skills, although not in relation to the senior health care sector. One of these informants felt that other organizations are looking at the EES-HS Project as an example to modify their own approaches. Another informant stated that if some degree of duplication around the essential

skills training exists, it is not problematic as some populations need additional training, and multiple opportunities would be beneficial.

The majority of the project informants spoke to the unique nature of the EES-HS Project as compared to many other projects focused on essential skills training:

- It has a comprehensive curriculum that provides an excellent platform for learning and which is sufficiently flexible for project staff to bring their own experience and expertise to delivery. Comments included:

What is unique is that they have a really good curriculum - very solid. Participants have a great document they can work through. As well, there is a flexibility given to the Facilitators to use the curriculum as a foundation and bring their own flavor and experience to it. They are not stuck following a Lego-type instruction approach where you must run it a specific way, in a specific sequence, or the whole thing won't work.

- The EES-HS Project has been customized to the senior health care sector. Comments included:

Essential skills don't change. But the way this project is different is the work placement is included, and the fact it is geared towards a sector where there is a worker demand. This project is specifically geared towards the healthcare sector, so it's more than just essential skills. Healthcare examples are in the content throughout.

- The project secures employers from the outset, as opposed to finding work placements at the end of the training.

- The concurrent mentor training supports skill building for those who will provide supervision to the participants, and the mentors are introduced to the participants during the training period.

EFFICIENCY

Of note, consultations following C2 were focused more on outputs, outcomes, and sustainability of the project model. The issues of design, delivery and management were explored with project informants via an overarching 'retrospective' question. The responses from these informants are integrated in the following sections (2.1 to 2.3), as appropriate.

2.1 Are adequate administrative systems in place for efficient and effective delivery of the project?

Findings:

In terms of administrative structures, the project informants felt there were a few minor challenges during project initiation, as may happen within the context of a pilot but, in general, the framework for the project worked quite well.

Overall, it was felt that the lines of communication in the project were effective. The Steering Committee was seen to evolve to an effectively functioning body over the course of the project, providing a space for project updates and discussion.

The Community Advisory Groups were not constituted as intended due to there being less need for these groups, given the EES-HS Project was the second initiative based on the same model, and/or because of challenges recruiting and retaining members.

Following C1, concerns from a few of the project informants regarding the functioning of the Steering Committee were brought to the attention of the Project Manager. Informants felt that the Steering Committee acted more as a platform for information-sharing rather than decision-making. Efforts to address this issue were undertaken in July 2021 when the Steering Committee meeting had a significant focus on discussing the issues/concerns with the LMS, sharing the LMS service provider's perception on the pitfalls of not continuing with the same learning platform, and engaging the entire Committee in a decision regarding moving forward. A few of the informants were interviewed following this meeting and spoke to their satisfaction in being involved in the decision-making at that time.

Following C2, the project informants further spoke to the evolution of the Steering Committee to be an important and consistent mode of communication for the entire project team. It provided a space for project updates and discussions. A few of the informants highlighted that the Steering Committee provided an opportunity to discuss how the theory of the project translated into reality, especially for those not working on the front lines.

Overall, it was noted by some of the project informants that many of the same stakeholders who were involved with the ESAF Project also were engaged with the EES-HS Project and any

issues with lines of communication had been addressed during the former. Further, it was identified that the Coordinators were in ongoing contact with one another (e.g., Facebook messenger, Facetime), and there was good communication between and among project stakeholders at the site levels.

At the end of C1, one suggestion brought forward in relation to communication was that each of the sites have consistent information about the project on their Facebook pages and websites to ensure the same message was being translated about the project across the sites.

Considerations:

A key element in an effective communications strategy is how the project is described and promoted across all mediums – social media, websites and in print. While there was a communications plan for the project (including project information and promotional materials), the project websites and social media did not always present the same information or in the same way. Going forward, should the project be replicated and include multiple sites, it would be beneficial for core foundational information about the project to be the same across all websites and social media and for discussion of outcomes also to be undertaken in a consistent manner.

Advisory Groups

The ESAF Project had a pan-Atlantic Advisory Committee. However, this proved to be a challenging structure, given it was difficult to get people together at the Atlantic Regional level, some of the members were sitting on both this Committee and a project site's Community Advisory Group (CAG), and it became more of an information-sharing body than one providing advice. As such, it was decided that for the EES-HS Project, there would not be a pan-Atlantic body, but the CAGs would continue.

It was intended that the CAGs would be established to support the EES-HS Project sites.

As detailed in its Terms of Reference, the primary goal of the CAG was 'to bring together government agencies and community organizations that work with low-income target groups on a regular basis. Specifically, they would help identify appropriate pilot participants and community resources that were available to support job-seekers in overcoming barriers to employment (e.g. training allowances for transportation and childcare, income support) and provide logistical support.'

At the time of the consultation for C1, the project sites varied in the extent to which their CAG was established and/or meeting. It was stated by a few of the informants that this body was less critical in the early stages of the EES-HS Project, as compared to the ESAF, because of their previous project experience – they knew what the start-up would entail, and/or they did not need the CAG members to support identification of employers due to the level of interest from the senior health care sector.

Following C2, it was found that the CAGs had been inactive. While the Coordinators had made efforts to convene these groups, challenges persisted. For example, in one case, only a very small number of people showed up to meetings at the outset and so further meetings were not attempted. In another instance, it was felt that all key decisions had already been made at the outset of the project, in particular arising from learnings from ESAF, and so there was no role for the CAG. However, it was highlighted by some of the project informants that they relied on those who would have been members to their CAG to help identify potential participants/facilitate referrals and/or to be a resource for participants needing extra support – e.g., facilitating financial benefits to participants through their own departments/organizations.

2.2 Do the organizational structure and resources support achievement of the projects' objectives?

Findings:

Overall, the project's organizational structure was described as effective, particularly arising from what was learned during the ESAF Project. It was highlighted that there were Memorandums of Understanding for the project partners and Terms of Reference for the Steering Committee and the Community Advisory Groups, all of which supported role definition.

Following C1, many of the project informants said that the project structure was more easily defined, informed and understood for this project, because of their experience working together on the ESAF Project – 'It made for an easier transition.' Some of the informants reiterated this perspective following C2. Comments included:

The fisheries project gave us the chance to understand everything. When we got to the health care sector, we were adapting [tools and resources] – e.g., terms of reference, templates, the core ESS training. [...]

All worked well. Sites had enough HR and financial resources. I always had the information and support needed, and questions were answered.

There are clear roles from leadership and staff. I like the team. Everyone knows how everybody else functions. Everyone knows each other's roles.

Challenges were worked out in the previous project – [everything] works well.

Project management and partners

The relationship between and among the project partners was described as clear, in particular arising from the Memorandums of Understanding. LCNB was the lead for the project and held the funding Agreement with ESDC. Additionally, as LCNB was the lead on the Agreement, they engaged the evaluators.

The EES-HS Project Manager was responsible for ensuring the project met the terms of the Agreement and for project oversight - facilitating a quality design and effective and efficient delivery. Both PEILA and NLLLC had a level of autonomy in how their projects were implemented, within the project structure, and provided oversight of and guidance to the project staff at their site.

It was noted that the Project Manager endeavored to look for consensus on issues relative to the Agreement, as possible, but some items were non-negotiable based on its terms.

ESS-HS project site staff

The project site staff included three Coordinators (one for each project site), all of whom were employed previously with the ESAF Project. The Coordinators were paid as staff (bi-weekly), and they had different pay levels based on their qualifications and the HR policies of their respective literacy organization.

The Coordinators, who were engaged for the duration of the EES-HS Project, had a comprehensive role. They were members of the Steering Committee and, as such, were involved in building the curriculum for the project and informing the project's direction. As well, they were actively involved in interviewing and selecting participants, engaging employers in understanding the project and what was required of them/their company as well as potential benefits of their involvement, ensuring both the participants and mentors had all the needed training materials (e.g., Chromebook, headsets), and arranged the work placements for the participants. Overall, the Coordinators were the liaison between and among the employers, mentors and participants. Additionally, the Coordinators inputted data into ARMS, and provided reports, as required for the project.

There were Facilitators for both the PEILA and LCNB sites, with the NLLLC Coordinator undertaking both roles. The Facilitators were engaged for the duration of the project's training component. The PEILA Facilitator worked with both the mentors and participants, and they were previously involved with the ESAF Project. LCNB's site had two Facilitators, one of whom had worked on the ESAF Project. However, this Facilitator was only available to work with the mentors. As such, the second Facilitator was engaged to work with the participants. The Facilitators were hired on a contractual basis (short term) and paid monthly.

The Facilitators' duties included delivering the curriculum to the participants and/or the mentors, engaging guest speakers and identifying and implementing any additional training. In addition to their duties with the participants and/or mentors, the Facilitators also provided feedback on the curriculum content and the learning platform system, as requested and needed.

Support provided to the Coordinators and Facilitators

The Coordinators and Facilitators identified that the type and degree of support provided to them during the project was sufficient. They received support from each other (e.g., when

challenges arose, for help in structuring training content and/or training delivery), their on-site managers and/or the Project Manager. Comments included:

There was no other support needed. We work it out. If we don't know how to do it, we reach out to other Coordinators. Between the three of us, one of us knows how to do it. It works. We teach each other.

Excellent communication. Excellent support from the Coordinator – pulling everything together. The [Project Manager] is also very involved. Had a great meeting yesterday with the Steering Committee group. The Project Manager is very open to bringing people together and listening to ideas and making changes. Found that to be refreshing and helpful. Some projects don't work that way.

No other support needed. Great support daily. Very good communication.

Steering Committee

The role of the Steering Committee was discussed in the previous section.

Curriculum developer

The consultant engaged to design the EES-HS Project's curriculum was initially brought on for the second cohort of the ESAF Project, when there was a need to enhance the curriculum following the first cohort. Subsequently, they were successful in their proposal to be the consultant to draft, and support the evolution of, the curriculum for the current project.

To support the design of the EES-HS Project curriculum, the consultant undertook an environmental scan of programs and curriculum related to literacy and essential skills delivered across Canada. Following the implementation of the EES-HS Project curriculum, the consultant's role included revising C1 content based on feedback, and continuing to make edits as they were flagged in C2. Additionally, following C2, they were to provide a final version of the curriculum.

2.2.1 Adequacy of the level of financial and human resources allocated to support the project

Following C1, a few of the project informants commented on the adequacy of the project's financial resources with the one issue identified being insufficient funds available for activities related to the participants – e.g., graduation, meetings. It is important to note that while there was some flexibility to move funds between budget lines as needed, within the funding envelope the project was limited to a small per diem/person for such expenses and so, there was not much flexibility in this regard.

2.3 Was the project implemented as intended?

Findings:

Overall, the project informants felt that the EES-HS Project was implemented as intended, with the mentors and participants receiving the planned interventions, supports and services. Intentional changes were made to the order of the curriculum modules and length of the participant training (from 8 weeks in C1 to 10 weeks in C2), and additional topics were presented, to respond to the participants' and/or mentors' needs. Additionally, there were a few more participants accepted into the project during the C2 recruitment in an effort to offset those lost to attrition. As well, the project expanded to include more sites and regions.

The degree to which the mentor informants worked with participants varied. While a few specifically said they had a direct mentorship role, others did not, and for varying reasons, with most unrelated to the efficacy of the project.

Challenges which impacted the project design and delivery arose over the course of C1 in relation to technical issues with Articulate 360 (a suite of interconnected Apps for e-learning) and having to quickly transition to a fully online approach due to COVID-19. These were not seen to have had a major impact on the participants' or mentors' experiences or the project outcomes.

Other challenges cited for C1 and C2 included some participants choosing not to engage in the on-the-job training and/or work placement, and as such some mentors did not have any participants to work with at their sites. As well, some employers experienced difficulty retaining participants during their on-the-job training or work placement.

Project Activities

Participant training

The participant training was delivered as a three-phase, blended learning approach consisting of eight weeks of classroom/online training for C1 and ten weeks for C2, one week of on-the-job training, and a five-week work placement. The training for C2 was extended as concern was expressed by some project staff and participants that this component was too short and rushed during C1.

A few of the project informants initially thought that participant recruitment would be constrained because of CERB and the income it provided to some of those who would be targeted for the EES-HS Project. However, even within this context, it was felt that the

recruitment process was successful; they had numerous applicants and were able to fill the seats for each site.

Following C1, however, it was highlighted by a few of the project informants that there should be more participants accepted into the project than the desired maximum number, to account for any attrition. To that end, at the July 2021 Steering Committee meeting, the consensus was for the Facilitators to keep the class size to 12-14 participants for C2, with recruitment being 12-15 participants.

The online training was virtually-facilitated through the LMS with additional assigned work, while the on-the-job training and work placement were both completed at a long-term care facility or with a home support agency. During C2, there were more opportunities for the participants to get together in-person during the classroom training component, as COVID-19 prevalence and restrictions eased periodically.

The project material consisted of 10 modules covering essential skills such as Communication, Problem Solving, Writing, and Digital Skills. Following C1, and discussions of the Steering Committee in July 2021 on potential amendments to the curriculum, several changes were instituted for C2 including:

- *'Order of Modules:* For Cohort 1, print and digital module sections were numbered 1., 2., 3., as listed in the Nine Essential Skills framework. This led to the impression that each module should be completed consecutively. The intent was that module topics and even some sections within modules should be delivered as-needed based on learning needs and daily instructional plans. It was recommended that, depending on the learning needs of participants, the introductory sections of the digital skills module that cover digital literacy, how to use a Chromebook, and email be covered early in the program. For Cohort 2, participant modules were listed alphabetically rather than numerically.
- *Skills for Success Updates:* Content related to the Nine Essential Skills framework was replaced with introductory videos, images and links to new online content for Skills to Success.
- *Additional Content Added:* New resources and materials were added to the mentor and participant manuals and to the Facilitators' manuals based on instructor feedback and from ongoing review of relevant and appropriate materials.
- *Copy-edits:* Links were tested and updated or replaced where required. Copy-edits of the print manuals were completed before printing. All edits were forwarded to the LMS service provider to be incorporated into digital content.
- *Digital content:* Digital content was extensively tested near the end of Cohort 1, resulting in version 2 materials available for participants. In preparation for Cohort 2 delivery, all slides were revised and every activity retested for functionality. Results

were shared with the LMS service provider in September 2021, to be addressed before the launch of Cohort 2.'

For C2, given the continued online delivery of the training, the Steering Committee decided to expand the training to offer it in multiple locations. For example, NB expanded to include three municipalities. This was seen to be another opportunity to test the delivery model.

Mentor training

The mentors engaged in 30 hours of training delivered via a series of weekly or bi-weekly online sessions with their Facilitator and through their own self-paced study. Their core topics included, for example, mentoring in the workplace, the mentoring relationship and communication and workplace collaboration skills.

Enhancements to the curriculum

The C1 and C2 Facilitator Reports note that, during both cohorts, they enhanced the curriculum with various topics and/or activities (e.g., journaling) to respond to the expressed or evident needs of their participants and mentors and/or to provide opportunities for certificate-based skill acquisition. The participants' offerings included, for example, First Aid/CPR, Food Safety, Psychological First Aid, Gentle Persuasive Approach to Dementia Care, Workplace Hazardous Materials Information System (WHMIS), non-violent crisis intervention, trauma-informed counselling, and/or experiential learning (in-person and outside a classroom setting). Additionally, mentors and participants were offered sessions on leadership and/or conflict resolution.

Perspectives of the informants on project implementation

Overall, the project informants felt that the EES-HS Project was implemented as intended, with the mentors and participants receiving the planned interventions, supports and services. It was again noted by a few of the informants that prior experience with the ESAF Project facilitated a smooth delivery.

The LMS was seen to provide unexpected challenges to project implementation in C1, but project informants did not feel this appreciably changed how the project was implemented. A few minor issues were noted to have persisted into C2. (See discussion of the LMS below.)

Perspectives of the employer and mentor informants

The degree to which the mentor informants worked with participants varied. While a few specifically said they had a direct mentorship role, others did not, and for varying reasons unrelated to the efficacy of the project. For example, 10 of the C2 mentor informants said their expected participants did not show or left very early in their training/work placement, and/or COVID-19 interfered with the timing of the placements. In some cases, participants were on-site but the mentors did not directly work with them because, for example, there

were no openings in their particular division, or the participants were assigned to other managers with more experience on the job.

Challenges in implementation and related solutions

▪COVID-19

A few of the project informants highlighted that delivering training on-line, arising out of COVID-19 restrictions on in-person gatherings, was not a significant challenge for the EES-HS Project because of the experience gained when the ESAF Project moved to online learning during C2. It was highlighted that the Facilitators understood the contextual challenges which some participants faced when working online – e.g., children in the house when schools went to online learning, and they made an effort to assure participants this was ‘normal’ in the new online context.

It was stated that delivering in-person training and finding a large enough space to accommodate physical distancing were more challenging during a pandemic but, as highlighted by one of the informants, this resulted in a new partnership. Additionally, the pandemic could and did constrain the opportunity for an in-person group tour of the workplaces during C1, but this could be done via Zoom, as needed.

A few of the project informants said that COVID-19 initially constrained engaging employers for the project as, arising from the pandemic lock-down/restrictions, employers were busy addressing, for example, staff shortages. However, once a connection was made to an employer, there was interest in and demand for the project.

▪Pre- and post-assessment process

A few of the project informants said that the pre- and post-assessments did not provide an accurate picture of the progress the participants were making or of the success of the project. There were concerns expressed that participants were not doing the assessment at the same time under similar circumstances (therefore lacking a ‘standardized’ approach) and that anxiety at having to demonstrate a certain skill level at the outset impacted some participants’ scores. It was felt that any results of this assessment would have to be contextualized to better reflect real change or lack thereof (both from personal growth and skill-based perspectives). A salient example is provided in one of the Facilitator’s Reports:

‘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 only that metric was considered, one might ask if their participation in the EES-HS Program made any difference.'

