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The Employment Studies newsletter reports on IES research on labour market and employment policy and practice in the UK and abroad. It is aimed at those interested in research to inform the development and implementation of public policy. Two other publications, *Network News* and *HR Insight*, provide briefings on IES employer-related work.

A big juggle: What can employers and policymakers do to support working carers?

Sally Wilson, IES Senior Research Fellow

There has been increased government interest in the challenges of combining work and care, and in what can be done to help carers of working age. The government-funded Carers in Employment project, for example, which ran from 2015 to 2017, tested a range of activities and interventions aimed at supporting carers to remain in, or return to, the workplace. IES was commissioned to carry out an independent evaluation of the effectiveness of the interventions tested, and in this article we summarise some of the key findings and their implications for public policy on working carers.

According to 2011 census data, one in nine workers in the UK has informal caring responsibilities, defined by government as a private arrangement whereby someone cares for a family member, friend, or neighbour¹. For many individuals, reconciling work and care is difficult; over a quarter of carers of working-age report that caring responsibilities affect their ability to take up or stay in employment². A 2017 survey of around 7,000 carers by Carers UK reported that nearly half of respondents (46%) felt that their caring role impacted negatively on their employment because they were often tired, stressed or late³. An earlier survey showed that over two million people had given up work at some point to care for family, and three million had reduced their working hours⁴.

The Carers in Employment (CiE) project set out to examine 'what works' in supporting carers to

remain in or return to employment by testing a range of interventions. Nine local authorities in England were selected to take part in the project and the Social Care Institute for Excellence (SCIE) co-ordinated and supported the delivery. To carry out our evaluation of the effectiveness of the various interventions delivered, IES researchers talked to 70 carers and 20 employers as well as project workers, and analysed data collected by CiE project teams. Researchers also conducted 16 interviews with recipients of care to explore any knock-on impacts of the support that the CiE project provided to their carer.

Project activities and approaches

Each of the nine CiE project sites varied in the range of activities provided for carers and/or employers. Typical CiE activities included:

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- Information, advice and guidance to carers, for example:
 - carer assessments with a work focus;
 - health, career and financial advice;
 - direct advocacy involving carers and their employers, for example a CiE team member might help the carer negotiate flexible working;
 - 'signposting' to local specialist services that the carer may not have been previously aware of; and
 - negotiation of work placements and training for carers wishing to move into work.
- Advice on assistive technology, free trials and home installation of equipment to help maintain contact with the cared-for person and to alert carers to emergencies.
- Employer-focused measures, to raise awareness of potential solutions to help employed carers, delivered through:
 - roadshows and direct marketing;
 - the promotion of carer support toolkits;
 - training for line managers on how to support working carers; and
 - templates to help employers develop workplace policies for carers.

The SCIE project reached more than two thousand carers and nearly 400 employers. Often contact with carers was 'light touch' in nature, consisting of a brief conversation with a member of staff and/or the provision of leaflets or information, or advice and guidance materials. A smaller number of carers and employers received more intensive support, in the form of a focused carer's assessment, tailored signposting to support services or, in some cases, regular ongoing contact with a support worker.

Outcomes for carers

Wellbeing benefits

Support and contact provided through the CiE project was reported as making a positive difference to carers' sense of overall wellbeing. The emotional and practical support provided to carers from project delivery staff was reported to lead to increased morale and increased 'self-care' among carers. It had the important beneficial result of reducing the sense of isolation typically experienced by people who provide care for others.

Staying in work

The evaluation findings suggest that named caseworkers assigned to deliver bespoke information, advice and guidance to working carers may be effective in helping working carers to continue in work. Advocacy and support worker services provided by the project were reported to have helped working carers cope better. In particular, carers benefited from help at crucial 'tipping points', ie domestic crises that could otherwise have had a more detrimental effect on an individual's ability to maintain the balance of care and work.

Some carers reported that assistive technology had helped them stay in employment by reducing their need to interrupt their work to check on the cared-for person. Where it was suitable, assistive technology solutions were reported to offer peace of mind regarding the status of the cared-for person and may also therefore have had a beneficial effect on improved carer productivity at work.

