



# **A meta-analysis of the impact of the Workforce Development Fund and Individual Employer Funding**

## **Final report**

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## Introduction

### About this report

The Workforce Development Fund (WDF) has been subject to seven independent evaluations, together covering the 13-year period from 2011 to 2024. Each of these evaluations has reviewed the 'mainstream fund' component of the WDF. Six of the seven evaluations have also covered the Individual Employer (IE) funding component.

This report presents the results of a meta-analysis undertaken on the final reports of the seven previous WDF evaluations. In doing so, it provides a longer-term assessment of the outcomes and achievements of the WDF, including its economic contribution.

### Definitions

The aim of the mainstream fund is to support the provision of high-quality care and the continuing professional development of staff in the adult social care sector by providing a contribution towards the cost of vocational learning. The fund is allocated via three routes:

- Employer-led partnerships
- Grant applications from large national employers
- Direct applications from employers in local authority areas not served by an employer-led partnership.

IE funding supports the learning and development of individual employers and their personal assistants (PAs). IE funding is paid in advance (before the training has taken place) and covers the full cost of the training. It can also be used to cover the cost of training-related travel, expenses and replacement PA cover.

IE funding is allocated via two routes:

- Direct applications from individual employers
- Applications from user-led organisations (ULOs), who then organise and/or deliver the training.

Throughout this report, the term 'establishments' is used to refer to registered establishments that provide care and support services, e.g., domiciliary care providers, residential care homes, etc. The term 'individual employers' refers to people who employ their own care and support staff using local authority direct payments, their personal health budget, their own money, or a combination of those means.

## Methods

Table 1.1 shows the samples upon which the meta-analysis is based, i.e., the number of establishments and individual employers who participated in the WDF evaluations between 2011 and 2024. In total, the meta-analysis sample is 1,722 establishments and 228 individual employers<sup>1</sup>.

**Table 0.1: Establishment and individual employer survey samples**

Evaluation period	Establishments	Individual employers
2011-12	100	-
2012-13	411	30
2013-15	143	62
2015-17	400	54
2017-19	300	39
2019-22	163	20
2022-24	205	23
<b>Total</b>	<b>1,722</b>	<b>228</b>

Source: WDF evaluation reports (2011-24)

Between 2011 and 2024, the mainstream fund supported approximately 39,000 establishments in the adult social care sector<sup>2</sup>. A sample of 1,722 (and assuming that the characteristics of that sample broadly reflect the characteristics of the full population of establishments supported by the fund) gives a margin of error of +/- 2.5% at a 95% confidence interval. By way of illustration, let's assume that 85% of the 1,722 establishments said they were satisfied with the mainstream fund. Were the evaluation surveys to be repeated numerous times but with different samples, then 95% of the time, we would expect the satisfaction percentage to be between 82.5% and 87.5%.

IE Funding has supported approximately 1,600 individual employers, which means the meta-analysis sample has a margin of error of +/- 6.4% at a 95% confidence interval. Using the example above but applying it to individual employers (i.e., 85% of them were satisfied with the funding), then were the survey to be re-run, we would expect the figure to be between 78.6% and 91.4% on 95% of occasions.

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<sup>1</sup> This may include a degree of double counting, should employers and/or individual employers have contributed to more than one evaluation.

<sup>2</sup> This will include a degree of double counting, as some employers accessed the fund in more than one year.

Each WDF evaluation covered similar topics. For example, satisfaction with the training, improvements in staff/PA skills and improvements in the quality and personalisation of care featured in each study. However, the specific wording of some of the survey questions did change. This was usually to improve the precision of a question or to reflect the latest language or terminology being used in the sector. For example:

- The 2012-13 evaluation asked establishments about the extent to which the mainstream fund had “improved the skills of your workforce”. In later evaluations, this was changed to “improved the skills/qualifications of your staff team”.
- The 2015-17 evaluation asked establishments whether the mainstream fund had prompted them to “invest more in training and/or different types of training”. In the three evaluations from 2017 onwards, that became “invest more in training and/or different types of training than you had done prior to the mainstream fund”.

Despite the changes, the main focus of the questions remained unchanged. As such, each has been treated as one question in this meta-analysis, rather than being separated out on the grounds of minor wording changes.

## The mainstream fund

### Introduction

The meta-analysis of the mainstream fund has looked at 15 different outcomes reported through the previous evaluations of the WDF. Listed below in Table 2.1, these can be grouped into four distinct categories. It is these categories which provide the structure for the remainder of this chapter.