Considerations:

The pre-test provided somewhat of a benchmark for each participant's literacy level, taking into account factors which could have impacted their scores – e.g., anxiety which some feel when doing any such 'tests'. However, one has to be realistic in relation to the degree of change in literacy levels which could be achieved during a program running for a few weeks, and how this could be measured. The current post-test may not be accurately demonstrating change. For example, if there is a decrease in readiness to learn this could be because, on entering the program, a participant realized there was much they did not know. A more holistic approach is required to ensure a balance between relying on assessment scores and factoring in the participants' realities and overt evidence of personal and/or skills gain.

▪*The project curriculum*

A few of the project informants for C1 identified that the curriculum was not sufficiently challenging for all participants. It was noted that the EES-HS Project participant criteria required a minimum of a high school diploma, and so the participant group would be of a higher academic level than those in the previous ESAF Project. Following C2, there was a better understanding of the curriculum being a resource and a guide. As such, the project informants commented that the curriculum was sufficiently flexible and broad to meet the needs of all EES-HS Project participants.

A few of the informants expressed concern that some participants might have been disappointed with the scope of the training – expecting more health and safety content and/or thinking it would provide them Personal Care training. Other informants clarified, however, that the project was designed to equip participants to be ready for entry-level work in the senior health care sector, including when interacting with residents.

▪*LMS*

The LMS employed for the project is described as a 'leading provider of customizable training materials'. This platform was employed during ESAF and was reconsidered for the EES-HS Project. It was decided the project would continue with this LMS and also pilot Articulate 360 – a suite of interconnected apps for e-learning (e.g., for collaborating/review and training)². A

² Information on Velsoft and Articulate 360 was found at <https://articulate.com/support/article/Articulate-360-FAQs-Sales-and-Support>, and <https://www.velsoft.com/products/>.

few of the project informants spoke to Articulate 360 stating that this is a well-known industry standard set of program tools.

Despite this background, many of the C1 informants described experiencing issues with the online platform including, for example, grammar, spelling and formatting issues, incorrect answers provided to participants, and or difficulties with finishing units, saving work and/or having to sometimes redo sections as the system would fail to mark them as complete. It was stated that some participants also experienced challenges connecting and/or being disconnected during training. However, it should be noted that connectivity issues may have also been due to internet quality and/or the Chromebook's capacity.

While it was confirmed that, at the outset, all the modules in Articulate 360 were tested and no problems were detected, some of the C1 project informants did not appear to know that it was tested and/or felt there had been insufficient testing undertaken with the platform. It was noted by one informant that site Coordinators also had a brief opportunity to test the system; however, it is unclear whether this occurred to the extent necessary. It was also noted that the learning modules were submitted over time but uploaded at the same time. This created a time challenge for review prior to the project beginning, as the content had to be digitized for the LMS in a compressed time period.

The issues were addressed by the LMS service provider when brought to their attention. Once it became clear that there were a myriad of concerns, they took a more comprehensive approach to resolving the issues. Additionally, the Facilitators could use other online platforms – e.g., Zoom, for the live online classroom without impacting the integrity of the learning.

Arising from the concerns and frustrations with using the LMS/Articulate 360 for C1, a Steering Committee meeting was convened in July 2021. In attendance were project management, partners, Coordinators and Facilitators, as available. This meeting provided an opportunity for an in-depth discussion about the online learning platform, with the primary focus being whether C2 would utilize Articulate 360 or revert back to the previous platform employed during ESAF. The meeting also provided an opportunity for the Coordinators and Facilitators to provide their feedback on the curriculum.

Key discussion points arising from the Steering Committee's discussion included:

- The objective of the EES-HS Project is to pilot new models; the Articulate 360 system is also being pilot tested.
- Discussions with the LMS service provider about the new Articulate 360 system resulted in a recommendation that the EES-HS Project remain with this system, in part due to the fact that it was identified there may not be sufficient time to transfer the modules to the old (ESAF) system. There was consensus from the Committee that the risk of not being able to transfer the modules over to the old system was a concern.
- The LMS service provider offered to engage someone at their cost to test the system to ensure no further issues were experienced.

In advance of C2, an additional copy-edit also took place to ensure errors were addressed before the launch of C2.

A few of the project informants spoke to ongoing issues with the LMS during C2, although less so in comparison to that experienced for C1.

As detailed in the C2 Report on Curriculum Development and Monitoring:

‘[...] During Cohort 2 delivery, the only technical issue reported by instructors with the modules created in Articulate 360 was broken URLs, which, given the nature of Internet-based content, was expected. As errors were reported, they were communicated to [the LMS service provider] to address.

Instructors continued to report technical issues with the live classroom function in ZNanja. These issues were attributed to a number of factors—some resolved with digital fixes, but others related to user error and inexperience with online learning, technical functionality of the Chromebooks, and Internet connectivity.’

Most of the project informants for C1 and C2 did not feel that issues with the LMS had an overall negative impact on the participants, stating that pilots do not always run smoothly, the issues were addressed and/or, despite the issues with the platform, they had flexibility in working within the framework of a solid curriculum.

Perspectives of the participants and early leaver respondents and mentors on the LMS

Many of the C1 participants, a few of the C2 participants, and some of the early leaver respondents referenced experiencing challenges using the LMS, as previously described by the project informants. For most, however, these issues were not seen to have been detrimental to their overall project experience. A few of these respondents stated that the technological challenges they faced were actually beneficial, specifically in regard to assisting them with the development of time management skills as well as helping them learn how to use an online platform, including solving the issues that inevitably arise when working with technology.

Of the small number of C1 and C2 mentor informants who spoke to difficulties with the online platform, they said, for example, that some links to further reading/more information were broken, and while this was disappointing, it did not detract from the overall program.

▪*Retaining participants*

A few of the project informants felt that a contributing factor to decreased retention for C2 was the expansion to a broader geographical area. Challenges arose with finding employers in the same communities as the participants in these new areas, as they had more limited up-front time to do so as compared to C1, and therefore it was more difficult to form the needed relationships, especially from a distance. Further, it was noted that some participants in more

remote areas could not attend in-person training for specific certificates (e.g., due to personal reasons) and so did training separately in their own region/community, if available.

A few of the mentor and employer informants spoke to some of the retention challenges they experienced including participants not showing for work, and/or leaving because they could not do shift work (e.g., evenings or overnights) due to various family commitments and/or because of child care.

One C1 employer informant felt wages was their biggest hurdle, because their set wage differed from that of the other facilities where participants were placed, thereby impacting retention. To combat this issue, the employer informant suggested a six-week training wage rate across all participating employers, to facilitate coordination of participants and prevent competition across facilities.

▪ *Mentor training*

Some of the C1 and C2 project informants spoke to challenges that constrained the mentors' time to engage in training for an extended period at any given time. These included mentors' variable shifts and having to be off their floors and away from their jobs, given their workload, to participate in the training. It also was felt that, at the end of a 12-hour shift, it could be difficult for mentors to focus on online learning. Further, it was said that if the Facilitators are only working with one or two mentors at a time, it is more like coaching than training.

To respond to these challenges, facilitated sessions were organized to be as flexible as possible to reflect mentors' schedules and availability. To that end, some of the mentors participated virtually from their workplace – e.g., a kitchen, a laundry room. It was noted by some of the project informants that the optimal approach was for employers to provide time during the workday for the mentors to participate in training.

As detailed in one of the Facilitator's reports:

'[Most] of the mentors worked with the same employer which made in-person training possible on a biweekly basis. The employer scheduled the training during biweekly staff meetings which really made the training for these mentors successful. The other two mentors were also trained in person but in a more informal setting. [...] To work around the schedules of the latter two mentors, in person training sessions were set up on their days off. Flexibility was a crucial factor for being able to successfully deliver the mentor training.'

▪ *Mentors' availability to support participants in the workplace*

While most of the C2 mentor informants referenced being able to balance their work commitments and time to do course work, time management was the most often cited challenge for C1 mentors. Several found it difficult to complete their regular work tasks while also mentoring participants. A few of the C1 and C2 mentor informants also said that understaffing at their workplace impacted their time to engage in the training and for

mentoring. As well, for some of the participants, these constraints resulted in there being no defined on-the-job training; rather, the participants began work with little or no orientation.

3.1 What financial and logistical challenges did participants face as they engaged in training and OTJ placement and moved onto employment?

Findings:

Some of the participants faced many and varied challenges to project participation and/or moving onto employment. These included personal and family issues (e.g., self-confidence, marital breakdown, children in care), financial issues (e.g., anxiety about leaving their financial ‘safety net’ – Income support), mental health concerns, which were seen to be more prevalent for C2, transportation and child care. On-line learning was initially a concern for some participants in relation to safeguarding their privacy.

Personal and/or social issues

A few of the C1 and C2 project informants felt that participants who were long-term Income Support recipients faced some challenges. These participants may have had limited work experience, been out of the labour market for an extended period, unable to keep a job, and/or may have experienced anxiety about leaving the financial ‘safety net’ which had supported them.

It was highlighted by a few of the project informants that there seemed to be a number of participants who had mental health issues, in particular during C2, which could have contributed to their challenges in getting and/or keeping a job. It was said the Facilitators had to be sensitive to how the participants were faring, and whether they needed extra support.

More broadly, and primarily seen in C2, the project informants referenced additional impacts of social and/or personal issues on participants’ lives. These included unstable housing (e.g., living in hotels), no or low income, marital breakdown, death of a family member, children in care and involvement with the legal system, and/or caretaking for parents who were ill. It was felt that all of these factors could impact the time participants had available to attend to their training.

Excerpts from Facilitators’ reports speak to these many and varied challenges, including:

‘There were major barriers such as family issues, childcare, addictions, mental illnesses, financial, transportation, etc. with the biggest barriers being childcare and mental illness. Some participants were single parents with two or more children and depended on Income Support for most of their life. These participants found it hard to keep a job due to lack of childcare or having the financial means to pay for day care.

Some of the participants had children at home (including older children with disabilities) and, depending on their child care arrangements, this could be distracting during online learning. Conversely, however, if there had been in-person learning, this could have been more difficult for the participants who had caretaking responsibilities – e.g., for children with disabilities and/or older family members. Child care is further discussed in Section 4.1.

Online learning

It was stated by a few of the project informants that participants who had previous negative experiences with online learning were not initially comfortable having their cameras on and/or sharing information about themselves online, given concerns with others potentially inappropriately posting information on social media. It was important to reinforce to participants that they had a role in protecting people's privacy and confidentiality when working together as a group. Also, it was considered helpful to reiterate to participants where and how data was being stored and relevant privacy provisions.

Perspectives of the early leavers and case study participants

When asked why they decided to leave the project early, some of the C1 respondents and all of the C2 respondents spoke to some of the challenges detailed above. They said, for example, they left to find another job elsewhere, and/or they took a job with higher wages, with some noting they found the long-term care work environment stressful, the location was problematic and/or there were scheduling concerns. In addition, a few of the respondents indicated they struggled with anxiety, finances, and/or family obligations. Comments included:

Financial reasons – EI was providing more money than taking a \$14/hour job.

The workplace was very chaotic.

There were issues with the hours that I could work. With young children, I needed no hours that conflicted with daycare hours. It was agreed upon at the beginning of the program, and when the time came to work, it was the total opposite.

I was offered a job at [a retail organization] and felt it was too good an opportunity to pass up at the moment.

4.1 Have the participants been effectively supported during the project?

Findings:

The participants were provided a range of supports during the project. This included financial incentives, intensive support from the Facilitators, and peer support from other participants, which was noted to have decreased social isolation during the pandemic.

For participants who were connected to a mentor, this provided another layer of extensive support. For some of the participants who did not have the benefit of a mentor, it was seen to be a gap in their overall project experience.

One area in which some of the project informants felt more support was needed was in relation to mental health. This was more evident during C2.

Financial incentives and supports

All of the EES-HS Project participants received a Chromebook and \$75/month towards internet costs and as needed, funds were available to support childcare (about \$200/week per child) and after-school care (\$70/week/per child) during the training. In addition, the participants received transportation costs for their first two weeks in the workplace (until they received their first pay). Funds up to \$100 were provided to purchase uniforms or apparel needed on-the-job, and gas cards were provided to support transportation for the workplace component. If participants were not receiving funds via an EI-training subsidy or Income Support, they were provided a weekly stipend of \$350. Despite these financial supports, a few of the C1 and C2 project informants felt that there was a need for more support in two areas – transportation and child care.

Some of the project informants identified that a few of the participants experienced challenges in securing affordable child care when they were starting their work placement, and the subsidy was no longer available through the project. As commented by one of the informants following C2:

There is a need for more support for child care. We need something to support the participants who have kids when they are transitioning from classroom to work placement. Otherwise, it can be scary for some people having to pay for childcare when they're only making minimum wage.

The issue of child care was not only related to affordability but also the timing of the cohorts. For example, starting a work placement in July during C1 was a challenge for some of the participants who had school-aged children home; whereas, if the cohort was starting in the fall, when the children are back in school, the challenge would be mitigated to some degree.

For C1, some of the participants had a delay between their training and on-the-job and/or work placement to accommodate their needs in this regard.

Following C2, a few of the project informants felt that there should be more funds for transportation allocated to those who are struggling. It was noted that extra support was provided in a few instances, but that more is needed.

Considerations:

The issues of child care, transportation and work scheduling are interrelated and prevalent ones for employment-based programs. This is particularly true when working with individuals who are challenged by low-income. Going forward, it would be beneficial to participants if, within the context of a project's budget, consideration could be given to providing funds for transportation and child care for the duration of the project – including on-the-job and work placements. By providing them these supports for the duration of the project, it increases the likelihood they will participate in and complete their on-the-job training and work placement, which in turn would likely deepen their attachment to their job, which should support retention. It also provides them a few more weeks to explore child-care and transportation options.

In tandem, it would be important to continue to reinforce to participants at intake and during the course of their training, that employers have to allocate their staff as needed to support their clients/residents and so flexibility is not always an option.

Support from the Facilitators and Coordinators

The C1 and C2 project informants spoke at length about the support provided by the Coordinators and Facilitators. It was highlighted that they built relationships with the participants and were very accessible to them (e.g., via email and/or text) during the training and when on-site at the workplace and made referrals as possible to external supports (e.g., a financial advisor).

As described by the Facilitator informants – there were planned times during the week when they were available for questions/support outside of the designated training time. For example, one of the Facilitators provided support/coaching to C1 and C2 participants following the training, with an intentional once-a-week drop-in with each person. Another Facilitator described doing periodic follow-up sessions via Zoom after the first cohort to reconnect and check in with the C1 participants.

Some of the participant and early leaver respondents provided very positive feedback on the role of the Facilitators in the project, with one of the participant respondents stating they were a key element. The Facilitators were described as approachable, available and willing to answer questions and offer guidance. It was stated that the Facilitators encouraged a positive environment, checked in regularly with students, and/or executed excellent time management and planning.

A small number of the participant respondents discussed the support received from the Coordinators, stating they would check in from time to time, were available to help with any issues and/or were a dependable resource overall. A few of the participant respondents also said they had positive experiences with the management and staff at their work placement, specifying that everyone with whom they worked was approachable, helpful and/or encouraging.

The majority of the project informants felt that, despite the intensive support provided by the Coordinators and Facilitators, many of the participants needed additional mental health support, which was over and above the type of support the project staff could provide. Some of the informants felt that this was particularly true of C2, with a few noting that some participants began their training when they were already experiencing significant mental health concerns.

A few of the project informants felt that the Coordinators and Facilitators might need some additional training to support their efforts to work with participants and should be aware of resources to which the participants could be directed. One of the informants suggested there was a need for a more direct connection to a mental health support, perhaps as a staff resource in the project, given the prevalence of participants with mental health concerns.

Peer support

A few of the C2 project informants felt that the relationship building between participants, and their ongoing connection, was an important support. This was noted to provide the social connection that some participants may have been lacking and a venue for identifying solutions to shared challenges. Having participants mentor each other, as needed, also helped to strengthen these bonds. As described by one of the project informants:

People had more pronounced mental health issues. They had issues at home - custody issues. Coming together every day provided a consistent routine. It really came through how helpful it was. Being able to meet in person really helped. A few weeks on Zoom, and then you get to know people; meet them in person and feel like you know them already.

Support from the mentors

The informants who had been mentoring participants at the time of their interviews felt they provided ample support through encouragement and ongoing communication – e.g., having an ‘open door’ policy, having frequent ‘check-in’ conversations to assess progress and address challenges, and/or providing a confidential space to discuss concerns. Some of the mentor informants also said they also worked with others who might have been supervising the participants to ensure consistent approaches and messaging. Comments included:

I remember what it was like when I first came on so I knew what to do. I was available for them day and night, twenty-four/seven. I touched base with them first thing every

morning and last thing every evening, before they went home for the day. They could talk to me anytime, about anything.

The informant who was mentoring participants in the context of a home care agency noted that, with this type of work, employees generally are working with clients in their own homes. While constant monitoring was impractical, there were systems in place for regular check-ins.

The follow-up mentor informants provided a longer-term perspective, noting that the kind of support differed depending on the participant and their type of work. They noted, for example, checking in everyday to see how the participant was doing and engaging in discussions and problem solving when issues arose, and/or providing an ongoing familiar face for 'continuous learning' questions and for informing on policies and routines.

Many of the follow-up mentor informants felt that this support allowed the participants to feel comfortable in and adjust to the workplace. Comments included:

One participant, now [off for personal reasons] would have walked away long ago if not for the mentoring, daily encouragement and support that we provided. We have a high degree of expectancy that they will return.

Having mentored in the past, and as a leader and builder of a team, mentoring is key to supporting anyone on their professional and personal journeys. You are a sounding board, provide support and guidance, and you can support further development.

I think it made their experience a little less daunting, knowing that there were a couple of mentors in the building that know what they've been learning in their program and already have that relationship set up.

A few of the other follow-up mentors also said the support contributed to the participants' career progression as well as forming cohesive relationships in the workplace.

Of the participant and early leaver respondents and case study participants who did have a mentor, overall, the feedback was positive. They described their mentors as being available, patient, encouraging, and/or communicative. Comments from C1 and C2 participant respondents included that their mentor was 'phenomenal', an 'open line of communication' and/or a 'key factor' in building their confidence. As noted by one of the case study participants:

My mentor still supports me. I can ask her questions, I can go to her if I need anything or if I just want to talk, whether this is about my personal life or something work related.

