



National Development Team **for inclusion**

The Cost Effectiveness of Employment Support for People with Disabilities

Final Detailed Research Report

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A graphic at the bottom of the page featuring a dark blue sphere with a white highlight, giving it a 3D appearance. The word 'employment' is written in white, lowercase, sans-serif font across the middle of the sphere. The sphere is flanked by two large, semi-circular shapes: a dark blue one on the left and a light blue one on the right.

employment



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Section 1: Introduction and Background

Introduction

This report for the National Institute for Health Research's School of Social Care Research (SSCR) is the final report from the two year study on employment support for disabled people, investigating the relationship between investment and outcomes. It is based on the work undertaken across both an earlier scoping review¹ and the three stages of the main cost effectiveness study by the National Development Team for Inclusion (NDTi). In addition further specific reports will be produced for publication on the SSCR web site.

The report is structured in the following way:

- A description of the process and methodology used for the work;
- A short summary of the main findings from the scoping review;
- A summary of the main findings from the national data collection;
- A summary of the main findings from the local data collection;
- A description of the main findings which have arisen through the fieldwork (Theories of Change);
- A discussion on the main findings from this research and their implications;
- A collection of supporting appendices providing additional detail on the above, plus an account of the impact of the Learning Networks.

We would like to place on record our appreciation of the efforts and cooperation from all participating sites, those who submitted data and those who participated in the fieldwork, in particular those who hosted our two days visits. The commitment of people working in the field to progress supported employment for disabled people is undoubtedly a positive factor in the areas where progress had been achieved. We would also like to record our thanks and appreciation to those using the services and the employers who came to meet with us and shared their experiences with such honesty that greatly contributed to our findings as well as to our Advisory Group who made helpful contributions throughout.

¹ Reference: <http://www.ndti.org.uk/major-projects/employment-support-for-disabled-people/>



Background

Increasing the numbers of people in paid work who have mental health problems and/or who have a learning disability has been a policy priority for successive Governments². As a result, it is part of the policy brief to both local Government and the NHS to ensure that people can access the support they need to obtain and retain employment. Whilst there is some acknowledged evidence about which particular forms of employment support are more likely to lead to people obtaining and retaining work³, there is widespread (substantially anecdotal) concern that:

- 1) Many commissioners and those responsible for decision making about the delivery of employment supports are not using the evidence base to inform their decisions as to what services to commission;
- 2) There is little evidence available and/or being used by commissioners about the cost-effectiveness of the employment supports that are being put in place; and
- 3) As a result, public money is potentially being spent, in difficult economic times, in ways that are not the most likely routes to the achievement of the policy priority of supporting more people into paid employment.

² For example: Department of Health (2001) Valuing People: A New Strategy for Learning Disability for the 21st Century, and HM Government (2009) and Work, Recovery & Inclusion: Employment support for people in contact with secondary mental health services Best practice guidance published by HM Government.

³http://www.ndti.org.uk/uploads/files/SSCR_Scoping_Review_3_web_from_LSE_July12.pdf



The Purpose of the Research

In order to help develop evidence around these issues, NDTi submitted successful proposals to SSCR for two inter-connected studies:

1. To scope the current evidence in relation to the cost effectiveness of employment support for disabled people
2. To undertake a detailed study into current commissioning practice by local authorities and their NHS partners in order to understand what information they had on the cost effectiveness of employment supports and then seek to obtain new data and knowledge about cost effectiveness to inform future commissioning.

This report is primarily concerned with the second study highlighted above, which asked the following questions:

- 1) What is the 'value for money' impact of current employment supports, in terms of people consequently achieving paid work? (*e.g. from a commissioner perspective: 'If I invest x amount, how many people should be gaining and keeping paid employment as a result.'*)
- 2) How does that 'value for money' impact vary between different models of employment support? Do they result in different outcomes?
- 3) How is the 'value for money' impact affected by different approaches to implementing local employment strategies?

The overall purpose of the research was to strengthen the cross-client group evidence base around employment support and thus enable people who commission employment support to make more informed choices and decisions.

The intention was that evidence and resource materials arising from this research would include:

- Evidence about which types of service investment are most likely to result in people getting paid work
- Evidence of the relationships between financial investment in and adoption of different models of support, and the number of people getting and keeping work

- Greater understanding of the systemic and organisational actions and attributes that are most likely to result in investments leading to people getting paid work
- Frameworks for use by local authorities for them to continually review and evaluate this information for themselves in the future

It was also hoped that this evidence would help to inform commissioners and providers of employment support, about:

- How to achieve better value for money from their investments in employment related services
- Which types and styles of investment are most likely to result in disabled people getting paid work
- How to plan, develop and manage employment supports (including key skills required by staff working in these areas) in order to achieve the best outcomes in terms of sustainable paid work.
- How different strategies may be successfully applied in different situations and with different groups of people needing support.



Section 2: The scoping study on current evidence on the cost effectiveness of employment support for disabled people

This overall research comprised two inter connecting studies.

The first was a scoping review which took place in summer 2011 and this section describes the methodology and summary findings from this study as context for the second subsequent cost-effectiveness study. This second study commenced in autumn 2011 and was completed in autumn 2013 - the write up of which constitutes the bulk of this report. Both studies adopted a common approach in relation to scope and definitions to ensure consistency across the breadth of the work.

Approach and Definitions

In terms of scope we reviewed employment supports both for people eligible for social care and in receipt of health care. The brief for the research explicitly excluded studying the impact and performance of DWP related employment supports such as Work Choice or Access to Work. Given this, the study consequently focused almost entirely on employment supports for people with a learning disability and people living with mental health problems, as other disabled people (such as those with physical and sensory disabilities) tend not to meet local authority eligibility criteria for services like employment support. That said, we sought to obtain data relating to people with all disabilities where we could and in particular to identify and record where the needs of these client groups differed, in order to inform further discussion transferability of learning and provision between 'client group'.

In terms of our approach and definitions this research assumes, backed by previous evidence and policy⁴, that paid employment is a desirable outcome for people with mental health problems and /or learning disabilities. Furthermore, we define the ideal goal as being a retainable, paid role within an open, competitive employment market (which includes the option of self-employment), which provides a significant number of hours of employment (often defined as 16 hours per week or more). It is worth noting that this definition of employment is not necessarily shared by all in the field, and the need to change culture and aspirations around employment possibilities for people with mental

⁴ Most recently in *Valuing Employment Now* (DH 2009b) and *No Health Without Mental Health* (HMG/DH 2011)

health issues and learning disabilities has been highlighted as a key issue within the literature and by those with whom we spoke as part of this review. For example, activities and interventions such as sheltered employment, employment-related volunteering, and day services focusing on 'work' activities, are currently viewed by some as employment outcomes in themselves. While on their own these would not match our definition of open paid employment, they are viewed by some commissioners and providers as part of work preparation, and thus 'stepping stones' towards reaching mainstream employment. The study therefore included them and sought data on their effectiveness in providing that stepping stone.

When requesting data on and exploring the issues around job retention this has been defined as where the service has actively worked to help keep someone in a job. This could either be a job the service had helped them achieve or one that they had held prior to referral to the service.

Methodology

This review was commissioned as a scoping review rather than a literature review – the distinction being that it was designed to provide a structured analysis and overview of what has been done (as opposed to looking in greater depth at the evidence in published literature), and to ask:

- what is our state of knowledge in terms of key issues currently facing the field; and
- what are the implications in terms of future research?