**Table 2.1: Outcomes of the mainstream fund**

<b>Category: Skills and morale of the workforce</b>
Improvements in the skills/qualifications of staff teams
Reductions in the most pressing skills gaps within adult social care employers
Reductions in other skills gaps within adult social care employers
Improvements in staff morale
<b>Category: Quality of care</b>
Improvements in quality of care
Specialist/personalised needs are met more effectively
<b>Category: Workforce development</b>
Employers are more interested in staff development
Employers are investing in different types of training than they did before accessing the mainstream fund
Employers are taking a different approach to staff development
Training plans are being developed or refreshed
New training needs analyses are being undertaken
<b>Category: Business operations</b>
Improvements in staff productivity
Improvements in staff retention
Employers are more competitive

Employers are more efficient

### Skills and morale of the workforce

As demonstrated in Table 2.2, the findings related to the skills and morale of the workforce are overwhelmingly positive. Across all seven evaluations combined, nearly all the establishments said the mainstream fund had led to improvements in the skills/qualifications of their staff team, while more than 80% said it had gone some way towards addressing their most pressing skills gaps. Encouragingly high proportions also said that other skills gaps had been addressed and/or that they had observed improvements in staff morale which they could attribute directly to the mainstream fund.

**Table 2.2: Skills and morale of the workforce**

Outcome	% establishments
Improvements in the skills/qualifications of staff teams	93%
Reductions in the most pressing skills gaps within adult social care employers	82%
Improvements in staff morale	79%
Reductions in other skills gaps within adult social care employers	78%

Source: WDF evaluation reports (2011-24)

To set these findings in context, if it is the case that the establishments who participated in the WDF evaluations reflect the views of the full population of establishments supported by the mainstream fund, then:

- Skills/qualifications improvements will have occurred in around 36,000 establishments.
- The most pressing skills gaps will have been reduced in around 32,000 establishments.

### Quality of care

Improvements in quality of care should be the ultimate aim of any workforce development initiative. It is therefore of some note that:

- 91% of establishments across the evaluations combined said that quality of care had improved as a result of the mainstream fund.

- 85% said they were able to more effectively meet the specialist or personalised needs of people accessing care and support.

### Workforce development

Summarised in Table 2.3, there are five outcomes in this category, all of which were reported by a majority of establishments. The proportions range from 63% (taking different approaches to training) to 71% (becoming more interested in staff development).

These are lower proportions than in the preceding sub-section, but that does not necessarily mean that the fund has performed less well against these outcomes. This is because the WDF evaluation reports have consistently shown that fewer establishments engage with the fund for the reasons listed in Table 2.3 than they do to improve staff skills or address skills gaps. In other words, while the percentages against these outcomes may be lower, the achievements, in relative terms, may be just as significant.

**Table 2.3: Workforce development**

Outcome	% establishments
Employers are more interested in staff development	71%
Training plans are being developed or refreshed	70%
Employers are investing in different types of training	66%
New training needs analyses are being undertaken	64%
Employers are taking a different approach to staff development	63%
Source: WDF evaluation reports (2011-24)	

### Business operations

Between 2011 and 2024, more than two-thirds of establishments reported improved productivity and/or efficiency as a direct consequence of the mainstream fund, while just under two-thirds said that staff retention had improved (Table 2.4). These are important findings given the well-documented resourcing challenges – both financial and staffing – that exist in the sector.



**Table 2.4: Business operations**

Outcome	% establishments
Employers are more efficient	71%
Improvements in staff productivity	70%
Improvements in staff retention	64%
Employers are more competitive	58%
Source: WDF evaluation reports (2011-24)	

**In summary**

Table 2.5 draws together all of the outcomes covered by the meta-analysis of the mainstream fund. It also provides an estimate of the total number of establishments that are likely to have experienced each outcome between 2011 and 2024. It does this by multiplying the percentage of establishments reporting a given outcome by the total number of establishments supported by the mainstream fund (c. 39,000).

**Table 2.5: Summary of outcomes for establishments**

Outcome	% establishments in the meta-analysis	Estimated no. establishments experiencing this outcome (2011-24)
<b>Category: Skills and morale of the workforce</b>		
Improvements in the skills/qualifications of staff teams	93%	36,270
Reductions in the most pressing skills gaps within adult social care employers	82%	31,980
Improvements in staff morale	79%	30,810
<b>Category: Quality of care</b>		
Improvements in quality of care	91%	35,490
Specialist/personalised needs of people accessing care and support are met more effectively	85%	33,150
<b>Category: Workforce development</b>		
Employers are more interested in staff development	71%	27,690
Training plans are being developed or refreshed	70%	27,300
Employers are investing in different types of training	66%	30,030
New training needs analyses are being undertaken	64%	24,960
Employers are taking a different approach to staff development	63%	24,570
<b>Category: Business operations</b>		
Employers are more efficient	71%	27,690
Improvements in staff productivity	70%	27,300
Improvements in staff retention	64%	24,960
Employers are more competitive	58%	22,620
Source: WDF evaluation reports (2011-24)		

## Individual Employer funding

### Introduction

The surveys undertaken with individual employers for the WDF evaluations were shorter than those undertaken with registered establishments. This is reflected in the number of outcomes included in the meta-analysis. Grouped below into three categories, there are seven such outcomes (Table 3.1).