More informed decision-making

Carers' awareness of existing help available was improved, including local voluntary provision and welfare benefits. There was no evidence that CiE activities helped carers increase their working hours or earnings. In fact, the opportunity to consider issues and information provided through the CiE initiative led some carers to reduce their working hours or 'downshift' to a lower paid, less demanding job. This in turn allowed some carers to achieve a better balance of continuing in work while caring.

Outcomes for employers

Qualitative findings indicated that the project raised employer awareness of the realities facing working carers, leading to a more supportive workplace culture. Some employers introduced carer-friendly HR policies and practices as a result of the pilot, such as flexible working arrangements and guidance for line managers. Employers reported benefits from knowing where support was available and signposting staff to available help.

The initiative provided lessons about how best to target employers and indicated that both local and national action is important. While some employers were able to make workplace changes at local or worksite level, others with a national presence were not able to introduce new policies for staff without head office authorisation.

Where to now?

Our evaluation provided new information on 'what works' to support working carers, particularly in relation to boosting their

morale, helping them to maintain their wellbeing and understanding their rights at work. More generally, the project raised awareness among all involved and left some important legacies: in some local authorities where CiE operated, it influenced statutory carer assessments, so that these authorities now take work circumstances into account more effectively.

A key finding was that more intensive support delivered more tangible outcomes and benefits for carers and employers than 'light-touch' support. Short, regular conversations – face-to-face, over the phone or on email with the same member of CiE site staff – were reported as helping carers gain emotional resilience and build self-esteem in their ability to continue in paid employment. This suggests that it would be helpful to target government funds towards supporting a smaller number of carers with more intensive assistance, possibly following up initial light-touch contact with intensive engagement. While this approach arguably means some carers may miss out, more targeted support reduces the risk of providing resources to carers who don't require them.

A parliamentary inquiry took place earlier this year, which addressed employment support for carers and how barriers to employment for this group can be reduced. IES fed into this inquiry at an oral evidence session to the Work and Pensions Select Committee in February⁵. The Committee recently reported on their findings, making recommendations on eligibility criteria for Carer's Allowance, provision of statutory leave for carers, and wider entitlement to flexible-working arrangements. The government's response to these recommendations has just been published. We've read this response with interest and will be monitoring activities in this area of policy closely with a view to providing further updates in the near future.

Read the full report: www.employment-studies.co.uk/resource/evaluation-carers-employment-cie-project-final-report

- 1 Department of Health and Social Care (2016), 'How can we improve support for carers?', *Department of Health and Social Care* [Online]. Available at: <https://consultations.dh.gov.uk/carers/how-can-we-improve-support-for-carers/> [Accessed: 13 July 2018]
- 2 Health and Social Care Information Centre (2010), *Survey of Carers in Households – England, 2009–10*, Health and Social Care Information Centre
- 3 Carers UK (2017), *State of Caring 2017*, Carers UK
- 4 Carers UK, YouGov (2014), *Caring & Family Finances Inquiry UK Report*, Carers UK
- 5 Work and Pensions Committee (2018), 'Support for carers inquiry', *Work and Pensions Committee* [Online]. Available at: <https://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/inquiries/parliament-2017/support-carers-inquiry-17-19/> [Accessed: 13 July 2018]



Publications

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Fit for Work: Final report of a process evaluation

Gloster R, Marvell R, Huxley C (2018),
Department for Work and Pensions

This report presents the findings from IES' process evaluation of the Fit for Work service. The evaluation of the occupational health assessment and advice service was conducted on behalf of the Department for Work and Pensions between September 2015 and May 2017, before the decision was taken to close the Fit for Work assessment service in early 2018 due to low numbers of referrals.

The Fit for Work service aimed to help employees on, or at risk of entering, long-term sickness absence (defined as four weeks or more), through a referral made by their GP or their employer. Participation to the service was entirely voluntary and employees who gave their consent took part in a biopsychosocial assessment, primarily conducted over the phone. Following the assessment, a Return to Work Plan would be produced, making recommendations for self-care, workplace adjustments and/or signposting to further specialist support or therapy services to assist the employee's return to work.