The review was desk-based and utilised online literature search engines, website searches and a targeted call for evidence (including a series of ten telephone conversations with key research and delivery figures in this policy and practice area) to identify and map current models and related evidence.

The original focus of the search for economic evidence was on the relationship between 'absolute' (i.e. total) financial resources invested and jobs achieved/sustained as a result of those investments.

However in addition we set out to identify costed evidence that:

- provides an economic comparison of different models aimed at getting people into – or keeping – paid employment;
- explores in economic terms the relationship between /part played by different component mechanisms within a particular model or approach.

Findings

The field of employment support in the UK is currently characterised by a complex, interrelated array of approaches, pilots and schemes, which frame the issue in a variety of ways. In order to present evidence relating to these different approaches, we grouped models of employment support (and evidence relating to those) into six main categories:

- Models targeting job retention / career advancement
- Models that begin with finding a particular paid role, then provide support to do/stay in that role
- Models that provide training/job preparation in the setting of a mainstream work place (but not necessarily the one in which they will go on to work)
- Models that provide training / job preparation in a sheltered and/or unpaid environment, as a route into open employment
- Models & approaches that focus on specific life stages & client groups
- Approaches that focus on mechanisms - how support might be accessed and/or funded.

The scoping review produced the following main conclusions:

- There is acknowledged evidence that Supported Employment (within the learning disability field) and Individual Placement and Support (IPS) (within mental health) are the most effective solutions to supporting people into paid jobs, and there is more economic evidence in support of these approaches than for others.
- The type of economic analysis that has predominated in those studies reviewed is comparative Cost Benefit Analysis. Relatively little in the way of overall Cost Effectiveness analysis seems to have been published, i.e. considering the relatively simple relationship between the total amounts that have been invested in a scheme, and how many people have successfully gained jobs as a result. The lack of this makes it difficult for commissioners to understand whether they are commissioning effective and successful services or not.
- This problem is compounded by evidence of variability and liberal interpretation of how to deliver 'Supported Employment' and IPS (sometimes called model fidelity). This means that a service using the label of an evidence based approach may be doing different things to that which underpinned the evidence of successful outcomes – thus making it still more difficult for commissioners to know what is / isn't a cost effective employment support service.

- There also remain gaps and inconsistencies in the existing evidence, for example in relation to 'real' savings to the taxpayer if the majority of work gained is part time, and people remain on benefits.
- Recent research into newer approaches beyond Supported Employment and IPS has been more limited. Few of these alternative approaches appear to have been spread or sustained at a national level - which has limited the capacity to develop robust evidence.
- From a cross client group perspective, there is common ground between the employment support models that have developed within the mental health and learning disability fields, but with limited cross-over between the two, in terms of either evidence or delivery. However the review also highlighted ways in which models might need to be tailored in order to respond to individuals who have different issues and needs.

Issues for further study

- In the course of carrying out this review, we identified a number of gaps in the research and key areas for further study. Those of particular interest included:
- Economic analysis relating to models highlighted in this review, where current costed evidence is slim or non-existent, e.g. how models such as social firms, volunteering or apprenticeships can help people towards open paid employment, and the ways in which people are – or could be – using personal budgets to purchase employment support (this is potentially a major issue for future commissioning, yet has received little detailed attention to date);
- More work looking at this from a cross client group perspective (mental health and learning disability but also within and beyond client group labels) including, taking into account the needs of different people and groups, is there one model of employment support (existing or potential) that could be cost-effective across two or more client groups? Does employment support agencies being 'pan disability' or 'single disability' make a difference in realising outcomes for people? What is needed by and what helps those with more complex needs or severe conditions?
- Taking into account fidelity of models, how are people delivering employment support differently across the UK (e.g. intensity of support, training/qualification of job coaches, development/use of 'natural' support from existing colleagues) and how this affects the cost outcomes.
- Building on from above, how could all models (but especially those that have become accepted as the preferred ones) be made even more effective? For example, moving towards 100% employment rates rather than around 50%.

What happens to ‘the other half’ – people who have been through a model of employment support but do not get a job as a result;

- Further research focusing on the different types of costs that have, and have not, been included in the CBA evidence produced to date – and closer scrutiny of the quality of the costing data used;
- Consistent analysis across more different models/untested combinations, e.g. comparing IPS and supported employment, and other models that have developed within separate client groups but may be similar and/or have something to offer other people needing support;
- Research looking at the scalability of models – what enables models to be scaled and what are the barriers to changes in scale, and what are the implications for costs;
- Research around equality of access to employment support, for example the degree to which stereotyping and low expectations are affecting the careers advice people get, and the economic impacts of reported trends such as ‘cherry picking’ clients to meet targets;

We sought to address many of the above issues in the subsequent cost effectiveness study which commenced in Autumn 2011 and is described in detail in the remainder of this report.

The full detail of the scoping review can be found on the NDTi website⁵.

⁵ http://www.ndti.org.uk/uploads/files/SSCR_Scoping_Review_3_web_from_LSE_July12.pdf



Section 3: Cost Effectiveness Study - Methodology

Building on the findings from the scoping review, the two-year cost effectiveness study commenced in Autumn 2011. An External Advisory Group were appointed⁶ to advise and support project for the duration, and below we describe the method for each of the three stages of this study.

Stage One: National Data Collection (January 2012– December 2012)

The national data collection sought to gather data on spend, activity and outcomes on employment related supports from each local authority in England, including their NHS commissioning partners in relation to data on mental health employment support.

Having ensured the methodology was compliant with the ADASS research process the questionnaire was drafted, in collaboration with people from the field in early 2012. The main focus was on the key data requirements that would shed light upon the quality, quantity, effectiveness and outcomes of investment and employment support. But it also needed to be designed it in a way that was realistic for commissioners to complete and return given the pressures and demands placed upon them in the current climate. The draft was then piloted with a small sample of authorities and shared and discussed with the external advisory group.

Revisions were made following this piloting, and the final survey (included in this report as Appendix 1) was distributed in the week beginning 5th March 2012, according to the following dissemination strategy:

- An Email cover letter to every Director of Adult Services and PCT Chief Executive in England, with research summary and questionnaire attached. The email was followed by a hard copy of the questionnaire & cover letter (where we had postal address details). *This was to make the people in these roles aware of the questionnaire and encourage them to identify someone who would respond on behalf of their authority.*
- An Email to every Learning Disability and Mental Health commissioner / service lead on NDTi's database (this database is maintained and regularly updated through e.g. searches of council websites). As above, this email consisted of cover letter with research summary and questionnaire attached, and was followed by a

⁶ Membership at Appendix 7

hard copy of the questionnaire & cover letter where possible. *The people in these roles were our primary target audience for completing the questionnaire.*

- Email dissemination of the questionnaire and research summary via provider organisations & related networks, including Mental Health Trusts, the Centre for Mental Health, British Association of Supported Employment (BASE) and other key contacts suggested (or forwarded on to) by our Advisory Group members. *This was to help promote the questionnaire and enable these people to follow up with / encourage a response from their local authority /NHS commissioner; we were not asking providers to complete the questionnaire.*

Responses were invited via 4 alternative routes:

1. Paper copy (print the questionnaire, fill in by hand and return by post)
2. Digital copy (complete an MS Word version and return by email)
3. Online (via a survey monkey link)
4. Over the phone (call NDTi office, NDTi staff member completes survey during conversation)

The initial deadline for returning the questionnaire was the end of April 2012 (i.e. approx. 2 months from dissemination). However at the end of April we had had a good response, but it was clear there were still authorities who were keen to respond and who would benefit from more time in which to complete the questionnaire. The deadline was therefore extended to the end of July 2012.