**Table 3.1: Outcomes of Individual Employer Funding**

<b>Category: Skills, knowledge and morale</b>
Improvements in the skills/knowledge of PAs
Improvements in the morale of PAs
Improvements in the skills/knowledge of individual employers
<b>Category: Care and support</b>
Improvements in how individual employers are supported by their PAs
Individual employers are supported in a way that is more relevant to their needs
<b>Category: Other outcomes</b>
Improvements in the retention of PAs
Training has become more affordable

### Skills, knowledge and morale

The results here reflect very well on how IE funding has supported individual employers and their PAs over the past decade. As shown in Table 3.2, 90% of the individual employers participating in the evaluations agreed that the skills/knowledge of their PA(s) had improved, while 87% had observed higher levels of morale.

A smaller proportion (63%) said their own skills/knowledge had improved as a result of the funding. However, context is important here, as it was relatively uncommon for individual employers to say they had accessed the funding for that purpose. For example:

- In the 2019-22 evaluation, 40% of the individual employers said they had accessed IE funding to improve their own skills/knowledge, but 50% said that had subsequently happened in practice.
- In the 2022-24 evaluation, the corresponding figures were 23% and 50%.

Therefore, rather than be seen as a ‘low(er)’ figure, the 63% in Table 3.2 is actually something of an overachievement when compared with individual employers’ motivations for accessing the funding.

**Table 3.2: Skills, knowledge and morale**

Outcome	% individual employers
Improvements in the skills/knowledge of PAs	90%
Improvements in the morale of PAs	87%
Improvements in the skills/knowledge of individual employers	63%
Source: WDF evaluation reports (2012-24)	

## Care and support

The clear message is that care and support for individual employers has improved as a direct result of the IE funding:

- 87% of the individual employers across the evaluations combined reported an improvement in how they were supported by their PA(s) following the training.
- 80% said that, as a result of the training, they were supported in a way that was more relevant to their needs.

## Other outcomes

More than two-thirds of the individual employers said the funding had helped them retain their PA(s) – Table 3.3. This is an important finding for a variety of reasons. One is that many individual employers are finding it increasingly difficult to retain PAs<sup>3</sup>, so it is welcome news that IE funding has, for many of those in the evaluation samples, helped to mitigate that. Related to this, and as reported by Skills for Care<sup>4</sup>, there is a shortage of PAs in England, leading some individual employers to report detrimental effects on their quality of life and mental and/or physical wellbeing.

Table 3.3 also shows that more than four-fifths of the individual employers involved in the evaluations said the funding had helped to make training more affordable.

<sup>3</sup> [Personal-Assistant-Survey-Report-Summary.pdf \(thinklocalactpersonal.org.uk\)](https://www.thinklocalactpersonal.org.uk/wp-content/uploads/2024/03/Personal-Assistant-Survey-Report-Summary.pdf)

<sup>4</sup> [IE PA report 2024 \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/wp-content/uploads/2024/03/IE-PA-report-2024.pdf)

**Table 3.3: Other outcomes**

Outcome	% individual employers
Training has become more affordable	83%
Improvements in the retention of PAs	71%

Source: WDF evaluation reports (2012-24)

### In summary

Table 3.4 collates the seven outcomes discussed above and estimates the total number of individual employers in England that are likely to have experienced each one between 2012 and 2024. The approach is the same as that used for the corresponding table in Chapter 2, i.e., applying the proportions reported through the meta-analysis to the total number of individual employers supported over that period (c. 1,600).