This report outlines various areas of the evaluation, from employee and employer attitudes to work and sickness absence, awareness or understanding of referrals and the service as a whole and analysis of the assessment and Return to Work Plans, to drop-out from the service and outcomes for employees. The analysis also compares the experiences of employees with mental health conditions to those with musculoskeletal disorders, and offers insights into how organisations of different sizes made use of the service.

The experiences of individuals in the gig economy

Broughton A, Gloster R, Marvell R, Green M, Langley J, Martin A (2018), Department for Business, Energy & Industrial Strategy

This report authored by IES presents the findings from qualitative analysis of individuals working in the gig economy.

The research involved 150 telephone and face-to-face interviews, where individuals were asked about their motivations for undertaking work in the gig economy; the

nature of this work; their experiences of using online platforms; and of finding and carrying out work.

The report's findings highlight the diversity of the gig economy, both in terms of the individuals undertaking this kind of work and the work that they are doing.

Experiences depend heavily on whether or not the individuals are carrying out the work as their main source of income. In particular, if it is their main source of income, the report suggests that they are potentially vulnerable to fluctuations in working time and therefore pay levels, short notice of working schedules, and a degree of precariousness in terms of a lack of employment rights.

For workers who do not rely on this type of work for their main source of income, they are less vulnerable to such fluctuations in the amount of work available and can experience more freedom to accept or reject jobs.

The analysis also reflects on areas such as the skill level of individuals carrying out the work; whether these workers are planning for the future; and health and safety issues.

Improving health and employment outcomes through joint working

Bevan S (2018), Public Policy Institute for Wales

This report analyses how economic inactivity, which remains high in Wales despite currently low unemployment levels, can be addressed. The report explores how employers, health services and employment services in Wales can work together more effectively to produce better health and work outcomes.

Evidence suggests that the most effective support for people with chronic health conditions trying to stay in work, or return to work, is provided through joined-up interventions that combine a variety of support and guidance alongside clinical or rehabilitation provision. This report, authored by IES director, employer research and consultancy, Stephen Bevan, therefore suggests that only by improving working between the providers of such provision and the individuals concerned, can further progress be made.

Briefings

Progression in Employment

Progression in Employment is a two-year research project led by IES and supported by the JPMorgan Chase Foundation through its global New Skills at Work initiative. The project focuses on employer practice aimed at specific groups, including young people with limited work experience, older workers and workers from migrant backgrounds

We hope this research will provide valuable insights for employers and policymakers, whilst raising awareness of latent talent pools to recruiters and employers in sectors currently experiencing acute staffing needs.

IES contact: Stephen Bevan

What works in colleges?

This new project on behalf of the Careers & Enterprise Company comprises a rapid evidence assessment of careers education and provision in colleges in England, focusing on delivery to young people aged 14-19.

This is supported by around five expert interviews with academics and practitioners to scope the landscape. In addition up to ten good practice case studies will be conducted (five face-to-face and five by phone) to critically assess careers provision, to understand the impacts on young people and support evidence based practice.

IES contact: Joy Williams

Teachers' and leaders' views on the pay framework: a review

In 2014/15, the Department for Education (DfE) implemented significant reforms to the pay framework for teachers, with the aim of introducing a more flexible performance-based structure. In May 2018, DfE commissioned IES to collect views from teachers, headteachers and governors on the current pay framework and how the framework can best support a clear career pathway for classroom teachers, and recruitment and retention within the profession.

IES will conduct a mixed methods review of these issues, which will include a YouGov survey of teachers and headteachers, telephone interviews with teachers and headteachers, and webinars with governors.

IES contact: Anneka Dawson



Returning to work after having a child: how families make decisions



Becci Newton, IES Associate Director



Reflections on recent IES research on behalf of the Department for Education, considering how families make decisions on returning to work and childcare responsibilities.