A few of the participant and early leaver respondents and one of the case study participants felt that not having a mentor was a negative impact on and/or a huge gap in their overall project experience. As described by one of the case study participants:

Lack of a mentor has been a huge challenge – I did not get trained properly in how to do my different tasks. The staff didn't have time to train me – we are perpetually understaffed

and it is hard to get everything done that needs to be done in a day. They don't have the extra time for mentoring.

4.2 Have the mentors been effectively supported during the project?

Findings:

The mentor informants cited being well-supported by the Facilitators/Coordinators who were described as being available and accessible and who ensured the curriculum content was relevant and the training experience was positive. They also were supported by their work colleagues and managers (e.g., support and guidance). Training with other mentors provided them a readily available resource network.

Mentors were provided with a Chromebook and workbook, which had course modules as well as online course material. As needed and applicable, and as previously described, the Facilitators provided additional resources to complement the mentors' training and responded to the constraints of their schedules and availability. Overall, the project informants felt the Facilitators strived to make the curriculum content relevant and the discussion interactive to ensure the best experience for the mentors.

The C1 and C2 mentor informants positively described the support they received during the project, including that received from the Facilitators/Coordinators and their work colleagues, managers/supervisors and/or Directors. Examples included their manager gave guidance and laid out plans and goals for both mentors and mentees; colleagues at the facility would inquire about the progress the informant was making; and/or their coworkers offered to cover shifts while they were engaged in training.

A few of the C1 and C2 mentor informants also highlighted the benefits of doing the training with other staff/managers from their own facility/organization. It was identified that this provided a resource network wherein they could 'discuss what they learned, bounce ideas around; it was a good team building exercise.'

5.1 Have effective partnerships been formed for the project?

Findings:

The partnership between LCNB, PEILA and NLLLC was seen to be effective in relation to the organizations having worked successfully together for the ESAF Project, having shared values and interests, and arising from the MOUs which delineated roles and responsibilities.

However, it was felt by a few of the project informants that while LCNB, as lead organization, had to meet the needs of and ensure accountability to the funder, this constrained the degree of partnership and shared decision-making.

As previously referenced, NLLLC and PEILA partnered with LCNB for the EES-HS Project, and they signed an MOU which delineated roles and responsibilities. Literacy Nova Scotia was unable to participate in this project, as they had applied for a grant from the same funder to run a similar program.

Following C1, project informants felt that the EES-HS Project partnership was working effectively, in particular once the Steering Committee was considered to be more reflective of a decision-making body rather than an information-sharing one. It was stated that having the same partners was beneficial as they were similar-minded, had the experience of working together and collectively learning from the ESAF Project, and had a foundation of valuing and building on their respective target group's literacy capacity.

Following C2, there was further reflection on the partnership. It was reiterated that LCNB provided good leadership and acknowledged that, in this role, the organization had to meet the needs of and were accountable to the funder. To that end, at the outset, it was noted that there likely was more 'top down' activity.

However, it was felt by a few of the project informants that the relationship between and among the organizations did not fully evolve to a true partnership in terms of project delivery; rather, it felt more like a 'collaboration'. It was stated that there was insufficient engagement on all key decisions and/or directions throughout the entire project.

A few of the project informants felt that one change going forward would be to have the regional staff report directly to the lead organization – LCNB, to improve consistency in communication and accountability to the project. It was thought that this direct supervisory structure likely would have increased the regional staffs' understanding about the model and expected results, including timelines, thereby increasing accountability.

Considerations:

It is important to acknowledge that organizations bring different backgrounds, experience, expertise, values, resources, time and unique personalities and perspectives to a partnership. This diversity can challenge a partnership, even with the best efforts of all involved. LCNB, as the lead organization, did hold the management role by virtue of entering a contractual obligation with ESDC, which in turn necessitated certain accountabilities. As such, the LCNB Project Manager has the difficult position of engaging partners while ensuring they are meeting all of their relevant responsibilities in the needed timeframe.

Entering into an MOU with the project partners was an effective practice, and one designed to ensure that each partner's roles and responsibilities were clear. Having a Steering Committee also supported efforts to solidify a partnership, given it was seen to be the venue for joint decision-making. Despite these efforts, there was some frustration

expressed by partners that the relationship did not evolve to be a full partnership, but remained more of a collaboration

Each of the partners had something to gain as well as lose depending on the outcomes of the EES-HS Project, including how they are perceived in their communities and by those engaged in the project, as well as by ESDC, a current and potential future funder. It would be useful in future iterations if there were periodic meetings of only the partners to revisit roles and responsibilities and any concerns with the design and delivery of the project, to offset any emerging frustration and/or dissatisfaction. While all of the management and partner informants felt the project ultimately was successful, discontent at the partnership level can sometimes lead to less than positive outcomes.

6.1 Is project data for performance measurement being collected?

Findings:

Project data was captured within ARMS and the LMS pertaining to referrals, intake, activities, outcomes and self-assessments specific to participants, as well as intake, outcomes and self-assessments specific to mentors. Each system allowed project management to access the data or generate reports summarizing the information.

Coordinators required some time to get accustomed to using the ARMS system and some initial system design details had to be addressed. However, overall, informants felt that use of the data system increased efficiency regarding data entry and reporting processes. Going forward, informants felt the system could be further streamlined to reduce redundant data entry and increase efficiency.

Data was used by project management, both to support the ongoing monitoring of the project, as well as to fulfill reporting requirements to ESDC.

Project data was captured within two separate systems – ARMS and the LMS. ARMS captured all referral, intake, and activity data specific to participants and mentors. Participant outcomes also were recorded (for example, completion of each project component and employment status upon project exit). Data was gathered by site Coordinators and entered into the online system throughout the project.

LMS data was captured within the learning platform as participants completed the in-person/virtual classroom component. Data included time spent on course material, pre- and post-scores specific to some essential skills, as well as participant and mentor pre- and post-assessment scores measuring Readiness to Learn.

Additionally, Facilitators recorded participant attendance using an online form. However, it was noted that this data was not as relevant for the mentor group as some completed their work individually, rather than in a group setting.

In each system, data could be accessed by project management, and both ARMS and the LMS have the capability to generate reports.

It was noted by a few of the project informants, however, that some data points did not provide an effective measurement and, therefore, were no longer captured or used to inform the project. For example, the LMS captured participant time spent on course tasks and materials. However, times varied widely with tasks taking from minutes to multiple hours. This measure was deemed unreliable when Facilitators recognized that in some cases, the participant's computer had simply been left open, or their task was interrupted by other obligations at home.

Errors in the LMS materials also impacted some of the data. Specific pre-test questions were found to have errors and were subsequently removed from the assessment and the overall analysis.

6.1.1 What enhancements, if any, are needed to data collection and/or reporting processes?

As noted, site Coordinators were responsible for data entry into the ARMS system. Given the system was new and had not been used in the ESAF Project, time was required for the Coordinators to learn how to use ARMS, and there were a few minor glitches at the outset in terms of system design. However, overall, project informants felt that the system was effective. A few informants noted that ARMS has led to a more efficient data entry and/or reporting, particularly as it has decreased the extent of reporting writing required of the Coordinators.

A few of the informants, however, noted that the use of ARMS led to repetitive data entry. For example, informants explained that information entered in ARMS under the referral form and then the intake form was often the same (e.g., participant address and demographic information). However, it was noted that this was likely due to the project forms. It was recommended, if possible, this be streamlined within ARMS so that information would only be entered once, reducing redundancies and additional data entry.

6.1.2 How, if at all, is the data being used?

The project informants explained that the data was used by project management, both to support the ongoing monitoring of the project, as well as to fulfill reporting requirements to ESDC.

7.1 What are the key lessons learned regarding the design and delivery of the project?

The following lessons learned were identified by one or more of the project informants.

Project management

When working on a project such as the EES-HS, which includes multiple sites, staff and partners, the role of Project Manager is critical. As demonstrated during this project, the person in the role must be skilled at multi-tasking, reporting, communicating and coordinating.

There must be balance between ensuring accountability while allowing flexibility for the sites to respond to their own context.

Advisory structures

It is important for a Project Steering Committee to be in place at the outset. This Committee provides an important venue for coordination and communication, including involving all key stakeholders in critical decision making so that there is a collective 'ownership' of the project.

Designing the curriculum/learning materials

There must be sufficient time to design, develop, review and revise curriculum content and learning materials in advance of implementation.

Participant training should have a primary focus on specific work-related skills needed for a workplace. This approach helps to engage participants as they see more direct value in the learning, and it supports their understanding of what might be needed in terms of skills and effort.

Flexibility is fundamental to delivering curriculum modules. The Facilitators must be able to customize the approach to participants and their specific learning needs. Such flexibility also gives the Facilitators leeway to discuss any current or emerging issues which might be impacting learning or the topics under discussion.

It is important to ensure there is always space for different learnings preferences – e.g., online and paper-based. While in a technological world, online would be preferred, for some participants this is not their ideal method of learning/training. Opportunities to input into a hard-copy training manual should always be an option.

Recruitment and retention of participants

Active recruitment, especially on social media, was important to engage a potential pool of participants. This was cited to have been much more effective than only relying on, for example, posters or other hard-copy recruitment materials, radio or print ads.

The selection criteria for mentors and participants has to be well-defined and crafted to ensure that, to the extent possible, both groups are the best fit for the training.

Assessment

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

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 to run a video. The Facilitators must have a Plan “B” should the technology be problematic and always have a focus on effective ways of achieving learning outcomes.

It is challenging for some participants to engage in an online course, particularly during a lockdown, should there be external influences on their level of attention – e.g., children at home. It is important that the Facilitators ease the participants' concerns or level of embarrassment due to unexpected interruptions when at home learning.

Training should be as interactive as possible – e.g., breakout rooms and teamwork, to encourage participant engagement and offset the training becoming tedious.

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 – not only with learning but also in their own lives (e.g., self-confidence). Facilitators equally need problem-solving capacity, as evidenced during C1 when challenges were experienced using the LMS. Similarly for the Coordinators, they must be personable, approachable and good communicators.

The Facilitators should be as available as reasonably and practically possible – via email, text and phone during regular program hours. It is important to ensure there are boundaries established for any circumstances under which the participants and mentors can contact the Facilitators/Coordinators in the evenings/on weekends.

As possible, depending on the geographical distribution of participants, ensure a hybrid learning approach with set times for the participants and mentors to come together in a face-to face group for learning, sharing and relationship-building. Additionally, and as possible, engage participants and mentors in supporting each other's learning and in experiential learning activities – outside of the classroom.

There should be sufficient training time for participants to ensure their learning is not 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, work-load and work-life balance, all of which are critical for any employee. Additionally, given the prevalence of mental health issues, and added pressures from the pandemic, and if possible, having a resource to which participants could be directed for additional support would be beneficial and likely would support retention in the project for some.

Ensure there is sufficient time spent on explaining the mentoring aspect of the workplace so the participants understand the level of support they will receive,

Employer recruitment

There must be sufficient lead time to engage employers given their critical role in the project. As such, all of the promotional material and communiques must be in place in a timely manner before the participant recruitment begins. Further, intentional efforts are needed to ensure employers understand their roles and responsibilities in, and the level of commitment to, the project, as well as the benefits they could accrue. In terms of their commitment, this would include a discussion on the orientation process they would need to provide and how the on-the-job training would evolve.

Up-front discussions with the site managers/supervisors who would be on-the-ground with the participants are also valuable. This would ensure sufficient awareness of the project and its goal, as well as support relationship building and buy-in to having participants on site for the 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.

7.2 What are the effective practices identified regarding design and delivery of the project?

The following effective practices were identified by one or more of the project informants.

Customizing and adapting the curriculum and learning materials

Having project stakeholders work in a participatory process with the curriculum developer supports collective understanding and 'ownership' of the training.

Having digital literacy training early in the participant training supports those with less skill in this regard to be better prepared for online learning.

Recruitment

Conducting interviews with participants (and including both the Coordinator and Facilitator) contributes to better selection and provides time to get to know the participant, overview the program's intent and activities, and stress the importance of engaging. However, and of note, even with the best possible recruitment strategy, participants' life circumstances can challenge their engagement and level of success in any program.

Engaging and supporting mentors and participants

To offset anxiety arising from entering a new workplace, early on in the project, have participants tour the facility where they will be working and have employers speak to the participants about expectations.

Portfolios

The participant portfolios were used first in the 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 skill acquisition provides a good summary of their achievements and gives them, and a potential employer, a snapshot of their competencies and experience.

EFFECTIVENESS

8.1 To what extent have the project’s outputs been achieved

Findings:

A total of 73 participants began the project. However, some left at different points of the project and for various reasons. Thirty-two participants completed all three project components.

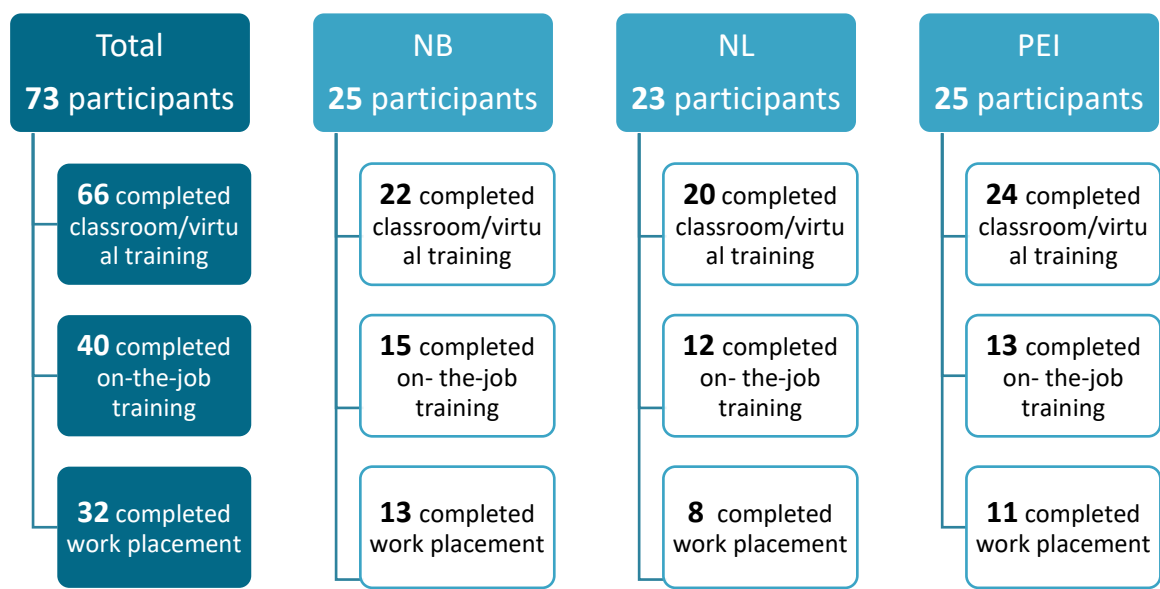
A total of 39 mentors began the pilot project with 35 completing the training.

Participant Outputs

A total of 73 participants began the pilot project (C1 and C2). However, some participants left at different points in the project, and for various reasons.

Figure 6 summarizes participation, outlining the number of participants starting the project, as well as the number of participants completing each of the three project components.

Figure 6: Number of C1 and C2 participants completing project components



Based on Figure 6, it can be concluded that across all sites, 66 of the 73 participants completed the classroom/virtual training component. Seven other participants left the project during the classroom/virtual training. Reasons provided for leaving the project at this time included:

- 2 participants left due to health reasons and/or illness

- 3 participants accepted employment elsewhere (2 in the health care sector - COVID testers, 1 as an admin assist)
- 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 completed this component. Reasons provided for participants leaving before completion included:

- 7 participants accepted employment elsewhere
- 3 participants left due to childcare/family responsibilities
- 2 participants left due to bereavement/death in the family
- 2 participants did not accept the on-the-job training 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 due to personal reasons
- 1 participant left due to medical reasons
- 2 participants were dismissed early by the employer
- 3 participants did not show up for on-the-job training
- 4 participants did not complete the training for other reasons, unspecified (coordinators unable to contact the participants).

Of the 40 participants who began the work placement, 32 (or 80%) completed this component. Reasons for leaving the project during the work placement included:

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

MENTOR OUTPUTS

A total of 39 mentors participated in the pilot project – 21 in C1 and 18 in C2. Of the 39, 35 completed the mentor training. The four mentors who did not complete the training were from the NB site. One was beginning a new position as a supervisor and felt too overwhelmed completing the mentor training at the same time. Three others were dismissed by their employer.

9.1 To what degree has the project achieved its immediate outcomes

9.1.1 Participants have increased confidence and sense of self-worth

Findings:

The project informants provided several examples of the scope and depth of the project's immediate impacts on the participants' growth and development – e.g., confidence, motivation, sense of belonging, addressing life-long challenges. The participants' survey responses and/or comments from their online training form further demonstrate that they have experienced increased confidence and sense of self-worth.

The large majority of the project informants highlighted the scope and depth of the projects' impact on C1 and C2 participants' personal growth and development. Within the context of the project, it was felt that participants experienced enhanced confidence, a sense of belonging, increased motivation and positive attitudinal change. Comments included:

Biggest impact is confidence; sense of belonging to a little group; [it gave them] routine. They had the requirements to get the job, but [the challenges were] their personal mental well-being – not feeling they could learn or apply.

The program was their lifeline, just because it was there – consistency and knowing they had a project to be accountable to. They showed up every day. Wanted to bring their best self. Started to believe in themselves.

Biggest thing I've seen so far is their confidence levels and attitudes have increased and changed. In eight weeks, some were so nervous, they didn't think they could complete a program like this. Really low self-esteem. They broke out of their shells. Huge outcome.

A few of the informants spoke to how undertaking the portfolio helped participants to 'see' their skills, which in turn boosted their confidence. For example, participants realized that even if they had been out of the workforce for an extended period, they still had transferable skills and experience to bring to a job – e.g., from volunteer activity.

Some of the project informants spoke more broadly to how life changing the project has been for participants and how they are addressing life-long challenges, especially for those with no attachment to the labour market and/or long-term dependence on Income Support:

The project can be life-changing. Consider a participant with no attachment to the labour market; on Income Support for years; no motivation to work. The project totally switched their whole life. [...] When you have family who rely on you, you stay where you

are [on Income Support] because you do not know where you are going. You see a change in this mindset – a real change.