Of completed responses received, 48% were filled in online and 52% were posted or emailed. It was clear by the communications and range of response formats received that authorities appreciated having a range of options for completing the survey.

Once received, all paper, MS Word or PDF responses were added into the online survey database, providing a full data set in one place. This was then downloaded into MS Excel for analysis.

The data set was then tidied and cleaned, including the following processes:

- Responses were checked/filtered for 'completeness' - for example many people started more than one survey online, or 'opened' but did not complete a survey - so old / incomplete survey cases were identified and removed from the set.
- Genuine multiple responses from one Authority area were grouped (listed next to each other) for easier identification and analysis. For some analyses (relating to the responding areas as a whole) data from these multiple responses have been combined. However in the master dataset these data cases have been kept separate, allowing for detail to be retained and to aid analysis of questions

where different views could be expressed by different responders from the same area.

- Key overall spend figures were checked for outliers. Authorities responding with particularly high, low or otherwise inconsistent figures were contacted to check the correct figures, and the data set was amended accordingly.
- Following the initial overall analysis and production of the interim report, it was agreed it would be helpful to further analyse a sub set of the responses from those who provided spend breakdown data and indicated that these were accurate/calculated figures (rather than rough estimates).

Stage Two: In depth analysis with a sample of sites (October 2012 – July 2013)

This section describes the planned approach to gathering additional detailed data and conducting fieldwork visits to understand strategy implementation, and also identifies where these plans had to be adjusted in light of our experiences.

Site Visits

Detailed work was planned with 12 sites to be selected on the basis of high and low performers from the above analysis i.e. all high investors, half of whom achieved high numbers in employment and half that achieved low numbers. However the inability of sites to provide detailed data on outcomes (described in section five) made this much harder than anticipated and so in practice these sites were identified on the basis of sites that were reasonable investors, showed a range of outcome performance and stated they had access to a good range and quality of the type of data we needed.

11 sites agreed to participate and visits took place to each site in autumn 2012. Participating sites are identified at Appendix 2. The purpose of these visits was to conduct in depth analysis in order to develop a much more detailed understanding over and above the work in stage one, particularly in relation to levels of spend and job outcomes delivered by different models of support.

Ethical approval for the site visits was sought, and given, by the Social Care Research Council in Autumn 2012. All visits held were fully compliant with the agreed procedures.

In order to understand the contextual relevance of the data (see methodology regarding data collection below) and to develop our understanding of how employment strategies have been developed and implemented, six of the eleven fieldwork sites agreed to follow up visits in Spring 2013. The purpose of these was to identify what did and did not work and why, in order to inform conclusions about implementation and delivery. To do this we

used a realist style of evaluation, as described by Pawson and Tilley,⁷ which is particularly suited to measuring change in social programmes. This approach uses both qualitative and quantitative data and focuses on outcomes. It goes beyond asking ‘Does this programme work?’ to ask ‘How does this programme work, in this particular situation, with these groups of people and why?’ It also involves local people as participants in the process rather than just as passive givers of information.

This method of evaluation recognises that no project can be delivered in the same way twice or in the same circumstances, and that this has important implications for policy and spread of best practice. Instead, it identifies the underlying assumptions, or theories, in the project and tests and refines those theories. It does this through taking account of the circumstances of the project and the mechanisms used to bring about the desired outcomes. This is crucial in those programmes which seek to shift attitudes and underlying beliefs, improve practice, delivery and experience, and inform future policies/strategies and their implementation.

To obtain this detail on how employment supports have been planned, commissioned and delivered, we conducted the following in each of the six sample sites:

- Reviewed local documentation including published strategies, financial plans and internal delivery plans- matching these to the national evidence base derived through our literature review and also scrutinising the contents in accordance with a common grid attached at Appendix 3.
- Conducted a series of focused, face-to-face stakeholder interviews and discussion groups in each locality. A semi structured interview approach was used, designed on the basis of (i) existing knowledge and evidence about project planning and (ii) the evidence emerging from the earlier stages of this work.
- Triangulated this information/analysis with the data on impact and cost effectiveness to create locality specific CMO map that captured an initial picture of the local Contexts (e.g. key environmental factors and population characteristics), Mechanisms (different types of local commissioning and provision) and Outcomes (different data sources, participants feedback, case studies etc) at a local level.

The semi-structured interviews were held with a mixture of commissioners, employment support service providers, employers, those using the services and their families and local colleges, these are detailed in Table 1 below.

⁷ Pawson R. & Tilley N. (Realistic Evaluation 1997), London: Sage Publications

Table 1: Total interview numbers from the six fieldwork sites

	Number interviewed
LA Commissioners	14
LA Economic Regeneration/development	2
NHS Commissioners	3
LA in house employment support providers	9
NHS Providers	4
Independent employment support providers	7
Employers	10
Those using the employment support services	32
Peer Mentors	2
Family members/ Carers	3
Work Choice provider	1
Total	105

Data Collection

A further initial purpose of these more detailed site visits was to facilitate the collection of data which might not be routinely recorded at authority level, for example:

- Race and gender;
- Age cohorts;
- Hours work;
- Wages paid; and
- Sectors were work gained/retained.

In addition a proxy was identified to indicate the complexity of disability of those supported (i.e. number of – non-employment- support hours of health/social care provided by <7hours; 7-40 hours; 40 hours plus) and to ensure cost comparisons took place between

services supporting individuals with similar levels of need. A copy of the full data request is attached as Appendix 4.

Sites were also asked to complete the NDTi's Bayesian tool, designed to identify outcome flows for individuals, tracking their movements between different forms of employment support during the course of 6 months. It was intended that this would be completed both for the total cohort of people supported during those 6 months and 5 randomly selected individuals. Although several sites completed this accurately, many struggled and it was also clear that once completed it was impossible to extract the data for meaningful and robust analysis. It was therefore agreed that the use of this tool would be discontinued.

In terms of gathering data although the majority of the sites could provide figures on the numbers gaining work and the numbers being actively supported to retain work, generating any additional data often proved extremely difficult. This appeared to be down to a range of reasons:

- Very rarely was any of this data gathered routinely;
- In many sites recording this level of data had never been considered;
- There was often a limited dialogue between commissioners and providers about data in general and a subsequent lack of knowledge/understanding about what would be helpful or was readily obtainable;
- Providers with several commissioners often had to complete very different monitoring forms and were reluctant to spend any additional time providing the extra data for this study;
- Many staff were under considerable pressure and unable to contribute any additional time to help us with this work.

This work was pursued between November 2012 and March 2013; when it was clear from the dearth of data that a new approach was required. With the agreement of the External Advisory Group, we reduced our data request significantly to ten key fields (attached at Appendix 5) covering those aspects which we felt would be most informative in terms of the overall objective of this study, and which reflected our experience of what data providers and commissioners would realistically have available. Services were also asked to identify their model of employment support based on the six categories used in the original scoping review (see section three). We also actively extended our request beyond the original 11 fieldwork sites to sites across the country in order to increase the size of the database and so have a sample size which would enable us to undertake robust analysis. To do this we contacted:

- All those from the national data collection who had identified on their returns that they recorded outcome data;

- Individuals in sites where NDTi had contacts;
- Individuals in sites as suggested by the External Advisory Group; and
- IPS Centre for Excellence sites (as suggested by one of External Advisory Group members) as by the CfE criteria they would need to be recording comprehensive data.