The publication of gender pay gap data has confirmed the disparities between the pay rates of men and women. The evident gaps are the result of a range of factors including the different jobs performed by men and women as well as the effect of taking time out of work to have children, which has a disproportionate effect on women's pay rates¹.

These issues aside, there are pay and labour market effects of having children that impact on women's labour market outcomes; the Women and Equalities Select Committee² identified that caring responsibilities remain a significant barrier to women's pay and progression opportunities and as long as women take disproportionate responsibility for childcare, pay differentials will persist. Hence the committee stressed that sharing childcare between mothers and fathers was crucial to reducing the gender pay gap.

Policy has sought to respond to this problem and support to enable families to share care responsibilities has been

introduced and incrementally improved. This includes the extension of the right to request flexible working to all employees (after 26 weeks' service); tax-free childcare; and free early education places for three to four year olds (Government Equalities Office, 2015)³. Shared Parental Leave (SPL) is designed to give parents more flexibility and choice, although has yet to deliver substantial change.

To understand more about parents' decisions to return to work, the Government Equalities Office (GEO) commissioned IES to undertake a rapid evidence assessment⁴. The aim was to systematically identify and critically review evidence on how parents in the UK make decisions about both returning to work and child caring responsibilities. Key to this was to explore the distribution of caring roles and responsibilities between parents, the associated gender balance, and the implications of this for creating greater equality between women and men.

A first point to note is that the literature was not highly developed on this theme. The

relative roles and expectations of mothers and fathers – and of more diverse family set-ups, such as the decisions of same sex couples – are under explored. Hence, a first finding was that more research is required on this theme.

More broadly, the evidence suggested that the point in time at which parents consider a return to work is influenced by a range of factors, including social attitudes, the age of the child or children, ethnicity, and the availability of maternity pay and maternity leave. While there has been a change in social attitudes relating to mothers as primary care-givers, popular belief is that women should be available to their children in the pre-school phase. There is evidence that these gendered attitudes have a strong influence on decision-making, despite some variation by level of education and socio-economic status. However, even once the youngest child starts school, the prevailing view in society remains that women should work part-time as opposed to full-time.

A child's age, particularly in the case of low-

income parents, is a significant influencing factor for when (or if) a parent returns to work. While this effect has diminished over time, parents vary in their views on the optimum age at which to return: whether this is at the commencement of primary or secondary school, or the point at which a child can attend nursery for free. Low pay, lack of job/work flexibility and child-associated factors – including health or behavioural problems – all negatively affect the decision on whether to return to work.

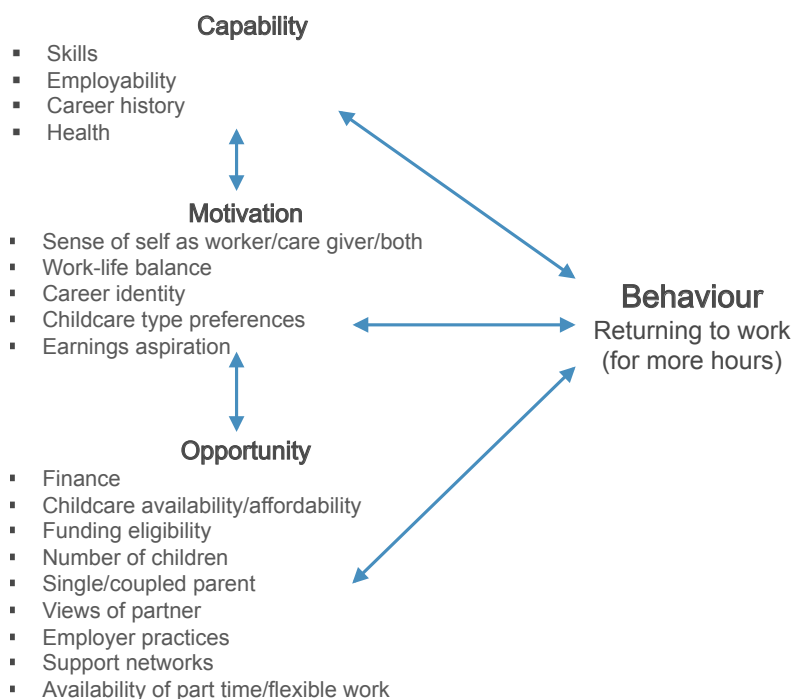
The availability and extent of parental leave is another important factor. Notably, longer duration of paid maternity leave increases the probability of mothers remaining at home during the first year of their child's life, while also increasing the likelihood of women returning to work within a couple of months following the cessation of this pay. Overall, the provision of support by employers, including policies such as enhanced parental leave rights, increase the likelihood of a parent returning to the same employer.