One of the Facilitator reports includes text messages from participants which speak to this impact:

'I have got to thank you so much for giving me a chance to do the program with you. It has been nothing but positive in my life since I did the program and went to work. My life is finally getting good and I'm becoming myself in a more happier way. I cannot believe the good that has come out of this. My confidence, my shyness, my job and my coworkers.'

'I just wanted to let you know that I got a full-time position. Thank you so much for choosing me for the program. My life hasn't been the same since, but it's a good difference. Thank you so much for all your belief in me and for helping me boost my confidence.'

Perspectives of the participants

Almost 90% of the C1 and the C2 participant respondents 'strongly agreed' (5 out of 5) that they had increased confidence and felt better about themselves arising from project participation. For each of these outcomes, the few remaining respondents either 'agreed' that these outcomes had been achieved (rating of 4 out of 5) or provided a 'neutral' rating (3 out of 5).

Comments from the participants' online training feedback forms also speak to the impacts of the project on their confidence levels. A few participants stated that they valued the personal and professional growth offered through the training. One participant felt that the project helped them gain confidence while another stated that the training helped them to step out of their comfort zone.

9.1.2 Participants have improved essential skills

Findings:

Participant pre- and post-assessment of their readiness to learn showed slight increases of average scores across cohorts and across provinces. When assessing scores across specific questions, most show an increase in average participant ratings; however, increases were slight in most cases.

Participants also recorded their self-assessment across three different essential skills, before and after the training. Trends varied with average scores of some essential skills increasing and some decreasing.

When asked to comment, almost all of the C1 and C2 participant respondents (n=16) said they 'agreed' or 'strongly agreed' that they have improved essential

skills. When asked to rate changes they may have experienced in nine essential skills, most of the participant respondents noted an increase of 1 to 2 rating levels (e.g., from 'not skilled' to 'skilled'). No respondent indicated they had experienced a decrease in their skill level.

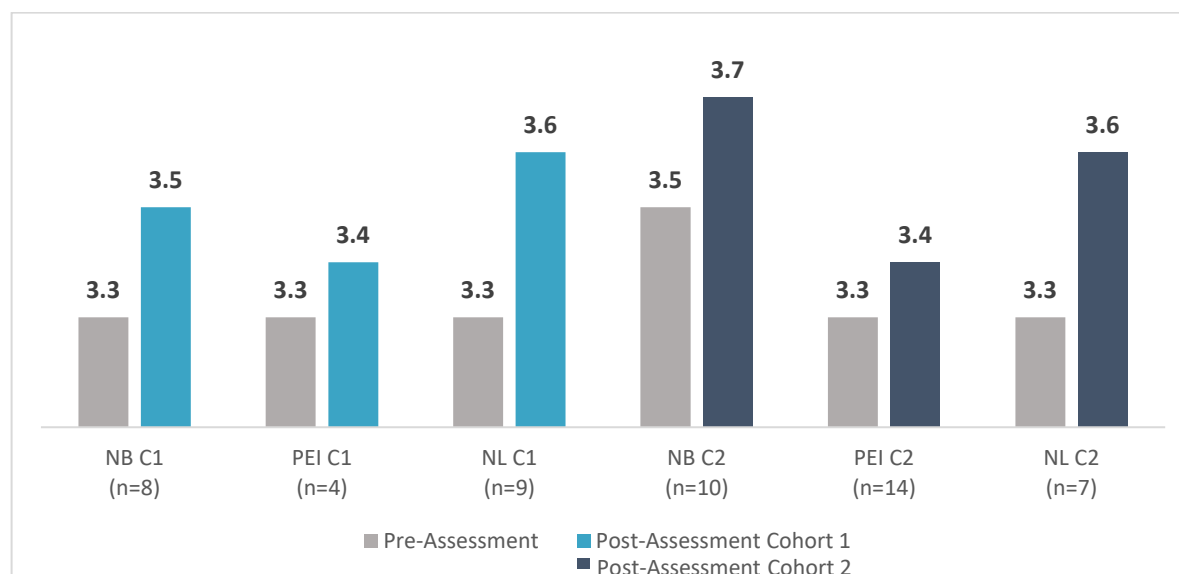
Participant Readiness to Learn (Pre and Post) – Self-Assessment

The following summarizes data captured within the LMS during C1 and C2. 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 C1 participants (NB - 8; PEI - 4; NL - 9) and 31 of the 40 C2 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 | 1 | 2 | 3 | 4 |
|--------------------|---------------------|------------------------|------------------|---------------|
| Not at all like me | Very little like me | Undecided/ Not sure | Somewhat like me | A lot like me |

Overall, all provinces saw slight increases when comparing pre- and post-scores over both C1 and C2 (Figure 7). The average pre- and post-assessment scores were consistent across both cohorts, with PEI and NL scores remaining unchanged. However, NB average scores increased between the first and second cohorts.

Figure 7: Participant Readiness to Learn pre- and post-scores by province for C1 and C2



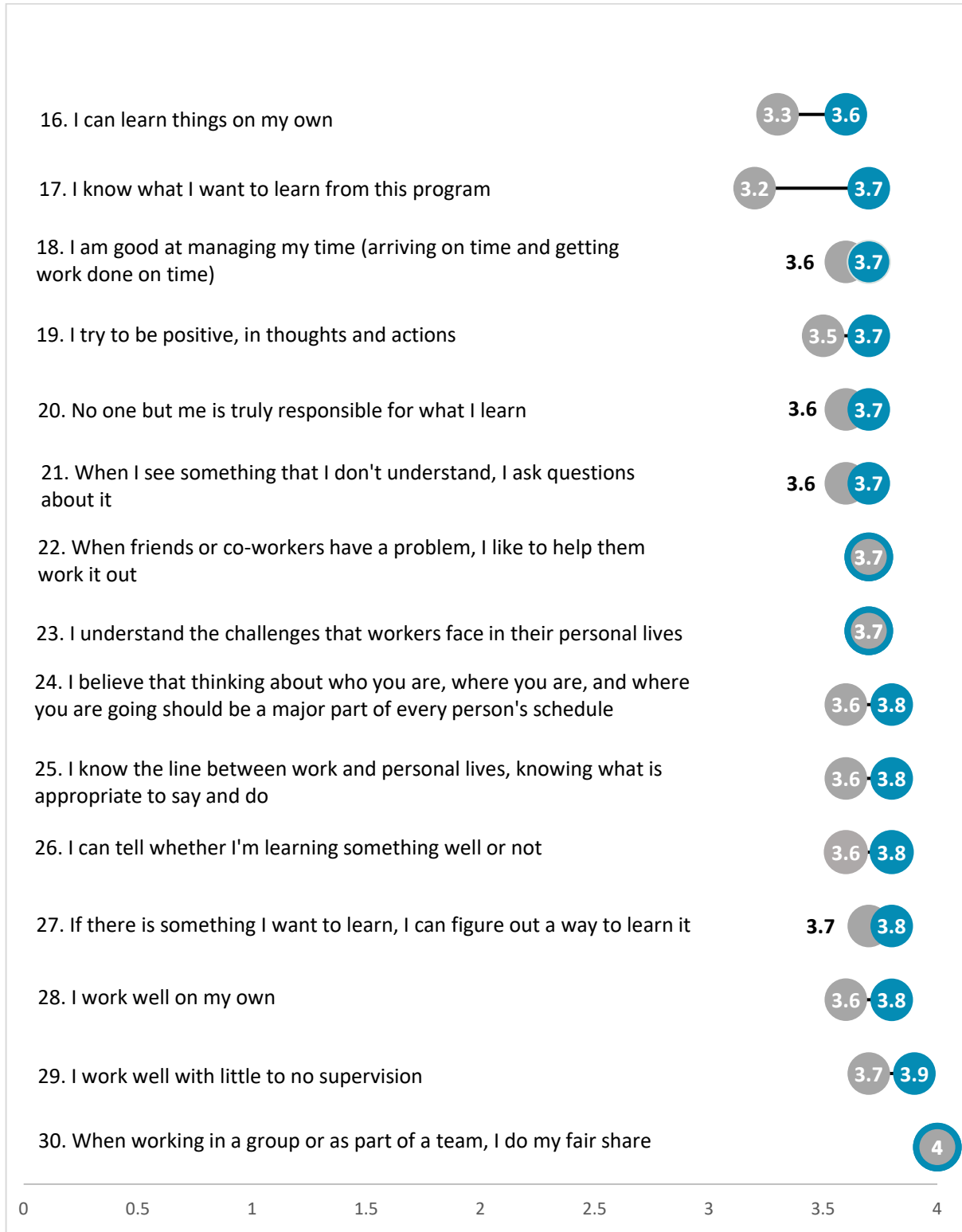
Readiness to Learn was also analyzed by question, taking into account the average scores of all participants combined (C1 and C2). Figure 8 below presents the pre-scores per question in **GREY** and post-scores in **BLUE** as well as the difference in scores (i.e., the change from before to after). Post-scores are organized in ascending order so that questions with the lowest post-score are shown first, and those with increasingly higher post-scores follow. It is important to note that the questions in the figure below have been numbered for the purposes of this analysis and do not correspond to the actual question numbers or ordering in the assessment tool.

As can be seen in the Figure, all questions, with the exception of Question 1, resulted in an average post-rating between 3 and 4. When considering the difference between pre- and post-scores, most questions show an increase in average participant ratings. In instances where average participant ratings increased, the increase is slight in most cases (0.1 to 0.4) with the largest increase being 0.5 (Question 17).

Some of the questions (4 of the 30) did not show any change from pre to post. There were no instances of decreased scores from pre to post.

Figure 8: Average Pre- and post-participant Readiness to Learn scores by question (C1 and C2)





Average pre- and post-scores were also compared across C1 and C2 participants. However, few differences emerged. The table below identifies the instances where differences emerged across cohorts for specific questions in the assessment, with the average scores being slightly higher for C2.

Table 4: Notable instances of differences between C1 and C2 Pre- and Post- Participant Readiness to Learn average scores

| | Cohort 1 | | Cohort 2 | |
|--|----------|------|----------|------|
| | Pre | Post | Pre | Post |
| 1. In a classroom situation, I am comfortable with not knowing exactly what to do at all times. | 2.1 | 2.3 | 2.4 | 2.9 |
| 10. I listen without interrupting when someone else is speaking. | 3.2 | 3.2 | 3.4 | 3.6 |
| 15. I welcome feedback that is given to help me improve myself, whether it is positive or not. | 3.3 | 3.4 | 3.7 | 3.7 |
| 16. I can learn things on my own. | 3.0 | 3.5 | 3.5 | 3.7 |
| Total average scores | 3.3 | 3.5 | 3.4 | 3.6 |

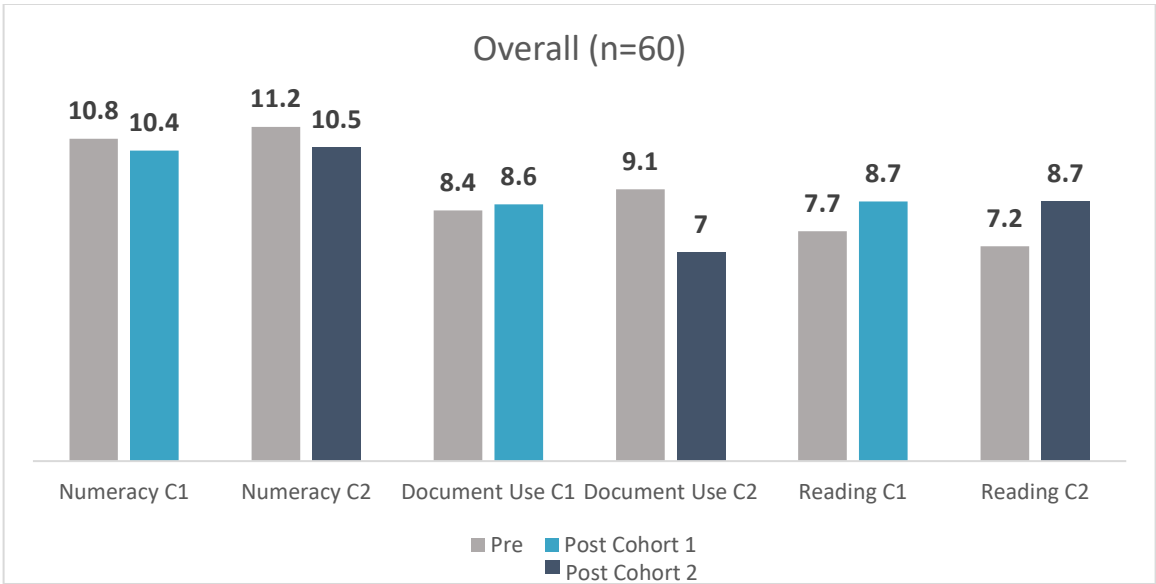
Participant Essential Skills Assessment (Pre and Post) (LMS Data)

Within the 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 C1 and 35 from C2). 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 C1

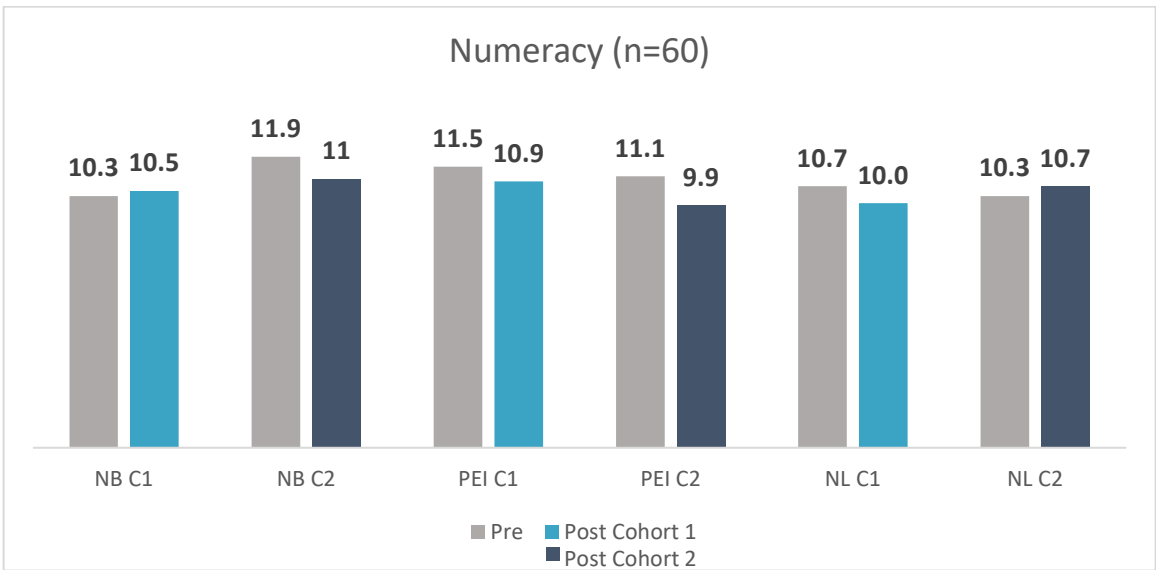
from pre- to post-assessment while C2 experienced a sizable decrease. Overall, average participant scores were highest in numeracy in comparison to document use and reading.

Figure 9: Average C1 and C2 participant pre- and post-scores across all provinces



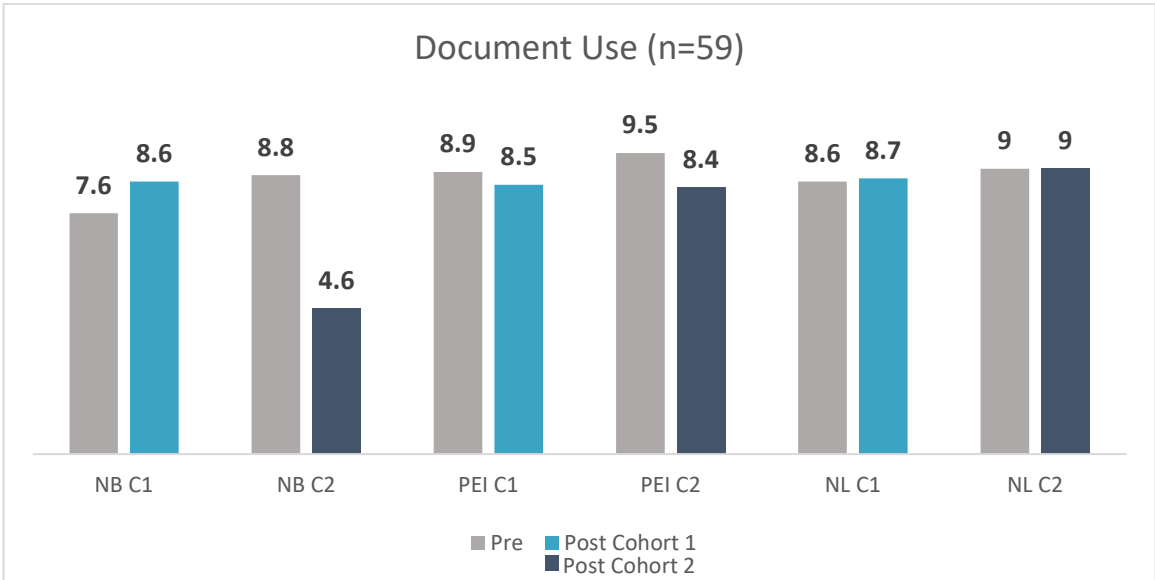
When assessing individual essential skills by province, some differences emerged. Overall average numeracy scores remained high with some post-scores trending slightly higher or lower than pre-assessment scores (Figure 10).