As a result of this exercise data returns were received from 70 services in 43 local authority areas with 19% being generated via the national data request; 27% from our fieldwork sites; 28% via NDTi; 9% via External Advisory Group contacts and 17% via CfE sites. We are acutely aware that by targeting sites in this way we have introduced a bias into the sample and this is also acknowledged in section five on data analysis. However this was felt to be a reasonable approach in order to be sure of generating sufficient data to enable us to conduct any significant analysis of overall cost- effectiveness i.e. the main purpose of this research.

The full set of data we were able to derive from the returns is listed at Appendix 6 but in summary the main headings were:

- Contact statistics
- Client group
- Support levels
- Employment outcome
- Employment outcome type
- Employment outcome by client group
- Employment outcome by support level.

The data was returned electronically between May and August 2013 and then downloaded into MS Excel for analysis. The data set was then tidied and cleaned, including the following processes:

- Responses were checked/filtered for 'completeness' – apparent anomalies and gaps were queried and checked by phone call with individual sites;
- Figures were checked for outliers. Authorities responding with particularly high, low or otherwise inconsistent figures were contacted to check the correct figures, and the data set was amended accordingly.

There are a number of caveats to the data, which we discuss briefly below.

In the first instance, all data received was self-reported. It was not possible for us to independently verify the accuracy or quality of the data provided by employment support

service providers or from commissioners. Where anomalies or gaps in data provided appeared we queried these with individual sites and the data amended accordingly.

Where data was provided this was not always in all areas for which data was requested. Thus, whilst our sample size for analysis regarding the costs of employment support services and the number of people supported as 70, the sample size for other factors – such as client group, support levels or employment outcome – were smaller. In the analysis in section five we have indicated the sample size from which the analysis is derived.

Finally, there was no consistent use across local areas of a definition of what an employment outcome is. Thus, one local authority area or provider may have counted an employment outcome as being one hour of work paid at National Minimum Wage; another local authority area or provider may have only counted those employment outcomes when someone worked at least 16 hours per week at an appropriate salary level. We believe, based in part on material from the qualitative interviews, that the prevailing definition was to accept any work of one hour per week or above as a work outcome – this being derived from that being the standard in the earlier Government PSA indicators around employment for disabled people.

It is also important to note there that during this process it became clear that the issue of support hours (as the proxy for level of disability) was causing some difficulties. It was always understood that there were inbuilt caveats to this measure, most importantly that it was in danger of being a measure of the adequacy of local services rather than the needs of the individual. However although those working with people with learning disabilities felt it to be a relatively straightforward way of discriminating between different levels of need, those working with mental health users found it to be far less helpful. This was mostly because even the most severely ill were unlikely to be receiving any more than 7 hours support a week unless they were an inpatient, and also because their levels of support needs fluctuated so widely. This issue is addressed in more detail in section five.

All this data was then further considered by the project team. The emerging findings from the data analysis and the themes arising from the site visits and the CMO maps (presented in sections five and six of this report) were then shared and tested with representatives from all eleven fieldwork sites at an Evaluation workshop in Birmingham in September 2013. Discussing our findings with the participating sites is a critical component of the realist evaluation approach, enabling us to confirm our findings with a broader group and enabling those attending to question and contribute to the issues and conclusions identified. In total 20 individuals attended from 11 sites, as well as a representative from SSCR. The morning was structured around the Theories of Change findings (see section six) - where small facilitated groups discussed each one in turn in order to confirm (or not) their agreement and to identify further examples/evidence which could be incorporated. The afternoon then addressed the main findings from the data collection (see section five)

with a presentation and large group discussion. Feedback on the value and relevance of the overall day was extremely positive.

Stage Three: Sharing findings and Learning Networks (May 2013 – October 2013)

In terms of disseminating the findings, one of the core components of this study was to support local commissioners and providers to understand the research findings and their implications and thus consider how they will put new knowledge into practice.

The objectives of the Learning Networks were therefore to:

- Share the evidence based for employment support with commissioners to improve or enhance their knowledge;
- Support commissioners to commission and ensure procurement of effective employment support;
- Support commissioners to understand what local evidence and data needs to be gathered to determine whether the employment supports being commissioned are achieving positive outcomes and value for money.

To do this, the learning network sessions were arranged broadly according to the following scheme:



To this end a series of three short term learning networks were run for commissioners across three Regions in England: the North West, the Midlands and London.

Each network met 3 times and had an average of 9 participants.

The first session focused on commissioners reflecting on what was and wasn't working in both their own knowledge and activity and in the knowledge and activity of the providers they worked with. Having done so, findings from the first phase of the research were then shared on what are the most effective models for employment support.

The second session aimed to find ways commissioners could translate the evidence base on what are considered to be effective employment supports into effective commissioning and procurement. This was broken into two parts. The first was to identify what aspects of a service commissioners would want to know about in order to determine if it was effective. Second, questions to explore these aspects were identified, as well as expectations of what should be in place. This information was then collated into a tabulated workbook that forms part of a suite of tools to support commissioners to commission effective employment support – a separate output from this project.

By the third session, we were able to share with participants the emerging Theories of Change (see Section 6) and asked participants to work with us to validate, refine and illustrate them by considering:

- Does it 'ring true?'
- What would you like to add/ tweak?
- Would you like to add anything to illustrate or illuminate the point?
- Do you have any experiences / evidence which contradict the point?

We also shared emerging data findings (see Section 5) and benchmarked local areas against averages and best practice.



Section 4: Findings - Stage One: National Data Collection

This section of the report covers the main findings from the national data collection, carried out as the first stage of the main study.

Ninety nine responses were received, covering a total of eighty three local authority areas – a response that exceeded initial expectations. Whilst the depth and quality of the data varied, the research team followed up information where possible to clarify and validate the information. These findings have been written up in full and a copy of the report is available on the NDTi website⁸. However the main issues and findings from this work are summarised here.

In terms of the overall process:

- A good level of response was received in relation to both NHS and social care budgets – though with more information about social care than about the NHS.
- The responses were from a broadly representative sample of authorities in terms of geography (though with a slight proportionate under-representation from London and over-representation from the north east) and from types of local authority (though again with a slight under-representation on London Boroughs and over-representation of County and Metropolitan authorities).
- Authorities were asked to describe the degree to which the figures they returned were rough estimates or calculated, accurate figures. The 34 responses from 33 local authority areas who indicated they provided 'more calculated, accurate figures, where separately analysed as a sub set of the overall returns. Where these findings proved to be significantly different from our overall findings this has been identified in the relevant section (NB main differences are around spend per client groups and change in spend patterns, otherwise the subset responses are very similar to those of the whole data set).

⁸ Interim report on NDTi/SSCR Employment Research. Findings from National Data Collection November 2012

Main Findings

There are three main findings from this data which then lead into informing the subsequent stages of this research. There are also a significant number of other findings relating to factors such as how local investment decision are made, organisational configuration of providers and so on, that are not reported here for reasons of space, but can be found in the full data report referred to above.