The reasons why parents return to work are also complex. These include factors that are predominantly financial with, for example, mothers who have high-earning partners being less likely to return to work for financial reasons. Opportunities for those on lower family incomes vary and the quality and attractiveness of the job – in terms of both pay and experience – have a greater effect. There are also some mothers who return to work sooner than they want to, for example, out of fear of either losing their jobs or missing out on promotion opportunities. Other, more positive reasons, include finding work interesting, meaningful and providing aspects of personal identity, enjoyment, and social contacts outside parenting.

Where parents return to work, there is a strong likelihood of returning to the same employer, though not necessarily to the same role. Once returned, mothers are less likely to be promoted to senior roles than fathers; new mothers are most likely to move from full-time to part-time work compared with other groups of women, and new mothers often cite part-time work as a means of maintaining a 'balance' between work and childcare. Overall, career breaks appear to be more detrimental to women than men. These findings are crucial to understanding not only how the pay gap emerges but also how it evolves and becomes entrenched.

Having a child means many complex decisions have to be made by parents, and mapping the choice architecture helps clarify this complexity and promote understanding of the nature of factors affecting return to work decisions amongst

Figure 1: Understanding parents' return to work behaviours



Source: Newton *et al*, 2018

parents. Using the COM-B framework⁵ (Capability, Opportunity, Motivation and Behaviour)⁶ the team at IES brought together a number of relevant factors to understand how these interact to drive return to work behaviour amongst parents (Figure 1). The three components affecting behaviour are multi-faceted and different aspects of the same dimension may influence decision-making either positively or negatively. For example, looking at the dimension of opportunity, the availability of childcare may be received positively if it matches with the parents' working hours. However, the same childcare could be perceived negatively if it is provided in a setting that the parent does not view as satisfactory, or takes up a significant amount of their hourly income from work. In addition, some elements of a dimension may override others in decision-making. In the example above, the parent could decide that the marginal rate of pay after taking into account childcare and travel costs is too low and outweighs the potential benefits of returning to work.

The review was highly interesting, pushing forward both our own and GEO's understanding of the factors that combine to lead to return to work decisions and, in some cases, underpin the gender pay gap. However, there is much more to learn in this area. There is a need for ongoing monitoring of SPL to understand the effect it may have. Continued work to understand how social attitudes to parenting roles develop would be valuable, particularly on the acceptability

of this becoming more of a shared responsibility. The support offered by employers is clearly an important influence on the return to work decision. It is therefore important to improve our understanding of what employers can and will offer to parents to support their return, and why, in order for policy to set the conditions in place to allow for more equal decisions to be made about the return to work.

Read the full report: www.employment-studies.co.uk/resource/rapid-evidence-assessment-parents-decisions-about-returning-work-and-child-caring

- 1 House of Commons Women and Equalities Committee (2016), *Gender Pay Gap, Second Report of Session 2015-2016*, House of Commons Women and Equalities Committee
- 2 Ibid
- 3 GEO (2015), *Closing the Gender Pay Gap – Government Consultation*, Government Equalities Office
- 4 Newton B, Tamkin P, Gloster R, Cox A, Everett C, Cotton J (2018), *Rapid evidence assessment: parents' decisions about returning to work and child caring responsibilities: Research review*, Department for Education (DfE)
- 5 IES has developed a track record in the application of behavioural insights models, for example see: Gloster R, Bertram C, Buzzeo J, Fletcher L, Tassinari A, Cox A, Vlaev I (2017), *Using behavioural insights to examine benefit claimants' approaches to training opportunities*, Research Report T23, Department for Education and Fell D, Giorgi S (2016), *ORGANISER: A behavioural approach for influencing organisations*, Cabinet Office
- 6 Michie S, Van Stralen M, West R (2011), 'The behaviour change wheel: A new method for characterising and designing behaviour change interventions', *Implementation Science*, Vol. 6, No. 42