Figure 10: Average C1 and C2 participant pre- and post-numeracy scores - by province and overall



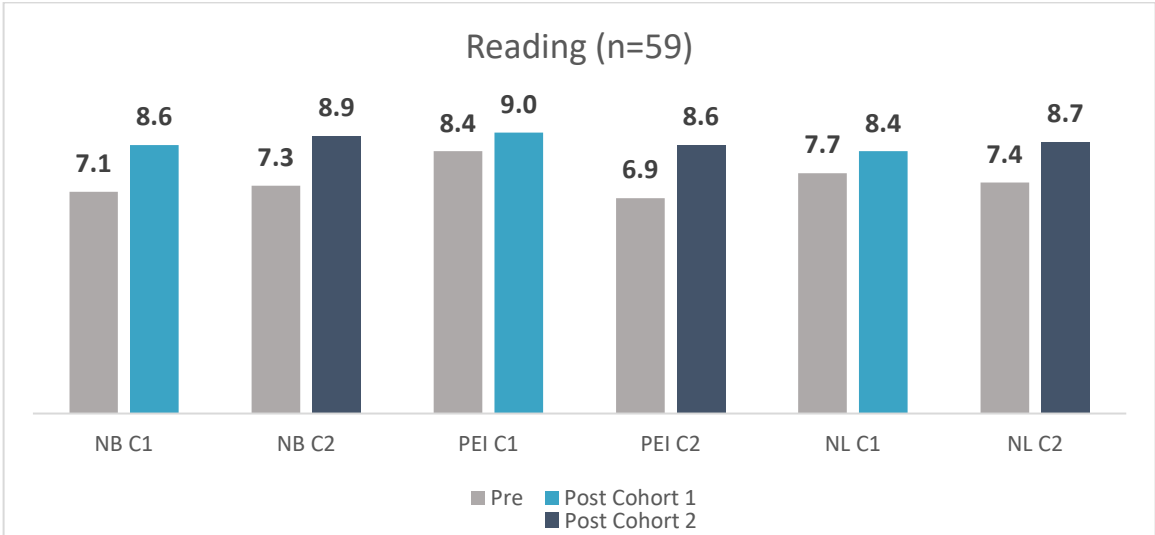
Average document use scores were fairly consistent across cohorts and provinces with the exception of NB. The province saw increased average document use scores in C1 yet a significant decrease in C2 (Figure 11). (It should be noted that one of the 60 participant respondents did not complete the section on document use.)

Figure 11: Average C1 and C2 participant pre- and post-document use scores - by province and overall



Few differences emerged when assessing the average pre- and post-reading scores across provinces and cohorts with all seeing a slight increase (Figure 12). (It should be noted that one of the 60 participant respondents did not complete the section on reading.)

Figure 12: Average C1 and C2 participant pre- and post-reading scores - by province and overall



Perspectives of the participant respondents

Almost all of the C1 and C2 participant respondents (n=16) said they ‘agreed’ (31%) or ‘strongly agreed’ (64%) that they have improved essential skills. The remaining C1 respondent was ‘neutral’ in relation to this outcome (rating of 3 out of 5).

One of the participant respondents stated that writing reports and notes at work has helped in their development of essential skills, while two other respondents said they were already strong in such areas, but the project was still a useful refresher.

The survey respondents also were asked to provide ratings in consideration of how skilled they were in each of nine essential skills pre-project and about mid-way through their work placement:

| | | |
|--|----------|----------------|
| Communication | Reading | Adaptability |
| Collaboration | Writing | Digital Skills |
| Problem Solving | Numeracy | Document Use |
| Rating scale: 1=Not very skilled at all 2=Not skilled 3=Okay/Average 4=Skilled 5=Very skilled | | |

Overall, most of the survey respondents in each cohort indicated a one-to-two-point increase across all nine skill areas. Of note, some of the C1 and C2 respondents provided a high skill rating at the beginning (4 or 5 out of 5).

A few of the C2 respondents noted a four-point increase (1 to 5 out of 5) in five of the skill areas. No respondent indicated they had experienced a decrease in their skill level.

9.1.3 Participants have improved employability skills and work experience in the senior health care sector

Findings:

All C1 and C2 participant respondents felt that their employability skills had improved.

All survey respondents also felt that they gained work experience in the senior health care sector. This is evidenced by the number of project participants who completed their on-the-job training and/or work placements, as described in Section 8.1, as well as the number who were employed in the sector at the end of their work placement (as described in Section 9.2.2).

9.1.4 Participants have increased access to workplace-based supports

Findings:

Evidence presented herein shows that benefits were accrued for those who had an opportunity to work with mentors as described in Section 4.1. However, there were participants who did not work with a mentor at the workplace, and this was seen to be a gap in their project experience as well as in the levels of support available at the workplace.

9.1.5 Mentors have increased confidence and capacity to support participants/employees in their workplace

Findings:

Project, mentor and employer informants highlighted the project provided the mentors with tools and learning which has increased their confidence and capacity to support participants/employees in their workplace.

The follow-up mentor informants concurred with this perspective and stated that they use the skills they learned on a daily basis, including in relation to, for example, providing individualized support, communication and conflict resolution.

Some of the C1 and C2 project informants felt that the project provided the mentors with tools and insight which have enhanced their confidence and capacity to be good leaders and to support the project participants and other employees in the workplace. For those with previous formal mentor training, the project reinforced and/or refreshed key concepts.

The C1 and C2 mentor and employer informants generally concurred with these perspectives. Comments included:

I was so impressed with the mentorship training. [...] My staff were really happy with it so I think I will do it, too. Then I will be able to tell other people about it and get them to do it too.

The training has supported them to be not only good leaders, but also successful co-workers.

The program really strengthened the leadership team at my facility. The skills training makes us more competent leaders and allows for more thoughtful supervision from the division managers.

One benefit from the program is the training in leadership and problem solving that I and other division managers received. There's not too many programs out there

providing this kind of training. I think all managers in our company should have this training.

All of the C1 and C2 follow-up mentor informants highlighted several areas of skill building arising from participation in the mentor training including leadership, communication, conflict resolution and understanding the value of providing ongoing help to their employees. One of the follow-up mentor informants said that their greatest learning was the difference between being a supervisor versus a mentor.

Other follow-up mentor informants referenced being more confident in how they work with their staff and new employees and in knowing that their approaches are effective, with one informant saying networking with staff from other agencies/facilities helped reinforce their position. Comments included:

Before the training program, I really had no idea what I was doing when it came to dealing with people. Now I know that it's on the right track most times. It makes a big difference when you know you are doing something the right way. You have more confidence in yourself.

I think I have gained more confidence when training. I take greater enjoyment from inspiring people to have a deeper connection to the job; that it is not just a job but a whole mentality. I have also learned to look deeper at the individual for greater success and attitudes.

I feel more comfortable in my new leadership role and more prepared to take on the summer when seasonal activity assistants will be working under my supervision and mentorship for the first time.

Most of the follow-up mentor informants said they were employing what they learned on a daily basis including in the following ways.

Communication

The most important thing I learned was how to talk to people (staff and new employees) to find out how they are doing. Before, if I didn't hear anything, I would assume everything was fine. Now, I know different – I use my communication skills, listening skills, to find out what's really going on.

I am much more approachable now than I used to be. My staff can come to me and talk about anything, and I find that things run much smoother because of it. And from talking things over with staff members, we have found better ways to do things, little things, but everybody is happier doing their jobs.

Providing ongoing support

In the past we would show them the ropes, then leave them on their own. They would come to us when there was an issue. Now, we stay with them more, and talk with them everyday. It makes a big difference.

We get stuck in our routines, and the training reminded me that times have changed since I first started in this industry, and I have to adjust to those changes. People today need more support than they once did. They need more basic training. New people to the job do not have the world-experience they once did. The pandemic has changed how everything works, especially in our industry. The (project) training made me realize that I have to pay more attention to my employees' personal issues than I did before.

Focusing on each individual staff

A few of the follow-up mentors said they are more focused on a task at hand instead of multi-tasking, and/or are more intentional in their conversations and personal connections with staff. Comments included:

I like to incorporate things from our course such as respect and learning about my coworkers, so I can adjust my training to the individual instead of a general checklist and find out more about their personal and professional goals. I have found that it is better to train staff as individuals. Through these practices, I have had more success with staff who have been more challenging.

Conflict resolution

One of the follow-up mentor informants said that the training taught them to 'not react immediately' when an issue arises, but to 'take the time to think before doing something'. Additionally, a key learning was to not take things personally, which they described as dramatically improving their daily work life. Other comments included:

I used to shy away from conflict, but now I just cut to the chase. [...] What they taught us is very effective when it comes to difficult situations. Now I have a lot more confidence when it comes to conflict resolution and disciplinary issues.

There are 18 to 20 employees here at any given time, and there is always something, some issue. It may be disciplinary, or criticism, or just hands-on how things should be done. I use the tips and tricks and things I learned to help me with that: 'making eye contact' with the staff member; 'staying in the moment' when dealing with the issue; 'knowing how to listen', and 'what to listen for' when talking with staff.

The training scenarios were really good. I know how to handle problems with staff better now. I know how to stay calm, be patient, wait until everything cools down. It works wonders.

9.1.6 Employers have an improved onboarding process

Findings:

A few of the mentor informants and those who had a follow-up interview spoke to enhanced onboarding processes at their facilities. They said, for example, they have a more robust orientation process, an intentional focus on supporting new hires for their first few weeks and/or the ability to facilitate a positive work environment.

A few of the C2 mentor informants said that the training/project resulted in some improvements in their own hiring processes including onboarding. They said for example, they now have an improved orientation process (development of a new employee orientation package) and better communication throughout the workplace. One of the follow-up mentors said that, arising from the project, they are looking at ways to better design their shifts to meet the needs of new hires.

Four of the follow-up mentor informants specifically referenced using their training with new employees. They cited, for example,

- Assigning a senior staff to support new employees for the first few weeks on the job and focusing on the basics from the mentor training – communication and problem solving. This informant said they have a focus on passing along their learnings to other staff to build their capacity to work well with other employees.

- Regularly checking in on new employees

You'd be surprised how much you find out. Before my training, I would just concentrate on doing my job. Now I realize that I have to be there for them.

I have begun applying some of the mentorship skills to my relationships with all new care staff members, and even giving an in-service session [in my area] as a part of their orientation to the building. This allows me to start relationships with them and check in on how they are getting along with the new job (which has been hard in the past because we work in different departments and don't spend much time together).

- Employing two-way communication

So I now have an open-door policy. Anybody can come into my office (when I'm not too busy) and just talk, or vent if they have to. I think that is really working.

- Enabling a positive work environment:

I try to make it fun and keep a positive attitude. I try to get the new hires to have fun and make it a fun place to work.

9.1.7 Employers have vacant positions filled

Findings:

While the project has helped a few employers in the project sites to fill vacant positions, significant recruitment challenges remain. However, some of the employer and mentor informants highlighted how the project has provided job seekers a unique and direct path into the sector and/or a way to 'try out' the sector, with the potential to have a larger impact.

Some of the project informants felt the initiative has had some positive impact on filling vacant positions. It was stated, for example, that the project provided employers with new recruits who brought a level of skills training and understanding that new hires 'off the street' might not have. Many of the C1 and C2 employer and mentor informants specifically said that increased opportunity for new employees and bringing people into the sector was what they had hoped for from the project and hiring those who participated in the project was a reflection of its success.

More specifically, many of the C2 mentor informants highlighted that the project provided a new and different way of potentially filling gaps in their staff complement and broadening the pool of skilled workers. One of the C1 mentor informants felt this opportunity was a great way for 'people to come in and find out if they are suited for the job'. More generally, employer informants felt this project helped to increase interest in employment in the health care sector which also could secure more employees at their facilities.

While the project and focus were seen to be timely in terms of the sector – given the level of understaffing, some of the project and employer informants noted there are still significant recruitment challenges to the sector across the three participating provinces.

9.2 To what degree is the project contributing to achievement of the intermediate outcomes

9.2.1 Participants have increased work-related capacity and employability skills and employers have an increased pool of skilled workers

Findings:

Data from the participant training feedback forms shows that participants felt they had made strides in both their work-related capacity and employability skills.

Almost all of the mentor informants, who either directly worked with a participant or observed them working in their workplace (under another mentor

and/or manager), felt the participants were better prepared and/or trained than other entry-level staff.

Arising from the knowledge that the participants were work-ready, employers were seeking out opportunities to participate in the project to access a potential pool of skilled workers.

Almost all of the mentor informants, who either directly worked with a participant or observed them working in their workplace (under another mentor and/or manager), felt the participants were better prepared and/or trained than other entry-level staff.

Reasons for this perspective included that the participants have gained specific skill sets, they were not as nervous as other new employees, and/or they seemed well-equipped to handle their job duties. Comments included:

They are far better prepared than entry-level staff. They have learned specific skill sets, so their competency level is higher as a result. They are more focused on specific job skills, which increases their commitment level. No comparison, really, to the usual entry-level applicant.

The participants are more and better prepared than people in off the street. Our participants had already been on-site to meet with the Executive Director and [senior staff], and as a result have a better understanding of what to expect. It is really evident that the EES participants are much better trained than the usual entry-level employee. They (the program participants) already have a solid foundation, so I do not have to spend my time with them going over the basics. I can focus on specific job tasks during the orientation period.

Participants in this program are far better prepared than the normal new hire. They have more realistic expectations about what the job entails. They do not have negative attitudes about the workplace and have had a chance to meet with us and talk about the day-to-day job requirements. They are ready - almost! - To start work from day one.

The group of participants that came from this project have been a breath of fresh air - they are the most professional, compassionate, and determined-to-learn employees we have seen in a long time. This is giving us hope that a culture change is possible after the slump that COVID put us in, like in most long-term care facilities these past few years.

Of note, is that during the project, there were other employers who had learned of the project and the job-readiness of the participants, and felt it would be beneficial for their site, expressing interest in participating. As described by one of the project informants:

Employers love it. They are emailing me and asking when is there another cohort? They say people are really well prepared for work. [...] Compared to people starting off the street, this is awesome for employers.

Training Outcomes

As a component of their project, participants were asked to rate various training outcomes via an online training feedback form on a scale of 1 to 5 (strongly disagree to strongly agree). As can be seen in Figure 13, they provided very positive ratings, showing that the project has resulted in enhancements to their employability skills and work-related capacity. A few of the participants highlighted a specific workshop on resume building and interview skills as being especially helpful in increasing their job search skills. Several others indicated that their increased skills in communication, positive teamwork, and problem solving helped them to gain confidence and better address conflict.

Figure 13: Average participant ratings of training outcomes



9.2.2 Participants are employed and have increased self-reliance

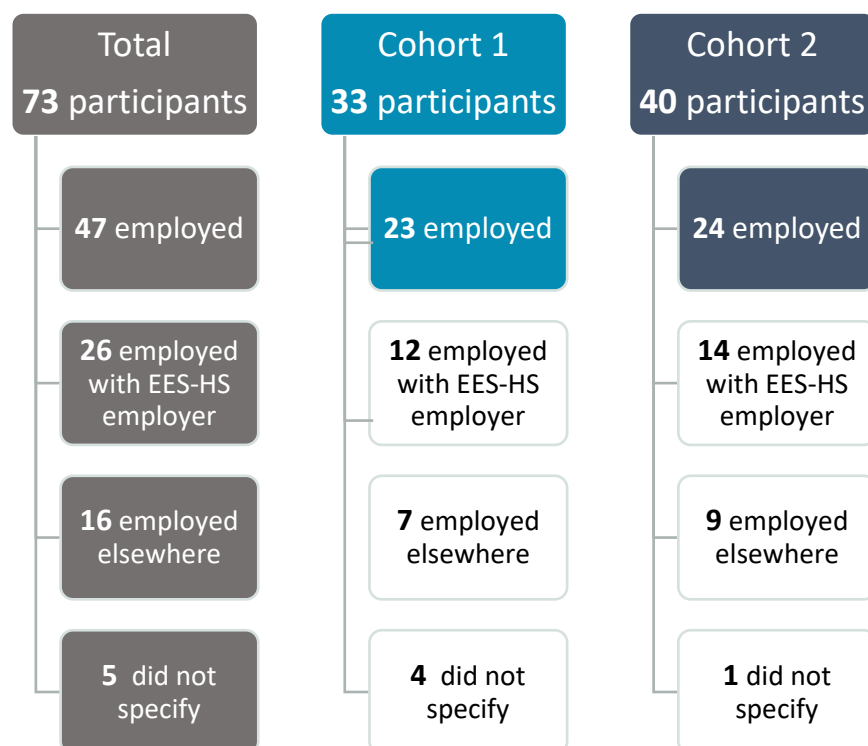
Findings:

The employment outcomes reported in ARMS show that 47 of the 73 project participants were employed at the end of the project. Of this group, over half were employed with their EES-HS Project employer.

It would seem evident that working full-time would support participants to be more self-reliant, and less dependent on financial programs such as Income Support.

Following their participation in the project, 47 of the 73 participants reported being employed. This included participants who left part-way through the project because they found employment elsewhere. Figure 14 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). Another 16 participants were working but their employer/s were not associated with the pilot project and may or may not have been related to the senior health care sector. Five other participants were reported as being employed at the end of the project, yet the nature of their employment was not specified.

Figure 14: Number of participants employed following completion of cohort



At the time of their follow-up interview, all four of the participants were working in the health care sector – three were working full-time and one was working part-time hours (and also working another job which they wanted to keep).

All of these respondents said that being in the project helped them to get a job; this was evident as they were all working with the same employer with whom they were placed during the project. A comment from one participant was:

Absolutely. The course gave me the training to get me in the door and provide me with such a great experience and so much information. I highly recommend the course to those looking to get into this field.

All of the respondents indicated wanting to continue with their current employment.

A few of the project informants highlighted that those who were able to find a job within or outside the sector or to navigate the next stage of employment may not have done so without the project, and the confidence and skills they gained. These were considered successful outcomes and ones that would contribute to the participants' self-reliance.

9.2.3 Employers have enhanced staff retention and enhanced service outcomes

Findings:

As discussed previously, a good proportion of the participants were retained by the employers with whom they had worked during the project; there were some who were not retained.

The mentor training, learning and skill building has resulted in improved service outcomes for the relevant employers.

Staff retention

As noted herein, a number of the participants did not stay at their work placement for many and varied reasons, including to pursue employment elsewhere. However, as referenced above, more than half of the participants were retained by the employers with whom they had worked in the project.