Changes in Spending Levels

This issue is obviously of interest at a time of general financial pressures. We asked specific questions about actual spend in 2010/11, 2011/12 and budgeted spend for 2012/13. We also asked two 'impressionistic' questions, without asking for the detailed figures, namely whether:

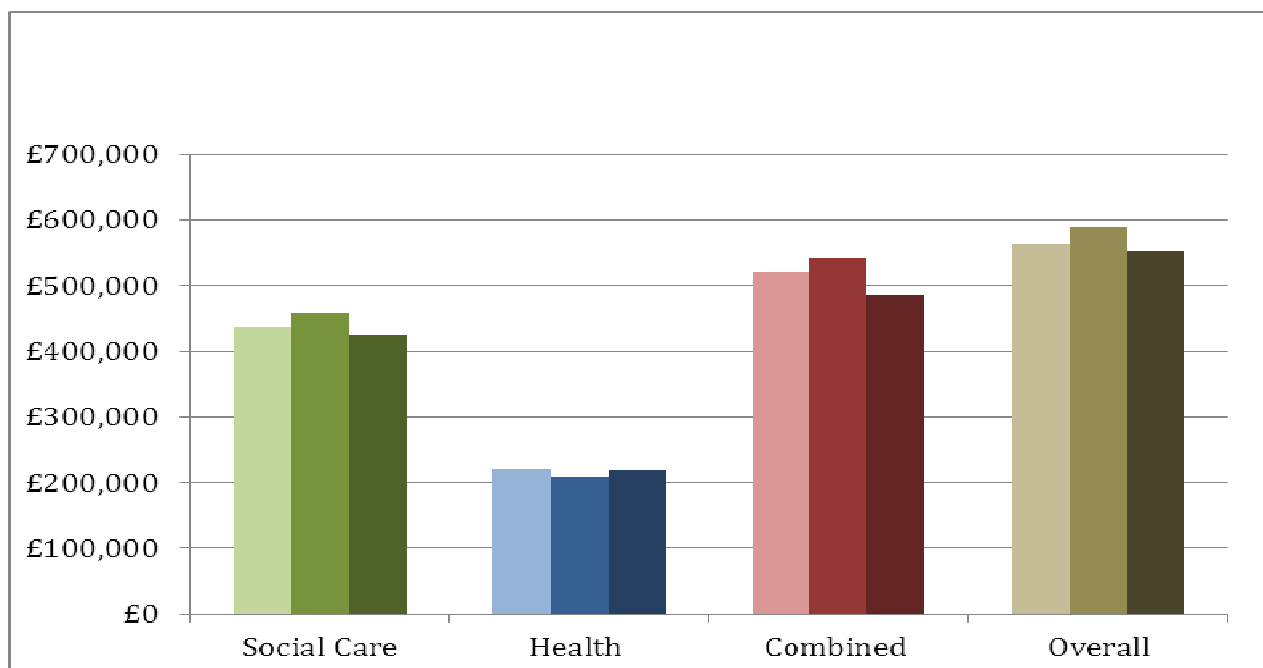
- Spending had increased or decreased over the last five years, and
- Whether it was anticipated that spending on employment support would change in the near future.

The responses to all these questions not unsurprisingly showed a variety of different trends - including authorities where spend on employment support was increasing significantly (e.g. as a consequence of a decision to move investment from more traditional day services into more employment focused supports) and authorities where spend on employment support was decreasing or even stopping totally.

Change over three years

The three-year period where we sought detailed figures showed a general pattern of increases from 2010/11 to 2011/12, but then a decrease from 2011/12 to 2012/13 to a level just below that of the first year. In other words, following increased spend, those increases appear to be being reduced to at or below previous levels; perhaps unsurprising evidence of recent budgetary cuts relating to the current economic climate.

Chart 1: Average Spend per area over the 3 years (2010-2013, left to right), for each budget stream



One interesting factor is that there appears to be a greater degree of budget protection being applied to NHS budgets than to social care budgets (although this is not borne out in the subset analysis –see Table 2 below). Combined budgets appear to have been the most protected – although the number of budgets that this applies to is small.

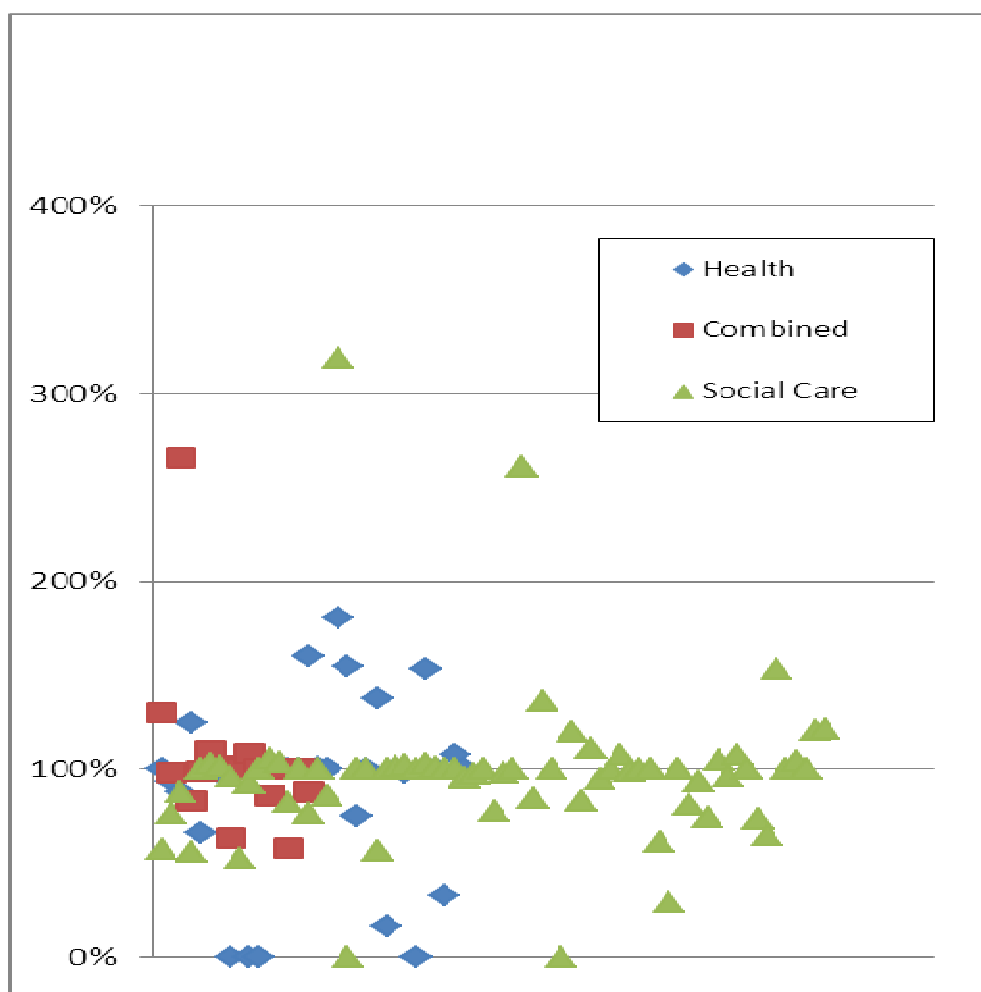
In order to investigate these recent changes in more depth, we compared the spend / budgeted figures quoted for the current financial year (2012-13) with those from last year (2011-12). Table 6 shows this analysis, again split by budget stream. Although the changes in spend over 5 years were broadly similar between the overall group and the subset returns, we did identify different patterns in relation to the two year spend figures, we have therefore included both sets of figures in this Table.