Evaluation of the NHS Innovation Accelerator

Annette Cox, Former IES Director, Employment Policy Research



We examine recent IES research evaluating the NHS Innovation Accelerator, which aims to facilitate innovation in the NHS.

Background

In July 2015, in the context of increasing pressures on the NHS, the NHS Innovation Accelerator (NIA) was launched to help faster and more systematic adoption of innovation in the NHS. It was established and developed by NHS England, in partnership with UCL Partners, The Health Foundation and five Academic Health Science Networks (AHSNs). They also co-funded the costs for the first cohort of 17 Fellows who were selected through a competitive application process.

The core team based at UCL Partners offered customised and dedicated support to help Fellows scale innovations across the NHS, with the goal of improving patient outcomes while maintaining or reducing service costs. Support and learning offered by the NIA included quarterly learning events; personal one-to-one support; a bursary; access to mentoring; the collaborative communications tool, Slack; ad hoc learning sessions; and peer-to-peer support and communication networks.

IES, in partnership with York Health Economics Consortium and the University of Liverpool Health Services Research Department, was commissioned to undertake a process evaluation and

economic impact assessment of the value of the NIA covering the first cohort of Fellows. The evaluation sought to identify the impact of the NIA on individual Fellows and the scaling of their innovations, together with the critical success factors that explain impact and how barriers to innovation scaling can be overcome. It involved detailed interviews with over 100 stakeholders and two rounds of interviews with Fellows.

Fellows' views of the NIA

We found that NIA core team support, mentoring, bursary, AHSN support, peer learning and learning events were all valued. Overall, Fellows continued to reap the benefits of the NIA support provided in first year, particularly through national endorsement and contacts made. They hoped that in future years the NIA would achieve greater traction at a national level through the Programme Board and influence on key NHS central bodies.

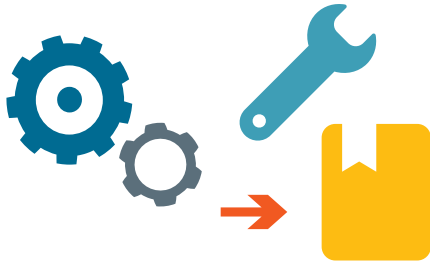
Overall three quarters of Fellows in the first cohort directly attributed substantial progress in scaling their innovations to the NIA. Several experienced extensive scaling and some made moderate progress. One had found the NIA helpful but said it was

too early to assess scaling impact. Three benefited personally from the NIA but were unable to attribute scaling progress directly to the NIA, due to particular challenges in NHS contexts for adopting their innovations.

Conditions for success

Success in innovation scaling was dependent on a constellation of supportive factors. The main conditions for success related to the characteristics of the Fellows and of the NIA and wider contextual factors. Fellows' tenacity, motivation and drive, combined with clear communication, honesty and ability to build and maintain relationships with stakeholders, made them credible ambassadors for their innovations. The main feature of the NIA which enabled success was the NIA core team, through enabling access to influential networks, and key senior figures in the NHS. This combined with the brand of the NIA acting as a 'quality stamp' to help build trust among potential users of the innovations in a field where lots of products and services compete for their attention.

Among wider factors, patient involvement was the dominant contributor to innovation scaling through innovation development, user-testing and feedback; encouraging



and attracting people to participate in trials and testing; promoting innovation benefits and acting as champions and mobilising demand and pressure for change.

Other major factors supporting innovation take-up were finding routes to identify and access potential purchasers and users, building effective national partnerships with organisations sharing a mutual interest in using or promoting the innovation, gaining key individual champions among senior NHS staff and frontline clinicians, and demonstrating relevance to local and national priorities.