The participant respondents were asked what they planned to do when they had finished the project. All but a small number identified their intention was to continue to work in the senior health care sector, with a few noting they had been offered a full-time position with their employer and/or they wanted to further their career in the sector. The remaining respondents were not entirely sure of their plans, were returning to school but planned to

keep working one shift a week at their current site and/or were contemplating another job offer.

A few of the C1 follow-up mentors felt that there were insufficient numbers of participants retained compared to what they had expected, so they felt there likely was going to be little impact in relation to both recruitment and retention. However, a few of the informants also noted that employee recruitment could be positively impacted by ongoing training programs, and retention should be more successful with the intentional focus on mentoring new employees. Comments included:

Mentoring is a way of life around here now.

We have more employees now than we used to have. We even have a spare list. I can't say that this situation is because of the program but may be a better work environment is helping to keep people longer.

I feel that it will help us determine who will be better employees and hopefully better retention of staff will be the result.

Service provision

A few of the mentor informants referenced how their own learning, skills and capacity building arising from the project have contributed to improved service provision. They said, for example, they are more effective in their roles and this positively impacts efficiencies in the workplace:

When things are handled the right way, it affects everyone. It makes for a better workplace.

Our workplace is much better off because of its participation in the project. Supervisors in the facility are better at their jobs, so the place is probably running more efficiently now.

We got good training, and I think we are doing better at our jobs. We are better able to help out new employees. That has to be a good thing for the home.

Letting staff have a say in what goes on around here is good for morale at the facility, and that has to be a positive thing for the workplace.

We have gained more knowledge; a better understanding of how to facilitate a supportive relationship with our employees. We are better connecting the gap between management and the front-line.

9.3 To what degree is the project contributing to the achievement of the long-term outcomes?

Findings:

There is some evidence that the project likely has contributed to achieving the long-term outcomes of improved quality of life (e.g., social inclusion) and has enhanced attachment to the labour force (e.g., full-time employment) for those participants who were retained by their EES-HS Project employers. Additionally, it was felt that these outcomes would also equally be realized for early leavers whose project participation had provided them skills and confidence to find employment elsewhere.

As previously discussed, the project has contributed in a small way to meeting the recruitment demands in the sector in the regions where the project was undertaken.

A few of the project informants felt there was contribution to the longer-term outcome of improved quality of life for participants. They described how some of the participants have experienced more social inclusion and or built their support networks. In addition to meeting the Coordinators and Facilitators, they also are meeting other participants and being exposed to professionals from their communities/region (guest speakers) who are sharing information that could be relevant to the participants in other aspects of their lives (e.g., finances, addressing grief).

Additionally, and is demonstrated herein, some of the participants now have employment (either in the senior health care sector or elsewhere), which could lead to longer-term attachment to the labour market and economic inclusion.

In relation to the program helping to meet the recruitment demands of the senior health care sector, and as discussed in this report, it has contributed in a small measure, given the numbers who stayed with their employers. What is of note, is the project has demonstrated that it can help in this regard and, so, if sustained is another avenue for recruitment of skilled staff.

The case study participants' experience

At the time of their interviews, both of the case study participants were employed full-time with the employer with whom they completed their work placement. Additionally, at that time, one of the participants was being supported by a mentor; the other was not due to staff shortages. The participants' duties were varied and included, for example, working as a support worker, and/or in housekeeping, laundry and the kitchen.

Both of the case study participants indicated having a very positive overall experience working in the senior health care sector. One said that there have been some challenges (e.g., not having a mentor) but overall, everything had gone well, and the other said that they love every aspect of their job (e.g., clients, management, other facility staff, their duties).

The case study participants felt that their participation in the project helped them to secure employment as they were both offered full-time jobs with the facility at which they completed their work placement once the project was over.

One of the case study participants indicated that project participation impacted them ‘very profoundly’. Through their involvement, they were able to move forward in their life, including living independently. They described enduring a lengthy and challenging journey to get to the position of independence they have now and described experiencing a boost to their self-esteem. On reflection, they can see how far they have come and said the EES-HS Project is largely to thank for that.

Similarly, the other case study participant identified that the EES-HS Project has had a key role in helping them ‘become something’ and provide a better life for their children. They said this project was ‘everything they needed’, and it came along at the perfect time.

In terms of future plans (five years hence), one of the case study participants hopes to be a Home Manager and work their way up the ladder at their current workplace. The other participant, despite their gratitude for this project and the resulting job, hopes to eventually reach a point where they can make a living from their other area of interest.

9.4 Have there been any unexpected impacts (positive or negative) arising from the project for the stakeholders and participants? If yes, what?

Findings:

A few unexpected impacts were identified for the project, in particular the positive effect it had on the project partners’ organizations – e.g., capacity building, positive profile, and a transferable training model.

Another unexpected impact of note was the networks which the participants and mentors each formed, providing them avenues for peer support, friendship, and/or strategizing.

→Project partners noted that having partners across the three provinces and with differing mandates, provided opportunities for expanding networks, sharing and learning. Additionally, the partnership contributed to ongoing building of each organization’s knowledge and capacity in terms of the subject matter (workplace essential skills) and service delivery, including engaging skilled staff (Facilitators/Coordinators).

It also was stated that aspects of the model and the knowledge, skills and experience gained by undertaking pan-provincial, online and multi-year projects, are transferable to other projects. To that end, it was highlighted that participation in the project has helped to build the awareness, profile, capacity and/or credibility of each organization at the regional level. One of the partners indicated that they are receiving more inquiries about their services and two identified they are already planning to undertake a similar initiative.

→A few of the C1 project informants were surprised at how interested employers were in the project (as discussed previously) and that some became ‘champions’ – telling other employers about the project.

→Through the training, mentors became close to other mentor trainees, with whom they could share their challenges, frustrations and solutions. The network helped to offset their feeling of isolation and provided an opportunity for strategizing with others who understand their work. Comments included:

The project provided an ability to connect with other people, during a time when you can barely get your work done at work. It gave the mentors a brief respite to talk to someone else, even to commiserate. They're still continuing to meet and share ideas. Helpful to each other. Some felt they were in this fight at work alone, just surviving. Losing sight of bigger goals. The mentor group helped keep that at the forefront; it got them to focus on concepts of care.

A few of the informants similarly noted that the participants bonded within their own cohort groups. This was considered to be critical during COVID-19 when personal interaction was restricted. The training provided participants an avenue for friendship, support and relationship-building.

9.5 What, if any, other factors might have impacted the project outcomes?

Findings:

Factors which could have impacted project outcomes, all of which were outside of the project's control included, for example, the onset of the pandemic, participants' unique circumstances, capacities and challenges, and the attraction of other types of employment with higher wages.

Some of the C2 project informants spoke to factors which could have impacted outcomes, with all noting that these are generally outside of the control of the project. Examples included the participants' unique circumstances and challenges:

Despite the selection criteria and intake interview, success depends largely on who you select. But there were some things we could not control. They have their own lives,

barriers and frame of reference. Some come from families and environments which dictate how they participate. No matter how much you identify someone who is perfect – they may not really be ready. No matter how much you do – some may still leave. However, the successes of those who finish – far outweigh it.

A few of the project informants also referenced how outcomes could be influenced by each Facilitator's unique teaching style and approach, including when some go the 'extra mile' and do more than expected in their role.

Other factors which could have impacted outcomes included COVID-19, which severely limited in-person training. Online learning, as described herein, could have had positive or negative impacts depending on each participant and, for example, their learning style, the reliability of their internet, and/or whether they had distractions at home.

Additionally, during COVID-19, jobs related to vaccination clinics proliferated and paid more than would have been earned in many of the senior health care sector jobs available through the project. More generally, some of the participants went onto other employment with higher wages.

OVERALL MODEL AND APPROACH

10.1 What are the strengths of the project model?

Findings:

The project is seen to have had multiple strengths including – building on an existing model and evolving it over the course of the project, well-skilled project staff and an experienced Project Manager, the depth and scope of support provided to participants and mentors, and facilitating some new hires for the senior health care sector.

The strength of the project is also evidenced by how helpful the various project components and topics were to the participants.

Project components

Almost all participant and early leaver respondents identified that the online/in-class training was 'helpful' or 'very helpful'. The participants' online training feedback form also reveals very high ratings for the training delivery.

Additionally, the majority of those who had a mentor during their on-the-job training and/or who had participated in the work placement at least for a period of time, provided the same helpfulness ratings for these components.

Project topics

All of the participant respondents rated the topics of *adaptability*, *collaboration* and *problem solving* as being 'helpful' or 'very helpful'. Over 80% of respondents also provided these ratings for the topic of *communication*.

As well, the large majority rated the topics of *reading*, *writing*, *document use*, *numeracy* and *digital literacy* as being 'helpful' or 'very helpful'.

C1 and C2 project informants highlighted one or more strengths of the model as have been detailed in this report. These included:

- The opportunity to build on an existing model and learn from ongoing evaluation to evolve the model as needed.
- The relevance of the model to employers, mentors and participants, providing opportunities for learning and growth for those engaged in the training.
- The cohesive and well-skilled staff and experienced Project Manager.
- The support of LCNB's (lead organization's) Board and senior management.
- The collaborative approach to shape the curriculum, which was described as well-done and a 'solid' framework for learning.

- Flexibility in delivering training both to move fully online and to move to more of a blended approach, as the pandemic circumstances and restrictions allowed.
- Availing of community resources to enhance learning.
- The depth and scope of support provided to the participants and mentors.
- Participants' access to ready-made work placements; employers' access to trained staff in a short time period.

Comments included:

The model – the curriculum, online tool and face-to-face [opportunities] - were helpful. The project has had changes to adapt to – COVID-19, the LMS, but the model has been effective. The project did a good job of adapting. Without the solid curriculum, it probably would have lost its way.

The learning materials were excellent. They were well done and helpful. Every Facilitator brings their own perspective and process to engage participants. It was well organized.

The videos and activities were excellent and engaged the participants. The activities were suitable for online learning and others for classroom. It was really well done.

The employer and mentor informants spoke to the strengths of the model from their perspectives, as have been articulated in earlier sections of the report. These included, for example, the approach to training mentors while also training participants, thereby building their capacities simultaneously; having participants complete and/or upgrade needed certifications; and in some instances, facilitating new hires. It also was noted that the project potentially could provide a stream of skilled participants who could fill staff vacancies going forward.

Helpfulness of each project component and training topic

The participant respondents (n=16) were asked to rate the helpfulness of each of the three project components – training, on-the-job training and the work placements and project topics using the following scale:

1=Not very helpful 2=Not helpful 3=It was okay/average 4=Helpful 5=Very helpful

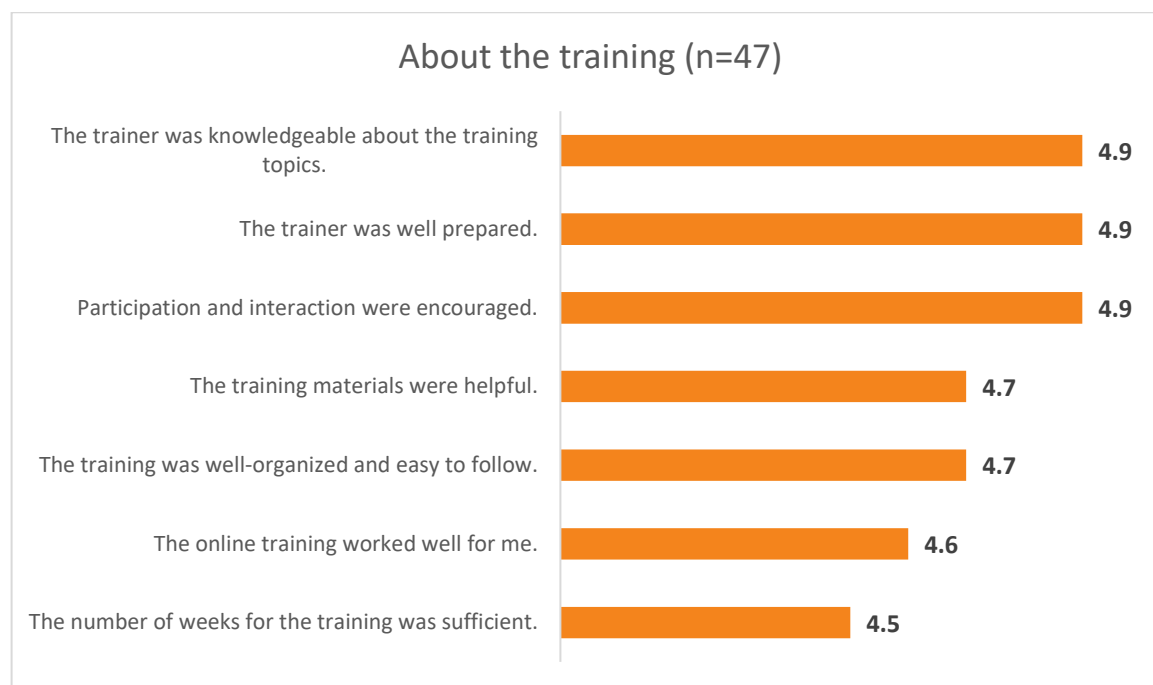
Additionally, all of the participants (n=47) rated effectiveness of the training delivery via the online feedback form.

→Online training

About 90% percent of the C1 and C2 participant and early leaver survey respondents (n=32) rated the online training as 'helpful' or 'very helpful'.

As can be seen in Figure 15, results from the online feedback form also show the participants (n=47) provided high ratings (4.5 to 4.9 out of 5) for all of the elements related to training delivery.

Figure 15: Average participant ratings regarding training



Reasons for the high ratings, and comments from participants about what they liked most about the training, were numerous. They spoke to the excellent Facilitators, who were described as patient, well-prepared, well-organized, knowledgeable and who created a welcoming, caring and encouraging environment and a positive learning space.

Additionally, it was highlighted that the training materials were well-laid out, participants gained a wealth of knowledge and/or they benefited from acquiring certificates for employment (e.g., WHIMIS). Working online was seen to be beneficial for some who preferred this method of delivery, while working at their own pace.

Overall, many spoke to enjoying the group-based learning and/or the social aspect and camaraderie afforded by the project, with several stating they have found great friends in their classmates. Respondents described their participant group as supportive and understanding, providing a comfortable learning environment where individuals were not afraid to ask questions or share experiences.

→On-the-job training

Almost all of the participant and early leaver survey respondents who did receive on-the-job training provided a rating of 'helpful' or 'very helpful'. Of the respondents who commented on

their ratings, this component was considered an opportunity to fill skill gaps and receive valuable hands-on training in preparation for working independently in the sector.

→Work placement

The large majority of the participant and early leaver respondents, who had participated at least to some extent in the work placement, rated this component as 'helpful' or 'very helpful'. Comments included that the work placement was a significant learning experience and provided an opportunity to continue growing their skills and/or it was the most significant component in relation to influencing their future. Others said that during their work placement, the staff were all very positive and encouraging, their confidence increased, and/or they gained valuable work and life experience.

A small number of survey respondents described their work placement as challenging because they did not have formal on-the-job training and/or a mentor. For example, one of the early leaver respondents said that their work placement was very chaotic as they were left alone to do their job after receiving little hands-on training.

Training topics

Adaptability, collaboration and problem solving

All of the C1 and C2 participant respondents rated the topics of *adaptability, collaboration* and *problem solving* as 'helpful' or 'very helpful'. Almost all of the respondents provided the same ratings for the topic of problem solving.

'Adaptability' was described as one of the most relevant and valuable topics covered in the online training, with several respondents saying it was 'amazing', 'necessary' and/or an 'eye opener'.

'Collaboration' was considered integral to successful teamwork.

'Problem solving' was identified as a crucial skill when working in a sector where each day is different.

Communication

Over 80% of the C1 and C2 participant respondents rated the topic of communication as 'helpful' or 'very helpful'.

The majority of the respondents spoke to the necessity of strong communication skills when working in this field, and one respondent specifically highlighted applying what they learned about this topic when working with persons who had various disabilities. The respondents who provided lower ratings noted, for example, that they had strong communication skills prior to the project and/or they did not see their role as needing strong communication skills.

Digital Skills

About 73% of the participant respondents rated the topic of *digital literacy* as ‘helpful’ or ‘very helpful’.

A few of the respondents spoke to how beneficial this topic was, stating, for example, they regularly implement what they learned and/or it was a good refresher. A small number of respondents also stated that the initial training being online (due to the COVID-19 pandemic) reinforced existing skills they had.

Reading, Writing, Numeracy and Document Use

About two-thirds of the participant survey respondents rated the topics of reading and writing as ‘helpful’ or ‘very helpful’, with 65% to 75% of the respondents also providing these ratings in relation to the topics of numeracy and document use.

The participant survey respondents had differing views on the relevance of these skills to their jobs with some noting they did not use these skills in their day-to-day work and/or they were strong in these skill areas before the project. Others noted, for example, that document use and reading were helpful in relation to completing charts and reading notes from clinicians.

10.1.1 Could the design and delivery be changed in any way to increase its efficiency/effectiveness?

Findings:

A number of suggestions were made to enhance the efficiency and/or effectiveness of the model. These included: further testing and honing of the project approach including the hybrid model, tweaks to the curriculum and learning processes, strategies for more effective mentor and participant recruitment, and ensuring participants have access to a mentor in the workplace.

The following changes were suggested by informants and/or participants to enhance the design and/or delivery of the EES-HS Project model for any future inceptions.

Project approach and planning

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

Further test and hone the hybrid/blended model of in-person and virtual training. This would include an opportunity for participants at each site to meet their Facilitator and mentors in-person, as this would support relationship building. Have a face-to-face meeting at the end of the learning period to facilitate a debriefing about the training and the overall experience.

This discussion would inform needed changes going forward. Of note, the value of this approach to relationship building had been recognized during the ESAF Project. It was fully intended for this approach to be employed in the EES-HS Project. However, the pandemic and restrictions around in-person gatherings greatly constrained the extent to which this could have been done.

Additionally, it was reiterated that learning can take place outside of the actual classroom setting and opportunities should be made available for experiential learning³ as well.