Table 2: Change in budgets, 2011/12 to 2012/13

	↑ Increase		= Equal		↓ Decrease		X Cut completely (possibly)	
	whole	subset	whole	subset	whole	subset	whole	subset
Social Care Budgets (n 69 / 28)	30%	39%	26%	18%	41%	39%	3%	4%
Health Budgets (n 35 / 12)	29%	17%	34%	33%	26%	42%	11%	8%
Combined budgets (n 17 / 2)	47%	0%	12%	50%	41%	50%	0%	0%

The most notable differences within the subset are an increase in the proportion of social care budgets *increasing* (as opposed to staying the same) and an increase in the proportion of health budgets *decreasing* (as opposed to increasing). This means that **for health budgets the picture is a lot less relatively ‘secure’ than suggested within the whole data set**; the combined proportion of budgets increasing or staying the same is now higher in Social Care (57%) than in Health (50%), and there are many more Health budgets decreasing than staying the same or increasing. However **for Social Care budgets these figures are more positive than for the whole data set**, in that the balance between budgets increasing and decreasing is more equal. This may reflect a self selecting nature of this subset, i.e. those responders that provided more, and more accurate, data are those who are perhaps more likely to be maintaining investment in employment support (however that doesn’t account for the relatively less secure data in Health budgets).

Chart 2 below provides an idea of the scale and range of this budgetary change over the last two years for all sites, showing budgets quoted for 2012/13 as a percentage of spend in 2011/12. The scattering is densest around 100%, indicating that the majority of increases and decreases have been relatively minor – though it should be noted that decreases to around half/50% last year’s budget are not uncommon, especially with social care budgets.

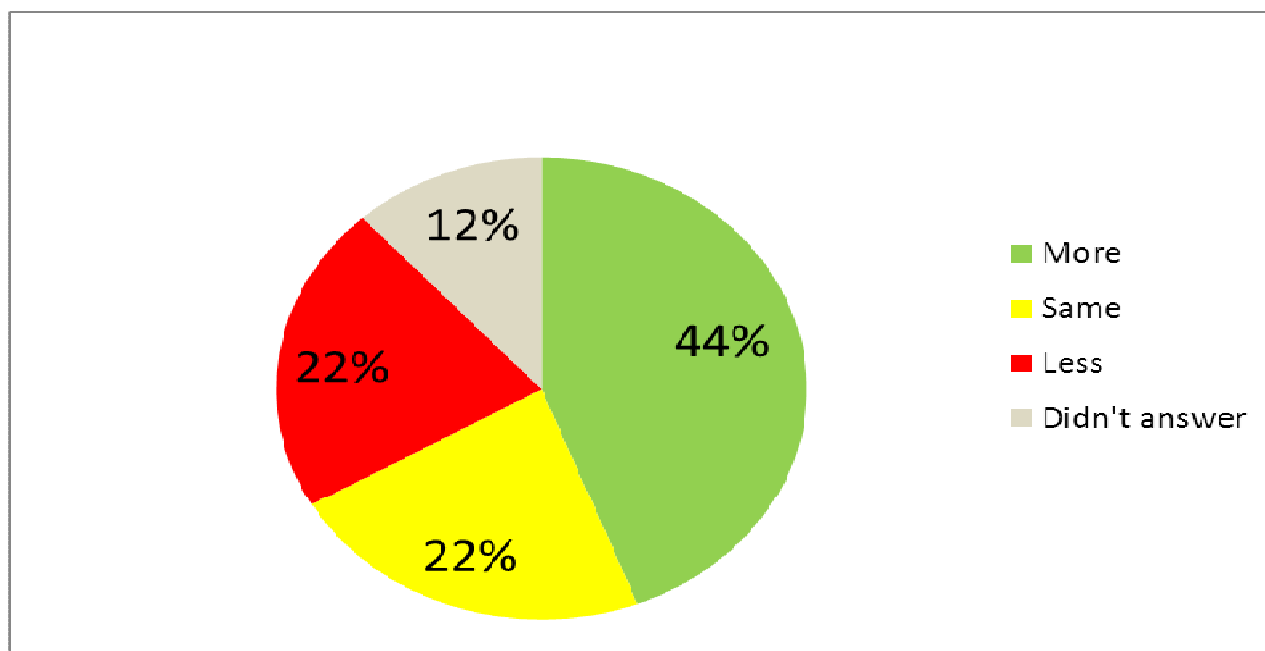
[illegible]

However on a more positive note this chart also highlights some apparent examples of major new investment in employment support; following up outliers on the chart by looking at these sites' responses to other questions, it appears these increases in spend relate to e.g. redirecting day services to job coaches and plans to boost the use of personal budgets.

Change over Five Years

Although specific data on a five year period was not sought, the answers to this question indicated clearly that spend levels for the whole data set had increased over this period – with only 22% of respondents stating they were spending less than they were five years previously, with 22% spending the same and 44% spending more, as illustrated in Chart 3 below. Similar patterns were reported for the sub set group (24% spending less; 24% spending the same; and 53% spending more)

Chart 3: How would you say the overall annual spend in 2011/12 compares with 5 years ago?



Taking the two/three and five year figures together, the following issues of interest emerge:

- Why has there been an increase from five years ago but the apparent start of a decrease now? We can hypothesise that this may have been connected to national policy priority from around 2002 to around the end of the decade – including the PSA 16 indicator on people in paid work – and the resultant knock-on effect on local spending priorities – with the current economic climate also leading to reductions this year. But there is no obvious stated rationale.
- A very small number of places are significantly increasing investment in employment as they replace day services, as they perceive it as a better use of money.
- A very small number of places appear to be cutting their investment in employment support completely.

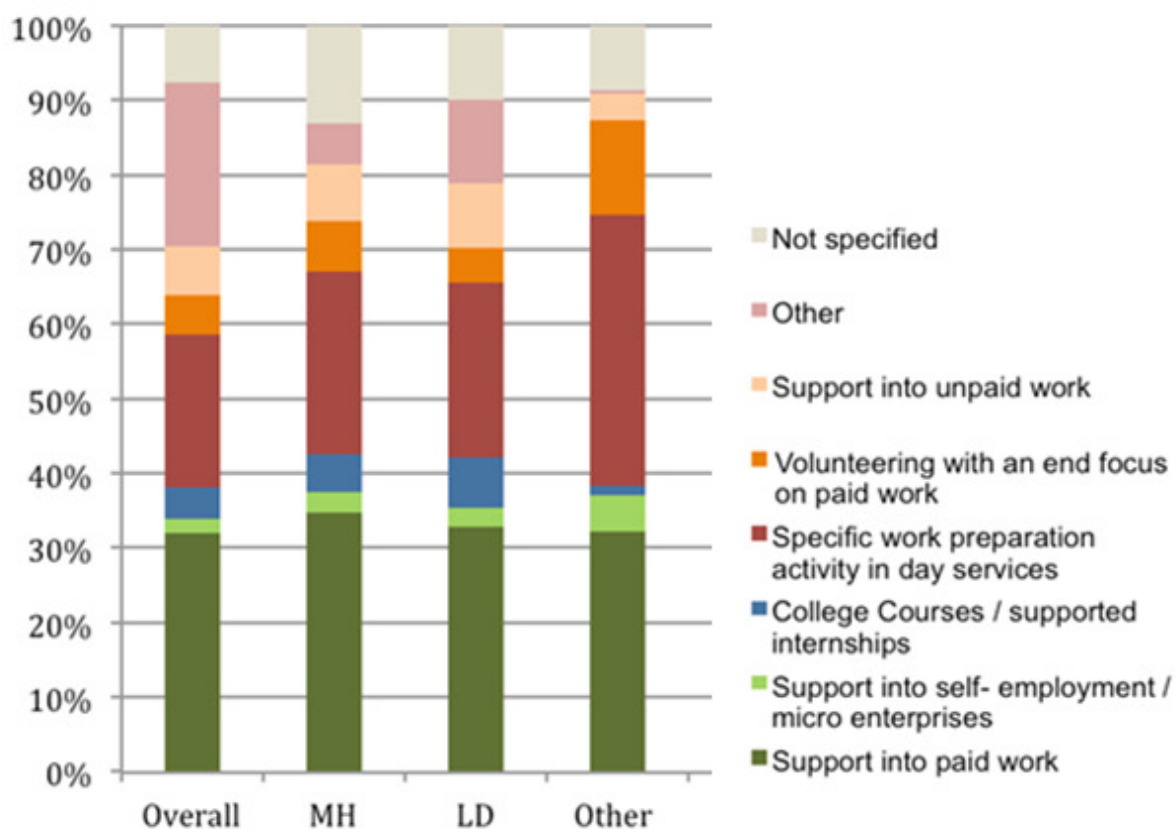
We were also asked to investigate (by the External Advisory group) the relationship between the 20 top and 20 bottom spenders and the levels of Work Choice activity (as measured by mean Work Choice programme starts per population), to see if high or low levels of Work Choice investment encouraged or discouraged local authority/NHS investment in work support (or vice versa). We found there to be no statistical significance i.e. local patterns of spend are not determined by the level of investment in Work Choice within the same locality. This was borne out in our later fieldwork visits where there was very little evidence of any communication or co-ordination between Local Authorities and with those administering Work Choice programmes.

