The Cost Effectiveness of Employment Support for People with Disabilities

Response from the British Association for Supported Employment

BASE welcomes the NDTi's research into the effectiveness of local commissioning of employment support. Members may recall that we wrote to encourage participation in this research.

While the recent report, "The Cost Effectiveness of Employment Support for People with Disabilities" raises many valid issues, BASE has a number of concerns about the report. These concerns relate to the reliability of the data collected, the assumptions made from this limited data, the presentation of headline findings, and the definitions used within the research.

We are also concerned that BASE is named as a participant on the advisory board. Although we requested involvement, at no point did we receive an invitation to participate on the advisory group.

Definitions used within the research

We have major problems with some of the definitions used within the report. The report defines job outcomes as jobs gained and jobs retained. This is a definition that isn't shared by any other organisation as far as we are aware. Job outcomes normally means jobs gained only.

The report confuses job maintenance with job retention. Job retention is a term used where an individual's job is at risk and an intervention is used to help to safeguard the job. Job maintenance refers to ongoing support to employer and employee to maintain an individual within their job. It is hard to see how this confusion was not picked up by the advisory group prior to publication.

The problem with including job maintenance within "job outcomes" is that it dramatically skews the unit costs. Ongoing job maintenance is far cheaper than gaining a job for an individual – this is part of the argument for investment in supported employment provision.

The report contains several references to "sheltered employment" but does not define it.

The research uses health and social care support as a proxy for level of need. As is stated within the report, this is inadequate as support varies enormously across the country and often bears no relation to individual need.

Reliability of data collected

The survey was aimed at commissioners but we know that the detailed data request seems to have been completed by provider services in some instances.

The report clearly states that data has not been independently verified but we must query instances where providers claim 100% "job outcome" rates.

Services will have differing attitudes to job maintenance. Some will provide time-unlimited support to the employer and employee; others will limit this support to six months. Some will fund this support through Access to Work; others through their commissioned budget. This makes any assumptions on proportions and costs very unreliable.

There is no data within the report on the number of hours worked by individuals. This will impact on the quality of outcomes and the potential for savings elsewhere within health and adult social care budgets.

It isn't clear whether local authority and health providers have included central recharge costs. This will impact on the costs quoted.

There is no data about the support offered to people with autism conditions or other disabilities. Many services offer pan-disability support and it seems problematic to try to separate them as "mainly learning disability services" or "mainly mental health services".

The report excludes DWP-funded provision such as Work Choice and Access to Work. This is worrying because a number of localities will link local provision to Work Choice, particularly where there is an in-house provider of Work Choice. This will again skew the costs quoted by the particular service.

Assumptions made within the report

70 localities responded to the data request. It seems that the research is making assumptions based on this data and we would query how meaningful this is. The report itself mentions the dangers of a potential bias due to the self-selection of respondents.

In the absence of any data on hours worked, it is difficult to see how useful the costs are in terms of identifying potential cost savings elsewhere within Health and Social Care budgets.

The reporting of average spend is based on the self-selecting respondents. These are likely to be those localities where employment is seen to have a higher profile. We suspect that the true picture is one of significant disinvestment. We have seen a number of services disappear and many more have faced substantial cutbacks. It may be that overall investment continues to remain relatively stable but this might be because investment in pre-vocational services or work preparation is maintained at the cost of supported employment provision.

The discussion on service size vs job outcomes is naïve and misses the point that larger services can gain a higher profile with employers and can invest in strategic infrastructure such as marketing, employer engagement and quality assurance. This additional investment will increase the unit costs quoted but

should lead to improved quality. There is little discussion of quality or standards within the report.

Presentation of headline findings

The report claims an average figure of £2,818 for delivering a job outcome. This is fundamentally misleading because it includes job maintenance as an outcome. Costings need to be more sophisticated and draw out the differing costs for job acquisition and job maintenance. The quoting of £2818 risks misleading commissioners into believing that new jobs can be acquired for that cost.