More specific recommendations were set out by the curriculum developer should the project be undertaken again:

Curriculum and Learning Processes

Mentor training:

- a. Embed additional materials and learning activities on leadership skills and conflict resolution (other suggestions from mentor informants included effective listening - e.g., how to respond when employees are talking about how they are feeling about the job; giving constructive criticism/how to have difficult conversations; dealing with difficult situations – e.g., effectively addressing disciplinary matters; terminating employees)
- b. Consider having the mentor training mostly asynchronous, with one weekly live session as a group.

Learner training

- a. Continue to evolve the curriculum in light of changing standards of practice in the essential employability skills for health services for senior health care settings.
- b. Add tiered learning materials to address the varied education levels and interests of learners, all who have a minimum of Grade 12 and some who have post-secondary learning.
- c. Continue to encourage learners to engage in the training materials based on their learning preferences. If they prefer to engage with the learning activities in the print-based manual provided, they should not be required to duplicate efforts in the digital manual for the sake of tracking task completion.
- d. As society moves past the impacts of COVID-19, the curriculum should reflect more generalized references to infectious diseases protocols and concerns for the senior populations and front line health care workers.

³ Experiential learning is a method of educating through first-hand experience. Skills, knowledge, and experience are acquired outside of the traditional academic classroom setting, and may include internships, field trips, field research, and service-learning projects - <https://study.com/academy/lesson/what-is-experiential-learning-definition-theories-examples.html>.

- e. Continue to monitor the emergence of resources for the new Skills for Success Framework for potential inclusion in this curriculum.

Digital Processes

Learner training

- a. Consider switching from Chromebooks to a laptop that has more processing power and fewer restrictions for adding additional software.
- b. Use Zoom as the live classroom platform as it is a standard tool across organizations and seems to have fewer bugs than the platform [the LMS] embeds as part of their course packaging.
- c. Continue to offer classroom-based learning that is supplemented with online learning and responsive to changing health and safety protocols in the community.

Performance measurement

Ensure that reporting and/or data input is not burdensome and time consuming for the Coordinators, as this detracts from other project duties.

Continue to employ both qualitative and quantitative measures to capture and evaluate project outcomes. As possible, employ evaluation methods to measure longer-term outcomes.

Mentor recruitment and training

Provide sufficient orientation to the mentor trainees so they understand the scope of the project, and are introduced to the sponsoring literacy organization. It was felt this would support better understanding of the project's goals and facilitate buy-in from the trainees.

As possible, recruit multiple mentors from each facility/agency as this sets the foundation of a network of support, who can collaborate in onboarding and helping new employees.

Establish a suggested and more structured learning schedule so mentors are clear on how much they should accomplish each week, as opposed to 'at your own pace' learning, as this lack of structure does not work for all learners.

Have longer and more frequent training sessions and/or more emphasis and time on some of the material (e.g., conflict resolution).

Hold follow-up sessions to refresh mentors' knowledge and skills.

Approach to participant training

Provide more opportunities for relationship building between the participants and mentors during the training. Suggestions included having periods of joint training, which would allow participants to hear first-hand the realities of the job. Comments from the mentor informants included:

During the training, it would have been nice to meet the mentees, get to know them a little. The participants would have a friendly face when they came in, and I would know how to approach them right at the beginning. This could make or break it. Maybe if they knew more about us, they would stay on or just show up.

Having more time together prior to the work placement amongst mentors and mentees might be a good thing. If they get to know us better, they might be more inclined to stick around.

Participant recruitment and 'fit' for the senior health care sector

- Expand the project criteria so as to increase the applicant pool. Comments included:

EES-HS is designed to address our critical needs so we have to get as many qualified candidates as possible in the system. We have to spread the word about the benefits of the program.

- Continue to focus on deepening participants' understanding of the work, role and expectations involved in long-term care so that those who are the 'best fit' are recruited for and/or retained in the project and workplaces. Comments included:

The seniors' care industry might not be the right fit for many of the participants.[...] Unfortunately, we do not find this out until it is too late. The applicant does the training, goes to the workplace and decides within a day or two that 'this is not for me'. [...] there is a need to strengthen the participants' expectation piece of the program. More often than not, the participants' work expectations do not reflect the reality of the situation.

The problem lies with the selection of applicants. They look good on paper but it is a different story when the reality of the work hits them. [...] It is critical that the participants have a good understanding of the environment they are getting into. The most important part of the project has to be the number and quality of the applicants selected for the training.

Strategies to better prepare participants for and/or to better match them to a workplace included:

Continue to bring participants in for a tour of the workplace "to acclimatize" them prior to starting in the project. As commented by mentor and employer informants:

It's no good for someone to tell you about this job. You have to come in and see it for yourself. This job is not for everybody.

We arranged for a tour of our facilities. As a part of the tour, participants were able to meet with the mentors. It was good for them to get a look at the workplace and to meet the people they would be working with. I think that went a long way with both their coming here and staying here.

Encourage employers to consider a short ‘job shadowing’ period in advance of the on-the-job training and work placement.

Perhaps participant resumes could be provided to employers earlier in the project so they can provide input into who might be the ‘best fit’. More generally, it would be beneficial if there were collaboration between all business owners involved in the project to discuss project participants and where they might be best placed, as well as any challenges they are facing.

Perspectives of the participants

Participants (including early leavers and the case study participants) provided suggestions for changes they would make to the project, and this was supplemented by information gathered from the online training feedback forms. Some of these suggestions have been presented previously:

- Enable a blended approach – online and in-person
- Address technological issues/Effectively test the online platform and materials before the project starts.
- Ensure the curriculum is sufficiently challenging for the participants, depending on their education levels.
- Increase digital literacy training; provide support for setting up the Chromebook.
- Eliminate repetition in the material.
- Provide reminders about completing online modules.
- Ensure the online training is reflective of the work placement requirements (e.g., caring for older adults/seniors, have guest speakers specific to experiences working in the sector, provide more information early in the project about work placements, wages, hours, and roles).

On-the-job

- Ensure all participants have a mentor
- Ensure the on-the-job training accurately represents the depth and scope of work the participants will be required to do once they begin their work placement.

10.2 Can the project be sustained in the long-term?

Findings:

There is a continuing need for the project given the current and ongoing demand for entry-level workers in the senior health care sector and the upskilling it provides participants to fill vacant positions.

Considerations for sustaining the project include:

The blended approach (online and in-person) appears to be most responsive to the range of participants' needs.

There must be a number of strategies employed to increase participant retention.

The mentoring component is critical and should be maintained.

Using a shared data platform creates efficiencies in the project, as would engaging an administrative assistant to input participant intake and outcome data.

All of the project informants reiterated the ongoing need for the project to be sustained. Reasons include that the senior health care sector continues to struggle with recruitment, and this has been exacerbated by the pandemic; with an aging demographic, the demand will increase; and employers continue to express interest in participating. Additionally, the project provides effective training and skills building opportunities for participants and mentors – which as previously noted, should support recruitment and retention. More generally, for participants, a few of the informants highlighted that it has opened up pathways that some felt were not available to them – for learning and employment. Finally, it was felt the project has applicability to other sectors. Comments included:

The manager at [name of employer] is already emailing to be part of it. It's such a big need in the health care sector. I have seen it firsthand. Being in these places and seeing how short-staffed they are and not being able to get anyone to work. We could run this all year, continuously and could fund in other sectors too. They moved it so easily from fisheries to healthcare. We could easily move it to other sectors.

There is potential to run it again in the health care sector – there is such a need. They are crying out for workers. Based on the number who applied for the project, there is a big demand from participants. We could run more programs in that sector. Also, I feel it is transferable to other sectors – it can be modified.

One participant left to go work in a doctor's office, another in COVID testing. [...] The health sector is big and wide. There are other spaces you can work in the project and not limit the project to long-term care.

It was noted that to sustain the project:

- There has to be in-house capacity for a lead organization to write a proposal to access project funding and organizational capacity to deliver the project
- Sufficient funds would be needed to run the project across sites, including to cover staffing and supports for participants and mentors.

It was suggested by a few informants that the project could, perhaps, be one of cost-recovery. It was felt that this could be a marketable model given the return on investment, in particular for those who are receiving Income Support and/or experiencing long-term unemployment.

10.2.1 Overall considerations for sustaining the project

A number of considerations have been provided in proceeding sections which speak to opportunities to enhance the design and delivery of the project model. The following are additional considerations in this regard.

Virtual learning

There are pros and cons to virtual learning which, due to pandemic restrictions, became the predominant training approach for the EES-HS Project. On the positive side, for example, participants from a larger radius could participate as transportation was not a concern for the online training, and it was convenient for guest speakers to participate.

In terms of the downsides to virtual learning, there is no opportunity for hands-on work, participants differ in their level of digital literacy, it can challenge the degree of participant engagement, and it can be more challenging to engage shy participants.

The blended approach (online and in-person) employed by the EES-HS Project appears to be most responsive to the range of participants' needs, as long as the online platform is working well and the Facilitators are aware of participants' strengths and weaknesses in working online.

A blended approach is challenged if participants are from communities across a province. This circumstance constrains in-person learning with all participants, unless there are Coordinators/Facilitators in each region. If this stipulation cannot be met, the project sites should be confined to one region wherein the participants can gather in-person, as needed.

Recruitment and retention

The potential value of the project to contribute to filling vacancies within the senior health care sector is evidenced during the project. A key issue, discussed herein, was that there were fewer participants completing the on-the-job and workplace components than expected by the project and employers/mentors. It is suggested that, going forward, consideration be given to further increasing the number of participants beyond the number agreed to for C2 (e.g., from 14 to 16), in particular if a blended approach is employed and participants have opportunities to learn/get together in-person.

Additional strategies for increasing retention, all of which were referenced herein, include continuing to undertake tours of the potential employers' facilities early in the participants' cohorts, ensuring sufficient time is spent discussing the type of work and related expectations, having an intentional focus on relationship-building between the mentors and participants, and ensuring that participants are paired with a mentor on-site for on-the-job training and work placements. The importance and value of having the mentor work with the participant during these two components must be reinforced to employers.

The project staff provided a good framework of support. Going forward and as discussed in section 4.1 providing more funds for key supports of transportation and child care should also deepen attachment to the workplace and improve retention.

Mentoring

The mentoring aspect of the project has been a critical element. This is especially true for the participants who are particularly challenged to transition to a workplace – e.g., because of limited/lack of employment experience and/or personal issues. While the project training covers many key employability topics, the mentors continue to facilitate participants’ skill building in these areas, helping and guiding them during their on-the-job training and placements, and ensuring their work is appropriate and effective.

This aspect of the project would be considered to be integral to its success. Going forward, mentorship should remain a key focus. As discussed above, ongoing efforts would be needed to ensure each project participant is paired with a mentor.

Project data

Consideration could be given to engaging an administrative assistant to input participant intake and outcome data across project sites as this can be burdensome for the Coordinators who are busy with their overall project duties.

It is also suggested that any future projects continue to use a shared data platform for recording and reporting of data to support continued efficiencies as well as to ensure consistency and aggregation of data.

10.3 What innovative practices, if any, have been identified in relation to the design and delivery of the project?

Findings:

A few of the informants described one or more of the following as innovative practices:

- The project’s hybrid model (online and paper content) allowed for much flexibility in implementation as the Facilitators could do online/in-person training depending on the COVID-19 restrictions; further, they could move through the content in the manner which best met the needs of the participants, instead of being constrained by a specific structure and order.
- Having trained mentors provided an important support to participants in the workplace; this is not an approach generally used in traditional employment programs.
- Delivering the program in multiple locations and expanding its reach provided an opportunity to further test the online aspect of the model.

- Including experiential learning activities reinforced the in-class/online training; these experiences broadened the participants' understanding of how and where learning can happen. As described in one of the C2 Facilitator Reports:
'We were able to come together at various times to engage in experiential learning events. While we were together and after the event, participants were assigned corresponding writing activities and reading activities. These activities and events strengthened our group and focused on several Essential skills including Teamwork, Writing, Reading, Adaptability, Problem Solving and Communication.'

10.4 To what extent are the target group and stakeholders satisfied with the project?

Findings:

The large majority of the project stakeholders expressed being very satisfied with the project and their participation. Reasons included:

Project informants: the project team was committed; the senior health care sector is interested in the project

Mentors: the project was a valuable learning experience, providing incredible perspective

Employers: the project provided new hires, as well as training for their staff

Participants: they learned valuable skills and had great support

Project informants

Overall, all of the project informants expressed fairly high levels of satisfaction with the project. They said, for example, that the senior health care sector is engaged in and enthusiastic about the project, with the need for such a project being evident; the opportunity to move people from Income Support to the labour force is beneficial for the participants, employers and the region; LCNB provided good leadership; there was an effective and committed team working in the project; and/or the project demonstrated that the approach of online learning can be successful. Comments included:

Overall, I am pretty happy with how it has evolved. I was not sure if this was the right path. Now I feel proud and want to talk about it.

LCNB did an amazing job in coordinating across sites and with multiple facets at the one time.

The [model] is transferable to other sectors. The whole process is well thought out. It was planned and strategic.

It is frustrating at some points, but working with the team – and it was a team – was very satisfying. Everyone's heart is in the right place and they want to offer the best program possible in their province. [...] Everyone bought into the importance – this mindset and outlook. People are vested in it. Buy in and commitment means they are pushing the envelope.

More specifically to the Coordinators and Facilitators, they said, for example, they enjoyed the project, learned a lot, were provided positive feedback which made them feel appreciated, would gladly participate again, and/or it was rewarding to make a difference in the lives of people who are struggling.

Mentors

The large majority of C1 and C2 mentor informants indicated very high levels of satisfaction with the project. They said it was a valuable learning experience, they were very impressed with their Facilitator, the training was excellent, they better understand the value of teamwork, and/or it provided incredible perspective about a new employees' experience and how to train them. Comments included:

My eyes were opened to different ways of doing things. I had no idea. For instance, how to react when someone is talking to you, the importance of listening and body language. All kinds of things I never knew about.

If you had a scale of one-to-ten, it would be a ten. I just loved everything about it. I felt at ease doing the Zoom calls, I learned a lot and I feel like I am better at my job because of it.

I am now a big believer in the value of teamwork and leadership.

I am 100% happy. When we get new employees, I will know how to train them in.

I have a new insight into what it is like for a new employee entering a work-place. Seeing it through their eyes gave me a whole new perspective and really helped me understand what a mentor is.

More generally, some of the mentor informants said the program would be beneficial for all employers in the industry, it would be a loss if the program does not continue, they would do the program again, if offered, and/or it was a positive learning experience.

The mentor feedback form (n=21) asked them to rate their overall satisfaction with the project on a scale of 1 (very unsatisfied) to 5 (very satisfied). The respondents rated the training positively with an average rating of 4.6. However, there was some variation in the ratings with a few respondents providing dissatisfied or neutral assessments of the overall experience.

For the few mentor informants who were satisfied but less enthusiastic, they noted they were disappointed they did not get an opportunity to mentor the participants in their workplace and/or get new employees. As commented by one of the C1 informants, 'I was excited to get going, to put the training into practice, but it was a bit of a let-down.'

Employers

All C1 and C2 employer informants said they felt satisfied with their involvement in the project, with those who retained employees also noting they were very pleased with this outcome. Two of the employer informants specifically spoke to the value of the mentor training. Comments included:

Our expectations going into this was that we would get some quality workers for our company, and that it would be a way to funnel candidates to our company. This has worked quite well so far. [...] We are getting good reports back from the [region].

My expectations going in were modest. I was hoping for a new employee for our facility here and [ended up with more]. My expectations were more than met. Besides the new employees, my management staff received training they've never had before or would ever get the chance to receive.

I'm satisfied. We have successful hires, which at the end of the day, is a huge win.

Participants

The 14 participant respondents who commented on their levels of satisfaction, all said they would recommend the EES-HS Project to others. A few respondents further stated that they 'cannot say enough good things about it', and/or it was a great opportunity for people in a variety of circumstances. A small number of participant respondents, however, said they would only recommend the project if a person had an interest in the senior health care sector, with another noting this type of work is definitely not for everyone.

The participant training feedback form (n=47) asked them to rate their overall satisfaction with the project on a scale of 1 (very unsatisfied) to 5 (very satisfied). The respondents rated the training very highly with an average rating of 4.8.

The case study participants similarly expressed being very thankful they could participate in the project. One of the participants in particular said that this project was 'exactly what they needed' as it addressed their biggest barrier while also providing a gradual integration back into the workforce.

While the early leavers were not asked about their satisfaction levels with the project, as they may have left under less than ideal circumstances, some did provide overall comments. The majority of the respondents used the opportunity to speak highly of the project and its staff,

with some also referencing they learned valuable skills which they will use every day – both professionally and personally.

Comments from the various participants included:

Great experience and really glad to have had the opportunity to take part.

The opportunities with the program were amazing and I will take skills and apply them every day. Makes me a better person to have taken part in the program.

A really good program. I really enjoyed the course. Couldn't say enough good things about it.

11.0 CONCLUSION

The evaluation of the EES-HS Project has demonstrated that the ESAF model is adaptable and transferable. The project provided opportunities for the model to further evolve by building on its strengths and addressing issues which constrained its design, delivery and/or outcomes.

The lessons learned from the EES-HS Project will further hone the model for future delivery, including expansion to other areas of the health sector and/or other sectors struggling with front-line recruitment and/or retention.

Appendix A – Profile of Mentors

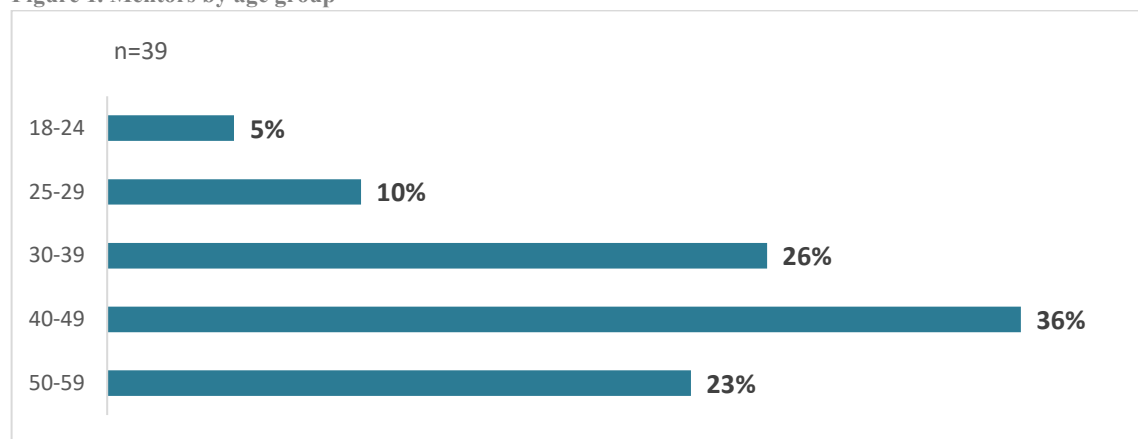
Mentor Profile

The following is an overview of the EES-HS Project mentors, based on administrative data captured in ARMS.