Overcoming barriers to scaling

Fellows had faced a much tougher financial environment in NHS in recent months and their responses to restrictions on expenditure included:

- Reducing innovation sales prices, cross-subsidising their businesses through other revenue streams and diversifying into overseas markets.
- ‘Land and expand’ – starting small within NHS settings to gain interest and tackle purchasing restrictions.
- Intensifying their focus on ‘what’s in it for staff?’ when promoting innovations, eg reduced clinical workload.
- Developing and targeting communications and ‘how to’ guides aimed at, for example, finance managers, nurses, doctors.
- Avoiding health jargon for marketing innovations aimed at community settings outside the NHS.

Adding value

Strategic added value of the NIA had come from five factors. First was the leadership and catalytic action it has provided to support Fellows. Secondly it exerted influence on AHSNs and encouraged their co-operation with other stakeholders to promote innovations, combined with stimulating development of the Innovation and Technology Payment incentive to encourage innovation take-up. Third, the NIA bursary created leverage by enabling Fellows to engage in marketing and engagement activity with potential purchasers. Fourth, the NIA engaged a wide community of diverse stakeholders

through AHSNs, its Programme Board and Evaluation Steering Group which provided access to platforms for Fellows to reach potential users. Lastly, it created synergy through offering a unified voice for identifying and recommending solutions to scaling problems and offering routes for Fellows to reach multiple stakeholders simultaneously.

What next? Recommendations to spread healthcare innovations

The evaluation makes a number of recommendations on how innovation diffusion can be accelerated. This involves firstly developing a commissioning culture based on meeting long-term health priorities and incentivising provider organisations suitably. Secondly, the health sector needs to tackle the ongoing problem of perverse commissioning incentives via continuing dialogue at a strategic level with NHS England, the Department for Health, and Public Health England. Thirdly, at local level, health and social care providers and commissioners need to build an innovation culture to support adoption of innovations demanding new ways of working as well as using new pieces of technology. Innovators need to align and refine innovations to meet priorities in health care delivery through the Vanguards, new models of care, Test Beds and Sustainability and Transformation Plans. Fundamentally, patient mobilisation and activation will be at the forefront of future care models to prevent ill health. Patients have a key role to play in mobilising demand for improved/new treatment and equity of access to safe care across providers. This will help to shape wider social movement to support behaviour change in order to prevent, and encourage self-management of, long-term conditions.

Lastly, organisations with responsibilities for setting healthcare policy have a major role to play. Establishing common accepted standards for evaluating innovations through the recommendations of the Accelerated Access Review and adopting suitable methods for undertaking impact assessments of innovations would support consistency when organisations consider adopting innovations for healthcare.

Read the full report: www.employment-studies.co.uk/resource/nhs-innovation-accelerator-evaluation

IES is an independent centre specialising in research, evaluation and consultancy on employment policy and practice. The Institute is a not-for-profit organisation with a mission to help bring about sustainable improvements in employment policy and human resource management by increasing the understanding and improving the practice of key decision-makers in policy bodies and employing organisations.

The Institute has over 40 staff and associates, skilled in the full range of social research methodologies for data collection and analysis. Techniques employed include: quantitative surveys (using face-to-face, telephone and postal methods); expert and informant interviews; case studies; qualitative interviews; and focus groups.

Clients include major public agencies involved in the development, design and delivery of public employment policy at local, sectoral, regional, national and international level.

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50 years on from IES' foundation and some Directorial reflections

2018 marks the 50th year since the Institute's foundation. As it happens, it is also the year in which I retire from my role as IES Director (although I plan to remain active in research post-retirement). Naturally, these events prompt reflections on how things have (or haven't) changed over the years.

My time at IES doesn't quite stretch back to 1968, but I started at the institute in 1984, and apart from a couple of years at a German research institute, I've been here ever since. My first week at IES in the depths of the Thatcher recession was also the beginning of the era-defining miners' strike.