Data Available to Inform Commissioning Decisions

As previously noted, a good response was received to the questionnaire – particularly considering that commissioning staff are currently under significant pressure. From the information we received, four provisional conclusions can be drawn that need to be considered as a whole:

- The vast majority of commissioners have basic financial information about overall spend levels on employment support.
- However, 44% of respondents were not able to provide us with a breakdown of what the total employment support budget is spent on i.e. how much they are spending on different types of employment related support. Whilst in a few cases this was stated as a function of current pressures within the authority making it impossible to return the data to us, the overwhelming reason given was that such disaggregated data was not held or available internally. Of those that did supply a breakdown of their employment support Chart 4 below illustrates the pattern of proportional spend across different types of employment support

Chart 4: Distribution of 2011-12 spend among different types of employment support, by client group



It is interesting to note that the pattern of reported investment is fairly similar across different client groups, with the highest proportion on 'support into paid work'. However it might be suggested that this is still a relatively low figure given the evidence which exists around support into paid work as the most cost effective way of delivering real jobs. There is also a relatively high proportion (up to 20% for those services supporting people with mental health problems or a learning disability) which are identified as 'unspecified' or 'other'.

- c) 66% of our total respondents stated that they collected data on the numbers of people that area supported into employment as a result of their investments – 15% stated they did not and the remainder did not answer the question.
- d) When asked about outcomes data, an initial analysis of returns from the 91 respondents (and 31 of the subset) who answered this question, indicates a focus on factors such as numbers of people gaining and retaining jobs, with fewer authorities (around 50-60%) gathering data on types of jobs or complexity of disabilities of people gaining employment and still fewer (up to 30%) collating data on wider service impact such as whether getting a job affected people's demand for other types of social or healthcare services. Table 3 below summarises these findings, a traffic light system has been used to highlight those data types that are most (green) and least (red) commonly gathered.

Table 3: Output/outcome data currently being gathered

Type of data	% saying that this information is currently collected	
	Whole data set	Subset
Numbers receiving employment support	96%	97%
Number of those supported actually gaining (or retaining) paid jobs	93%	90%
Age / gender / ethnicity of people gaining jobs	90%	90%
Types of job gained / hours worked / amounts earned	74%	65%
Numbers assessed as eligible for employment support	59%	61%

	% saying that this information is currently collected	
Our Job retention / Career progression	54%	52%
Complexity of disability of people gaining jobs	51%	42%
Resulting changes in individuals' use of other services, e.g. day services, supported housing, drop ins – or other health/social outcomes	27%	32%
Changes in type & cost of employment support for individuals over time	25%	26%

It is encouraging to see that the collection of basic outcome data, in terms of numbers gaining or retaining jobs, is apparently widespread. Unsurprisingly it is the less tangible information about longer-term changes and impact on services that is least likely to be collected. These findings were borne out in our attempt to gather more detailed data from individual sites, but it is interesting to note that although age, gender and ethnicity data were reportedly routinely gathered this proved to be quite a challenge for many sites in the first wave of this subsequent exercise. Therefore, we believe that the returns in the above table are probably higher than would have been the case if all returns had been externally validated.

These preliminary findings raise two fundamental questions for the research team. Firstly we know from the earlier scoping study that some types of employment support are more 'evidence based' than others. If a substantial proportion of commissioners do not have access to information about how much they are spending on different types of employment support that they are commissioning, how do they know if they are commissioning evidence based services or not? Secondly, even if there is data obtained on total number of people gaining work (point c above) or some of the more detailed outcomes information indicated in point d above, if this cannot be compared against a breakdown of spend on the type of employment support being commissioned, how do commissioners know and understand which employment support services are being effective and thus which approaches they wish to commission in the future?

Personal Budgets

The questionnaire asked an explicit question about personal budgets, specifically whether people are allowed to spend their personal budgets on employment support and, if so, what information the commissioners had about that.

76% of all respondents stated that people are allowed to use personal budgets for employment support. 12% responded that they were not and 11% did not respond.

Only 28% of all respondents however actually knew that people were using their personal budgets for employment support. 17% knew that they were not and 35% did not know either way. The remainder did not respond.

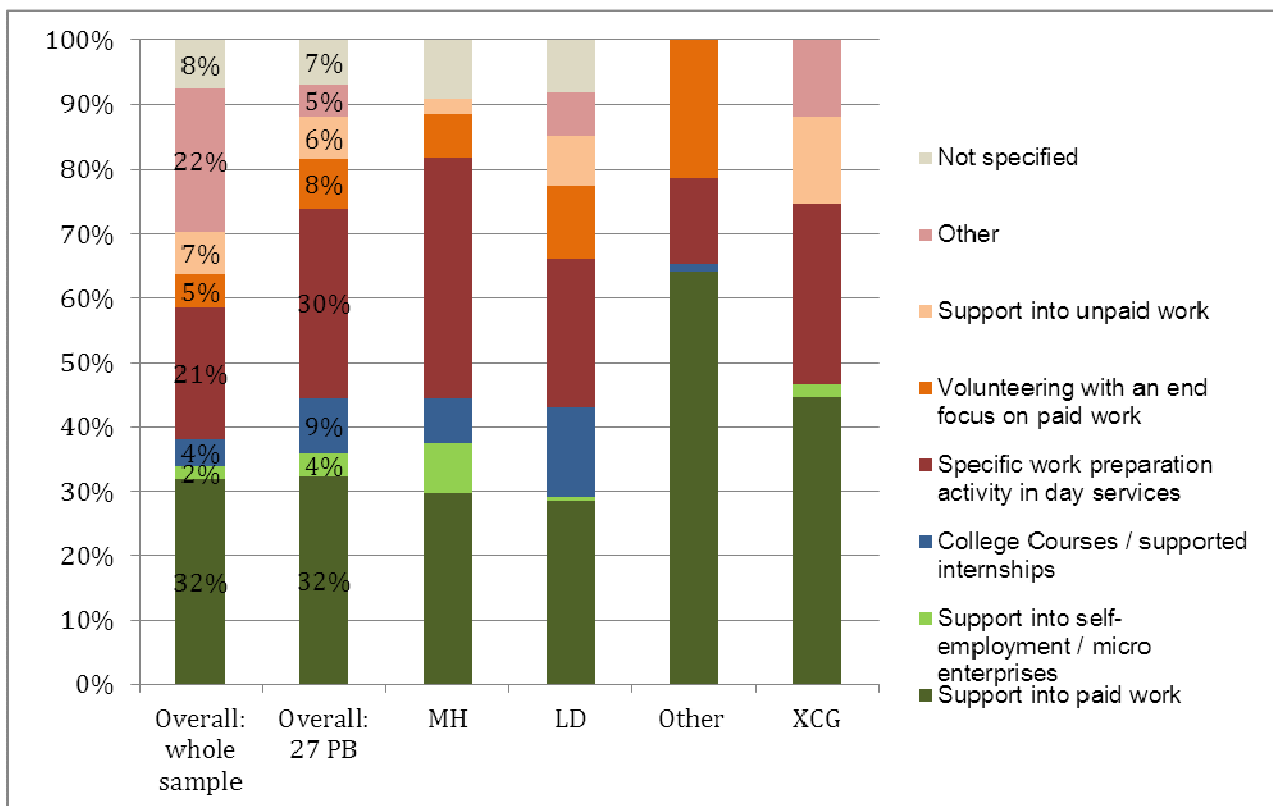
Only 12% (43% of those that knew budgets were being used for Personal Budgets) had any information about how much of people's personal budgets were being used for employment support. 44% did not have this information. The remainder did not respond.