**Table 3.4: Summary of outcomes for individual employers**

Outcome	% individual employers in the meta-analysis	Estimated no. individual employers experiencing this outcome (2012-24)
<b>Category: Skills, knowledge and morale</b>		
Improvements in the skills/knowledge of PAs	90%	1,440
Improvements in the morale of PAs	87%	1,392
Improvements in the skills/knowledge of individual employers	63%	1,008
<b>Category: Care and support</b>		
Improvements in how individual employers are supported by their PAs	87%	1,392
Individual employers are supported in a way that is more relevant to their needs	80%	1,280
<b>Category: Other outcomes</b>		
Training has become more affordable	83%	1,328

Outcome	% individual employers in the meta-analysis	Estimated no. individual employers experiencing this outcome (2012-24)
Improvements in the retention of PAs	71%	1,136
Source: WDF evaluation reports (2012-24)		

# The economic contribution of the mainstream fund

## Introduction

The five most recent evaluations of the WDF (covering the period from 2013 to 2024) have estimated the economic contribution made by the mainstream fund. They have done this using a Net Present Value (NPV) approach. This involves multiplying the number of Level 2, 3 and 5 Health and Social Care Diplomas achieved via the funding by the estimated wage uplift of those qualifications over a seven-year period, minus the costs of delivering the qualifications. This methodology has its roots in in-house analysis undertaken by Skills for Care in advance of the 2013-15 evaluation.

The first two evaluations of the WDF – 2011-12 and 2012-13 – did not calculate the economic contribution of the fund. In order for those years to be included in the meta-analysis, and to give a holistic view across the life of the WDF, it has been assumed that the average return on investment observed between 2013 and 2024 would also apply to the period from 2011 to 2013.

## The Net Present Value of qualifications

Table 4.1 shows the NPV figures for the Level 2, 3 and 5 qualifications between 2013-14 and 2023-24. For example, it is estimated that a Level 2 Diploma in Health and Social Care undertaken in 2013-14 would result in a net wage uplift to the learner of £4,070 over the next seven years, once the costs of delivery are also taken into account. The increases over subsequent years to reflect the inflationary uplifts which have been applied using the Consumer Price Index.

The NPVs for the Level 3 and Level 5 qualifications are much larger than for the Level 2 qualification, the assumption being that they will, on average, trigger larger pay rises, for example by enabling progression into more senior positions.

**Table 4.1: NPVs by qualification and year**

Year	Level 2 Diploma (NPV)	Level 3 Diploma (NPV)	Level 5 Diploma (NPV)
2013-14	£4,070	£17,260	£49,090
2014-15	£4,074	£17,277	£49,139
2015-16	£4,196	£17,796	£50,613
2016-17	£4,317	£18,310	£52,075
2017-18	£4,922	£18,415	£47,733
2018-19	£5,020	£18,780	£48,680
2019-20	£5,048	£18,884	£48,951
2020-21	£5,155	£19,285	£49,988
2021-22	£5,620	£21,025	£54,500
2022-23	£6,109	£22,853	£59,237
2023-24	£6,230	£23,305	£60,410

Source: Skills for Care in-house research and York Consulting analysis.

The other key variable in the calculation of the fund's economic contribution is the number of qualifications it supported at each level across the evaluation period. This isn't known for 2011-13, but it was included in the five subsequent studies – see Table 4.2.

**Table 4.2: Number of Diplomas completed through the mainstream fund**

Evaluation period	Level 2 Diplomas (No.)	Level 3 Diplomas (No.)	Level 5 Diplomas (No.)
2013-15	7,960	8,450	970
2015-17	9,500	6,780	880
2017-19	8,746	7,737	1,688
2019-22	6,679	7,460	2,627
2022-24	3,849	6,942	1,174

Source: WDF evaluation reports (2011-24)



## Results from the meta-analysis

The total NPV of the mainstream fund across the full period covered by the evaluation is very large. As shown in Table 4.3, it is approximately £1.5bn. The return on investment (i.e., the total NPV divided by the total WDF funding) is estimated at 13.5 : 1. That is, for each £1 of WDF funding, an estimated £13.50 has been generated through wage uplifts.

**Table 4.3: Meta-analysis results (gross/unadjusted)**

Evaluation period	Total NPV of qualifications	Total funding	Return on investment
2011-12	£108.4m*	£8.0m	13.6 : 1
2012-13	£118.2m*	£8.8m	13.4 : 1
2013-15	£226.0m	£17.4m	13.0 : 1
2015-17	£208.1m	£17.7m	11.8 : 1
2017-19	£269.0m	£17.7m	15.2 : 1
2019-22	£316.5m	£22.5m	14.1 : 1
2022-24	£254.5m	£18.9m	13.5 : 1
<b>Total</b>	<b>£1.5bn</b>	<b>£111m</b>	<b>13.5 : 1</b>

Source: WDF evaluation reports (2011-24)

\*estimated values based on an assumption that 2011-12 and 2012-13 would have seen similar results (in terms of the return on investment) as later years of the fund

However, the results above need to be adjusted for deadweight, i.e., they need to account for the training that is likely to have taken place if the mainstream fund had not been available.