Gender: Of the 39 mentors, most were women (31). Seven were men and one mentor did not indicate their gender.

Age group: Mentors were distributed across age groups; however, most were between the ages of 30 and 59 (Figure 1). Differences were not evident across cohorts.

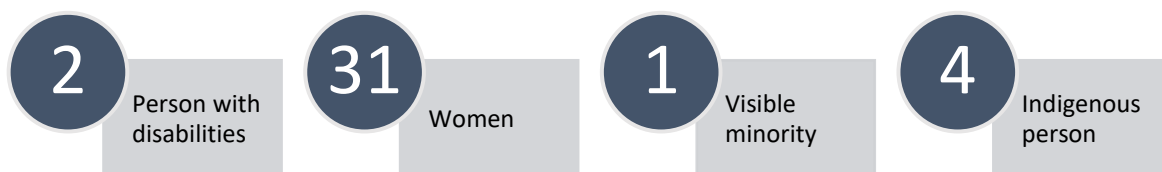
Figure 1. Mentors by age group



First Language Spoken: Of the 39 mentors, one identified French as their first spoken language. The remaining 38 indicated English as their first spoken language.

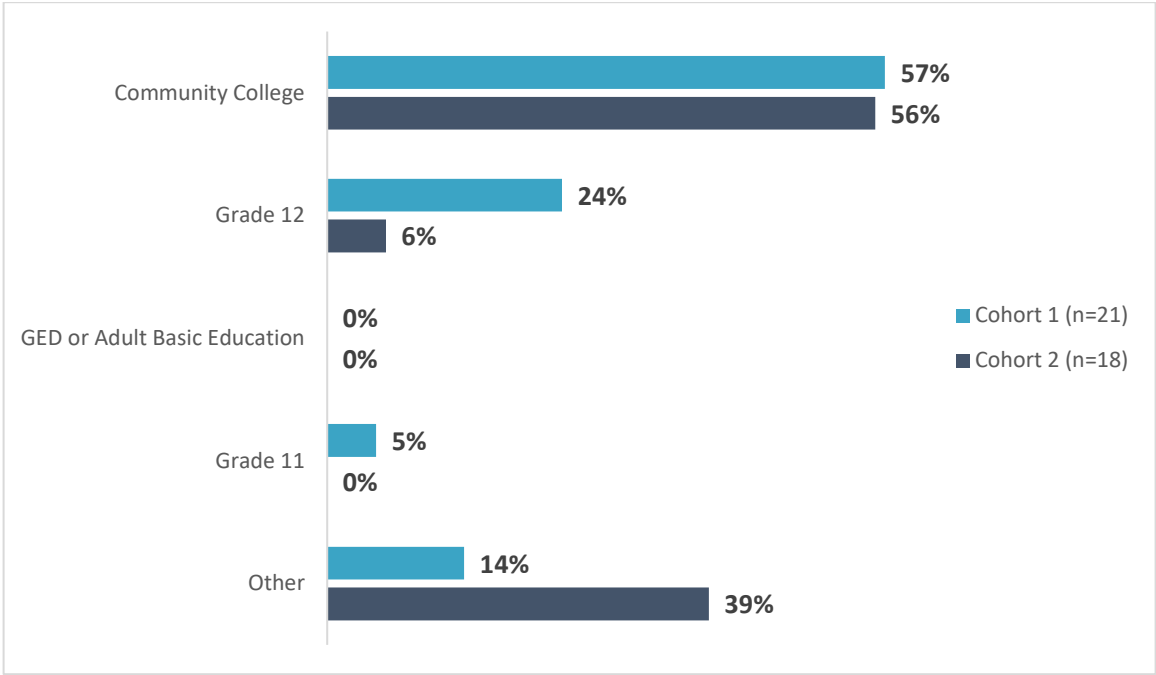
Citizenship: All mentors identified as Canadian citizens, one of which was a non-Canadian citizen with permanent residency status.

Priority Groups: Priority groups were represented among mentors, including two persons with disabilities, 31 women, one person identifying as being from a visible minority, and four mentors identifying as Indigenous.



Highest Level of Education Completed: As shown in Figure 2, the majority of mentors (across both cohorts) identified community college as their highest level of education completed. A large proportion also identified “other” as their highest level of education completed. When comparing cohorts, a larger proportion of mentors in C1 identified Grade 11 and 12 as their highest level of education completed than C2 mentors.

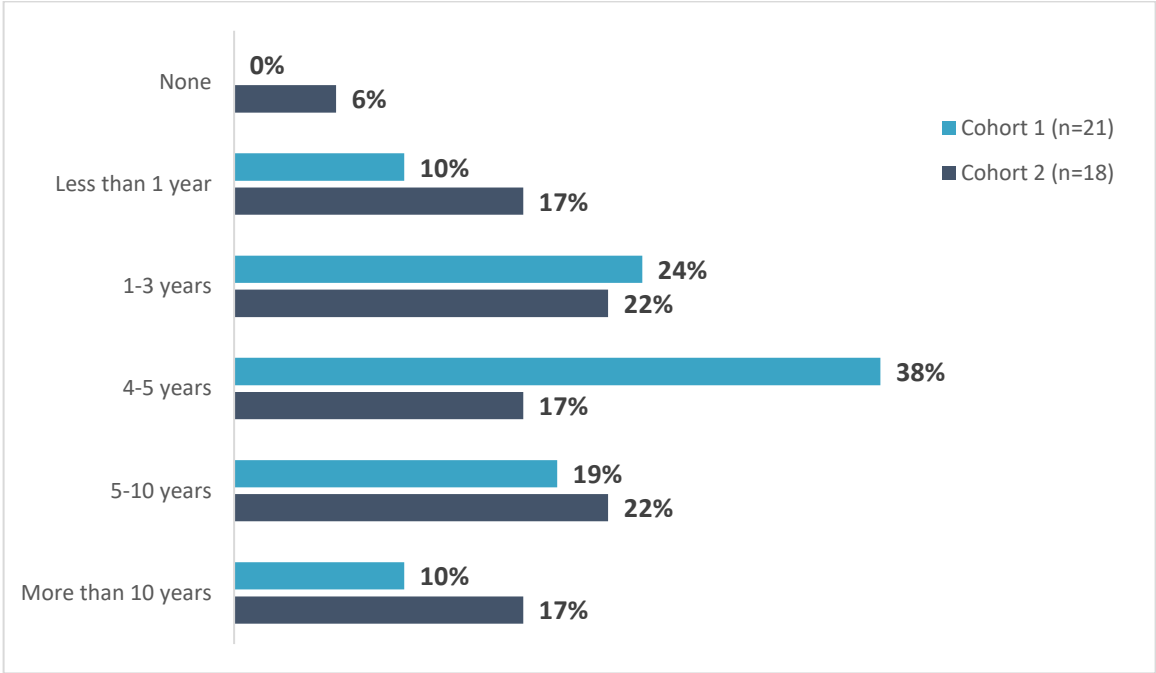
Figure 2. Highest Level of Education Completed by Cohort - Mentors



Previous Mentor Training: Of the 39 mentors, three indicated they had previous training in mentorship.

Experience as a Supervisor/Manager: In terms of the experience mentors had as a supervisor and/or manager, they ranged from some in C2 having no previous experience, to some having more than ten years of experience (Figure 3). Among C1 mentors, a large proportion had been a supervisor and/or manager for 4-5 years (38%) whereas the experience of C2 mentors was more evenly distributed across categories.

Figure 3. Number of Years of Experience as a Supervisor/Manager by Cohort – Mentors



Appendix B – Profile of the participant and early leaver survey respondents

Participant respondents

Gender

The majority of the C1 (67%) and the C2 (60%) participant respondents were female, while the remaining respondents in both cohorts identified as male.

Age range

The majority of the C1 and C2 participant respondents were 30 years of age or older. About 33% of the C1 respondents were aged 19-24 years. None of the C2 respondents were under 30 years of age.

Education level

All of the participant respondents from both cohorts had completed high school. About 33% of the C1 respondents and half of the C2 respondents also had completed a post-secondary program in full (college or university).

Source of income prior to the project

Approximately 30% of each cohort of participant respondents were in receipt of EI before the project while close to 20% received income support. As well, one respondent from each cohort indicated employment income (no subsidy) and a respondent from C2 also cited CPP-D. Of note, approximately 30% of each cohort stated they had no income prior to the EES-HS Project.

Self-identification

The participant respondents were provided the opportunity to self-identify. Due to the small number of participant survey respondents, we are not providing their response as this could identify them.

Profile of the early leaver respondents

Gender

The majority of the C1 (75%) and the C2 (88%) early leaver respondents were female, while the remaining respondents in both cohorts were male.

Age range

The majority of the C1 (63%) as well as the C2 (75%) early leaver respondents were aged 35+. The remaining respondents fell into the age range of 19-29 years.

Education level

Six or seven early leaver respondents from each of the cohorts cited completing high school, having some post-secondary education, or completing their post-secondary education.

Source of income prior to the project

The majority of the early leaver respondents in both C1 (63%) and C2 (75%) were in receipt of EI, with some others having employment income (13% in C1 and 38% in C2). The few remaining respondents cited having other family income, spousal support, or no income.

Self-identification

Only one of the early leaver respondents self-identified. Due to the small number of early leaver survey respondents, we are not providing their response as this could identify them.

Appendix C – Evaluation Matrix

| Questions/issue areas | Indicators | Doc Review | Key Informants | Case studies | Data Review |
|---|---|---------------|-------------------|-----------------|----------------|
| A. RELEVANCE | | | | | |
| <i>Issue: Relevance</i> | | | | | |
| 1.1 What was the design process for the project? | 1.1.1 Extent to which the project is evidence-based | x | x | | |
| 1.2 To what extent is the project relevant to its stakeholders? | 1.2.1 Extent to which the supports and services respond to identified needs of project stakeholders including: <ul style="list-style-type: none"> ▪ Across sites ▪ Across cohorts ▪ Across participant and mentors types ▪ Across employers | x | x | x | x |
| | 1.2.2 Extent to which the project has ongoing relevance to stakeholders beyond the project | | x | | |
| 1.3 Have the goals of the project evolved over time? | 1.3.1 Change in goals and rationale for the change | x | x | | |
| 1.4 Is the project duplicating or complementing existing programs/services? | 1.4.1 Extent to which the project complements or duplicates other existing programs/services | | x | x | |
| B. EFFICIENCY | | | | | |
| <i>Issue: Design, delivery and management</i> | | | | | |
| 2.1 Are adequate administrative systems in | 2.1.1 Appropriateness of the processes and | x | x | | x |

| Questions/issue areas | Indicators | Doc Review | Key Informants | Case studies | Data Review |
|--|--|---------------|-------------------|-----------------|----------------|
| place for efficient and effective delivery of the project? | <p>procedures in place for the delivery of the project e.g.:</p> <ul style="list-style-type: none"> ▪ Communication ▪ Data collection ▪ Reporting ▪ Advisory structures | | | | |
| 2.2 Do the organizational structure and resources support achievement of the projects' objectives? | 2.2.1 Appropriateness of and clarity on the roles and responsibilities of the LCNB, Project Steering Committee, Literacy partners, Community Advisory Groups, Project Coordinators and Facilitators | x | x | | |
| | 2.2.2 Adequacy of the level of financial and human resources allocated to support the project | x | x | | |
| 2.3 Was the project implemented as intended? | <p>2.3.1 Extent to which the project is being implemented as intended:</p> <ul style="list-style-type: none"> ▪ #, frequency, duration and type of activities offered ▪ Extent to which target group of participants received the planned interventions, supports and services ▪ Challenges in implementation and related solutions | x | x | | x |

| Questions/issue areas | Indicators | Doc Review | Key Informants | Case studies | Data Review |
|---|--|---------------|-------------------|-----------------|----------------|
| | 2.3.2 Stakeholders' perspectives on the delivery of the project including: <ul style="list-style-type: none"> Reasons for any deviation in delivery Impact of the deviation on outcomes | | x | | |
| | | | | | |
| Issue: Challenges to participants' attachment to the Labour Market | | | | | |
| 3.1 What financial and logistical challenges did participants face as they engaged in training and OTJ placement and moved onto employment? | 3.1.1 Extent and type of challenges: <ul style="list-style-type: none"> # and type of financial and logistical challenges faced and any differences across cohorts/sites/provinces Impact of the challenges on participation in the project/moving on to employment Solutions to the challenges | x | x | x | |
| Issue: Support of target group | | | | | |
| 4.1 Have the participants been effectively supported during the project? | 4.1.1 Type and level of support provided including: <ul style="list-style-type: none"> During blended and OTJ training During work placement From the mentors | x | x | x | x |
| | 4.1.2 Participants' perspectives on the | | x | x | |

| Questions/issue areas | Indicators | Doc Review | Key Informants | Case studies | Data Review |
|--|---|---------------|-------------------|-----------------|----------------|
| | support provided and any needed enhancements | | | | |
| 4.2 Have the mentors been effectively supported during the project? | 4.2.1 Type and level of support provided including: <ul style="list-style-type: none"> • During training • When supporting participants in the workplace | | | | |
| | 4.2.2 Mentors' perspectives on the support provided and any needed enhancements | | | | |
| Issue: Partnerships | | | | | |
| 5.1 Have effective partnerships been formed for the project? | 5.1.1 Perspectives on the partnerships (project and external), including challenges and related solutions | | x | | |
| Issue: Performance management | | | | | |
| 6.1 Is project data for performance measurement being collected? | 6.1.1 Extent that project data is captured and can be obtained from documents and systems | | x | | x |
| 6.2 What enhancements, if any, are needed to data collection and/or reporting processes? | 6.2.1 Extent that the project data informs the anticipated outputs and outcomes including <ul style="list-style-type: none"> • Quality of the data including any data gaps | | x | | x |

| Questions/issue areas | Indicators | Doc Review | Key Informants | Case studies | Data Review |
|---|--|---------------|-------------------|-----------------|----------------|
| 6.3 How, if at all, is the data being used? | 6.3.1 Extent to which the data is being used to improve service delivery, for decisions and accountability | | x | | |
| Issue: Lessons learned and effective practices – design and delivery | | | | | |
| 7.1 What are the key lessons learned regarding the design and delivery of the project? | 7.1.1 Identification of lessons learned including in relation to: <ul style="list-style-type: none"> • Customizing and adapting curriculum and learning materials • Recruitment of participants and employers • Training and supporting participants • Training and supporting mentors | x | x | x | |
| 7.2 What are the effective practices identified regarding design and delivery of the project? | 7.2.1 Identification of effective practices including in relation to: <ul style="list-style-type: none"> • Customizing and adapting curriculum and learning materials • Recruitment of participants and employers • Training and supporting participants • Training and supporting mentors | x | x | x | |
| C. Effectiveness | | | | | |
| Issue: Outputs | | | | | |
| 8.1 To what extent have the project's outputs been achieved | 8.1.1 Planned vs actual outputs and reasons for any variation | | x | | x |

| Questions/issue areas | Indicators | Doc Review | Key Informants | Case studies | Data Review |
|---|--|---------------|-------------------|-----------------|----------------|
| | 8.1.2 Stakeholders' perceptions on whether outputs have been achieved as expected (quantity and quality) | | x | | |
| Issue: Outcomes | | | | | |
| 9.1 To what degree has the project achieved its immediate outcomes? | 9.1.1 Evidence of achievement of immediate outcomes | x | x | x | x |
| 9.2 To what degree is the project contributing to achievement of the intermediate outcomes? | 9.2.1 Evidence of contribution to the achievement of intermediate outcomes | x | x | x | x |
| 9.3 To what degree is the project contributing to the achievement of the long-term outcomes? | 9.3.1 Evidence of contribution to the achievement of long-term outcomes | x | x | x | x |
| 9.4 Have there been any unintended impacts - positive or negative - arising from the project for the stakeholders and participants? | 9.4.1 Perspectives on unintended impacts | | x | x | |
| 9.5 What, if any, other factors might have impacted the project outcomes? | 9.5.1 Extent that other factors contributed to any of the identified outcomes | | x | x | |
| D: Overall Model and Approach | | | | | |

| Questions/issue areas | Indicators | Doc Review | Key Informants | Case studies | Data Review |
|--|---|---------------|-------------------|-----------------|----------------|
| 10.1 What are the strengths of the project model? Could the design and delivery of the model be changed in any way to increase its efficiencies/effectiveness? | <p>10.1.1 Perspectives on the extent to which the model/approach being used is the right one to achieve project outcomes:</p> <ul style="list-style-type: none"> • Identification of strengths of the model/approach • Identification of needed changes | x | x | x | |
| 10.2 Can the project be sustained in the long-term? | <p>10.2.1 Perspectives on the sustainability of the project in the long-term:</p> <ul style="list-style-type: none"> ▪ Evidence of opportunities (e.g., resources, interest from sector) for sustainability ▪ Perspectives on the sustainability of the project | | x | | |
| 10.3 What innovative practices, if any, have been identified in relation to the design and delivery of the project? | 10.3.1 Identification of innovative practices | x | x | | |
| 10.4 To what extent are the target group and stakeholders satisfied with the project? | 10.4.1 Reported project satisfaction levels of the LCNB, Project Steering Committee, Literacy partners, Community Advisory Groups, Project Coordinators and Facilitators, | | x | x | |

| Questions/issue areas | Indicators | Doc Review | Key Informants | Case studies | Data Review |
|-----------------------|------------------------------------|---------------|-------------------|-----------------|----------------|
| | employers/mentors and participants | | | | |