Two statistics highlight just how different the employment world was in those days. In 1984, over 27 million working days were lost to strike action (largely due to the miners' strike and associated actions); in 2017, the most recent complete year, the figure was 276,000 (a hundred-fold difference)¹. When I joined IES in the second quarter of 1984, the official unemployment rate peaked at 11.9 per cent, a modern historical high; as I'm about to retire, in the first quarter of 2018, at 4.2 per cent it's at more or less at a modern historical low.

It would be satisfying if these statistical changes represented as dramatic an improvement in industrial relations and labour market efficiency in the real world as a superficial reading might suggest. And it would be even more satisfying to be able to claim that IES' rigorous research contributions to evidence-based policy-making played a role in such improvements. Alas, things don't work like that.

As research by IES and others amply demonstrates, a more mixed picture lies beneath the aggregate statistics: falling strike activity at least partly reflects the shifting workplace power balance and the decline in union membership and coverage, and not the disappearance of conflict and discontent (much of which now finds individualised rather than collective outlets). Equally the apparently positive unemployment figures tell only part of a story which also includes a persistent squeeze in real wages, rising in-work poverty, high levels of under-employment, and a growing segment of precarious forms of work.

When it comes to research impact, a key frustration of my 30-plus years in policy-facing research is how little research

influences policy. Any such influence tends to be slow and diffuse, operating through bodies of work influencing the climate of policy-decisions over a long period, rather than through specific studies or evaluations affecting relevant policies in a timely manner. That's not to say that things haven't improved; in many ways they certainly have. Looking back at studies conducted in the 1970s and 1980s, the rigour and sophistication of the research methodologies used have since increased dramatically. Thus we see: a much greater variety of research tools available (and the development of effective strategies of mixed-methods approaches where appropriate); the application of approaches to policy evaluation (including randomised control trials) previously found only in medical sciences; and emergent new approaches including 'big data' analysis and the extensive and creative use of administrative and secondary data (allowing far greater cost-effectiveness than some traditional primary research strategies). Additionally, the context in which the studies are commissioned by policymakers and the seriousness with which the results are taken by civil servants, and what we might call the 'policy-scrutiny infrastructure' (select committees, National Audit Office, regulatory bodies of various types and the media more generally) definitely feel different.

While one can question the extent to which policymakers really act on research, it is clear that since the massive expansion of research commissioning for evidence-based policy under the post-1997 Labour government, the notions that policy should ideally be based on evidence, and that all major policies should be evaluated by skilled researchers using state-of-the-art methods and the results fed into subsequent policies, are well established in Whitehall.

I've always argued against the use of anecdotal evidence, but I will use the excuse of this being my valedictory comment piece for *Employment Studies* to finish with a

personal anecdote illustrating, for me, the extent to which this world has changed. It relates to a traumatic incident in my early IES career. A junior minister in the then Department for Employment took it upon himself to insist on personally interrogating all research contractors commissioned by the Department.

My colleague John Atkinson and I, having recently finished a study looking at the factors influencing employer participation in a current government programme for the unemployed, were duly summoned to the minister's office. To the great embarrassment of the civil servant organising the meeting, the minister proceeded to shout at and harangue us about what a disgraceful waste of public money this 'so-called research' was, and how if he really wanted to know how employers thought and behaved, he would simply need to 'pop along and ask a few chaps in the Rotary club' in his local constituency. In vain did we interrupt his red-faced diatribe with reasoned explanations of sampling, respondent anonymity, independent interviewers, the importance of non-leading questions, social desirability bias and the like. The uncomfortable meeting was, thankfully, eventually brought to close when the minister realised that a fountain pen had leaked in his jacket pocket and that a large black stain was slowly spreading across the front of his monogrammed shirt (necessitating a member of his private office contacting his Jermyn Street shirt-maker for an urgent replacement).

A tale of the times in many ways, but it is close to impossible to imagine a minister, of any ideological persuasion, taking such a stance towards the application of research to policy today.

¹ Clegg R (2018), 'Labour disputes in the UK: 2017', *Office for National Statistics* [Online]. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/workplacedisputesandworkingconditions/articles/labourdisputes/2017> [Accessed: 13 July 2018]