The topic of deadweight on the WDF is a complicated one. In successive evaluations it has been calculated by asking establishments whether they would have paid full fee for some, or all of the training were it the case that no subsidy could be claimed. The calculations applied to their responses (the detail of which has been explained in the WDF evaluation reports submitted to Skills for Care) give a total estimated deadweight figure of 46.7%. That is, an estimated 46.7% of all the training funded by the WDF between 2011 and 2024 would have taken place anyway.

But as previous evaluation reports have stated, the WDF's retrospective funding model, whereby establishments pay the full fee before submitting a claim for partial reimbursement, may mean that the reported figure of 46.7% is too high.

Estimating the amount by which it may be too high (if indeed at all) is difficult in the absence of a detailed conversation with a large number of establishments. The best that can be done is to apply a range, albeit an arbitrary one. Table 4.4 therefore incorporates:

- The NPV and return on investment with deadweight at 46.7%.
- The NPV and return on investment with that deadweight halved, i.e., at 23.35%.

The above gives an adjusted total NPV of between £799.8m and £1.15bn, and an adjusted return on investment of between 7.2 : 1 and 10.4 : 1.

**Table 4.4: Meta-analysis results incorporating deadweight**

NPV with deadweight at 46.7%	ROI with deadweight at 46.7%	NPV with deadweight at 23.35%	ROI with deadweight at 23.35%
£799.8m	7.2 : 1	£1.15bn	10.4 : 1
Source: WDF evaluation reports (2011-24)			

## Interpreting the results

It certainly appears, based on an NPV methodology, that the mainstream fund has made a sizeable economic contribution over its life. In fact, the true contribution could be even higher, as the fund has supported a range of other accredited qualifications in addition to Diplomas. The NPVs of these qualifications are not known and they are therefore excluded from the analysis. Were it possible to include them, both the economic contribution and the return on investment may increase.

Conversely, there are assumptions within the calculations that may overstate the true results. Specifically, the 2013-15, 2015-17 and 2017-19 evaluations had to estimate the number of Diplomas supported by the fund, which they did by assuming that each learner who completed more than 50% of the units associated with a Diploma subsequently achieved the full qualification. Unfortunately, the accuracy of this assumption cannot be tested in practice, but it may be the case that it did not apply to all learners.

It is important to keep these points in mind when disseminating the results from this strand of the meta-analysis. The evidence clearly suggests that the WDF has had a consistently strong financial case but given the assumptions and proxies that underpin the calculations, it would be unwise to publicise the figures without an appropriate accompanying narrative.

## Conclusions from the meta-analysis

The WDF is the longest-running funding stream in the adult social care sector aimed specifically at upskilling. Based on the results of this meta-analysis and the seven evaluations that have informed it, that is with very good reason.

Across a range of domains including skills and qualifications, staff morale and productivity, the mainstream fund has received very positive feedback from establishments for more than a decade. IE funding has been similarly well received and has clearly been a major factor in enabling many PAs to engage in skills development activity that would otherwise have been out of reach.

It is important to remember how much the operating context for the WDF has changed during its life. The COVID-19 pandemic had a huge impact on the care sector and meant that new delivery models for training had to be introduced with almost immediate effect. The qualifications infrastructure has also undergone considerable change, with the introduction of the Qualifications and Credit Framework in 2011 and its successor – the Regulated Qualifications Framework – in 2018, together with the move from apprenticeship frameworks to standards. There have been eight Secretaries of State for Health and Social Care over the life of the WDF, plus the Care Act 2014, the introduction and development of the Care Certificate and, most recently, the care workforce pathway. It is therefore all the more impressive that the WDF has not only remained a constant, but that establishments and individual employers have so consistently praised its alignment with the (changing) needs of the sector. It is also clear that it has made a very substantial economic contribution.

Perhaps the most notable achievement of the WDF is the number of people who have received better or more personalised care and support as a direct result of the training it has funded. Quantifying this with any precision is not possible, but it is entirely realistic to assume that it will run into the hundreds of thousands.

The WDF has not been perfect. Questions have been raised over the efficiencies of having multiple access routes, there have been times when some WDF partnerships have not functioned especially well, and some establishments have become frustrated over what can and cannot be funded. But the evaluation evidence clearly shows that Skills for Care has done an excellent job with the WDF and that it has been a trusted and much-needed source of support within the sector. With the WDF now set to be replaced, it is clear that its successor – the Learning and Development Support Scheme – will be following in the footsteps of a very successful fund.

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