Again, this raises an important question for the research team. Given that gaining and retaining employment has regularly been stated by people with learning disabilities and people with mental health problems as a priority for them, and personal budgets are the key 'building block' of how services are to be delivered in the future, this initial data indicates that:

- A small minority of authorities are not permitting people to use personal budgets to acquire employment support (This is possibly explained by the survey taking place in the very early days of personal health budgets and some NHS commissioners not feeling they had the powers to use NHS funds for PHBs).
- A majority of authorities where people are allowed to use personal budgets for this purpose either do not know whether people are using them for employment support, or know that they are not
- Only a very small minority of authorities have any data on the extent to which personal budgets are being used for this policy priority.

Further analysis of the types of employment support available in those 27 areas (28 respondents) who stated that they knew people are using their personal budgets for employment support is illustrated in Chart 5 below. This repeats the analysis in Chart 4 and the overall figures from the original analysis are also presented here, in the first column, for comparison purposes

Chart 5: Spread of employment support types reported to be available in the 27 areas where people are known to be using Personal Budgets to purchase support individually (overall, and by client group)



While we are looking at a relatively small sample size, and therefore apparent ‘patterns’ can be influenced easily by a few specific services, it is interesting to note that there are differences in the pattern of employment support provision in these 27 sites, when compared to the sample as a whole. Most noticeably, a greater proportion of the spend in these 27 areas is reported to be ‘work preparation activity in day services’; ‘College courses / supported internships’ ; and “Volunteering.” These are three forms of employment support that are currently thought to be less effective at getting people into paid work. However the proportion spent on “Support into self employment / micro enterprises”, though still small, is also higher in these 27 areas (at 4% overall – 8% for MH - compared to 2%) and it could be argued that this kind of employment support is especially well suited to people who want to use their personal budget to help them gain an income from working. It is interesting that the majority of this self employment / micro enterprise support within these 27 areas seems to be available for service users in the Mental Health client group, among whom personal budgets are not as widespread.

While the overall proportion of spend described as “Support into paid work” is the same (at 32%) for both the sample as a whole and within these 27 areas, it is interesting to note that this type of support is particularly dominant (at 64% of reported spend) among the ‘other’ client group (mainly people with physical or sensory impairments). This could be a fluke in

the data and it is not a trend that was particularly evident in the overall sample.

However it could also reflect a variance in the types of support available for different client groups wanting to spend personal budgets, possibly linking to differences in demand, 'work awareness' levels and other issues around differing expectations for different client groups.

Taken together, this initial analysis starts to pose questions about whether the way in which personal budgets are being implemented across much of the country is 'fit for purpose' in terms of delivering the policy priority of supporting more disabled people into paid work. This is followed up in our fieldwork findings in section six. In response to this finding, NDTi are undertaking further research to obtain more data on the extent of the use of personal budgets to support people gain and retain paid work and also to understand what might be the obstacles to this being more widespread practice. This is expected to report around the end of April 2014.

Conclusions

The national data collection takes us some way towards generating answers to the first two of our three research questions, but to a significant extent it raises more questions.

- What is the 'value for money' of current employment supports, in terms of people consequently achieving paid work? (If we invest x amount, how many people will get / keep jobs as a result?)
- How does that 'value for money' impact vary between different models of employment support? Do they result in different outcomes?

We now know that many authorities have the means to make a basic cost effectiveness calculation, in that they are able to present information about overall investment in employment support, and reportedly gather information about the number of people getting / keeping jobs as a result.

However the data about cost is very limited when it comes to differentiating between different models of employment support – broadly speaking, authorities often seem to be commonly investing in a mix of different kinds of employment support, without the means (i.e. 'input' data needed) to compare effectiveness within their range of investments.

There is evidence (from responses to the open ended questions) that some authorities are considering the merits of different models of support, and indications that spending is being targeted at certain models (e.g. job coaching and IPS) over others.

However ‘cost effectiveness’ has been seldom, if ever, named by respondents as a determining factor in such investment decisions, and existing / historical patterns of investment, national policy / evidence, ‘strategy’ and user-led demand all appear to play a more influential role in decision making than the application of locally generated outcome evidence.

In terms of our cross client group focus, there are strong similarities in the way spend is invested across different types of model for different client groups.

Therefore, the national data collection, whilst providing interesting and important evidence about a range of issues, has shown that the general picture across England is that local authorities and NHS commissioners are not collecting the type and depth of data necessary to enable them to draw conclusions about cost effectiveness of their investments. Nor is the data that they collect of sufficient detail to enable this study to draw any conclusions about cost-effectiveness. Therefore, any answers to these two elements of the research questions would need to be obtained from Phase 2, the local data collection element of the study i.e. through use of sample data and extrapolating that to national conclusions.

Additionally, while there is evidence of cuts in employment support provision even among this self-selected sample of commissioning authorities, there are also many positive signs that many authorities are continuing to expand and invest in employment support. There is also evidence to suggest that personal budgets are likely to play an important role in the future purchasing and commissioning of employment support, and therefore we need to pay attention to how information relating to relative cost effectiveness of different types of support is relayed and made available to those individuals involved in making personal spend decisions.



Section 5: Findings –Stage Two - Local Data Collection

This section of the report summarises the main findings from the local data collection, carried out in phase 2 of this research.

Data was requested between May and August 2013, based on a structure and process described in section three of this report. We received data for 70 services from a total of 43 local authority areas.

As noted in section three data was not available for a variety of areas of important dimensions of employment outcomes. For example, we were unable to gather data on the number of hours worked by people with a job, what levels of pay they received and what sector their work was in. Understanding these things had been part of the original intention of this study and so we initially sought to obtain this through the local data collection in phase 2.

Overview of returned data

Of the 70 sets of data returned, 32 were for services focused primarily on people with learning disabilities (i.e. more than 50% of people supported had learning disabilities) and 31 were services focused primarily on people with mental health problems (i.e. more than 50% of people supported had mental health problems). The remaining 7 services were mixed. Because support for people with, for example, autism or physical/sensory impairments was proportionally very small in the sample, and given the focus of this research, our analysis below focuses only on people with learning disabilities or mental health problems. We highlight only where services focusing on particular client groups have different results to the average or between each other in the analysis.

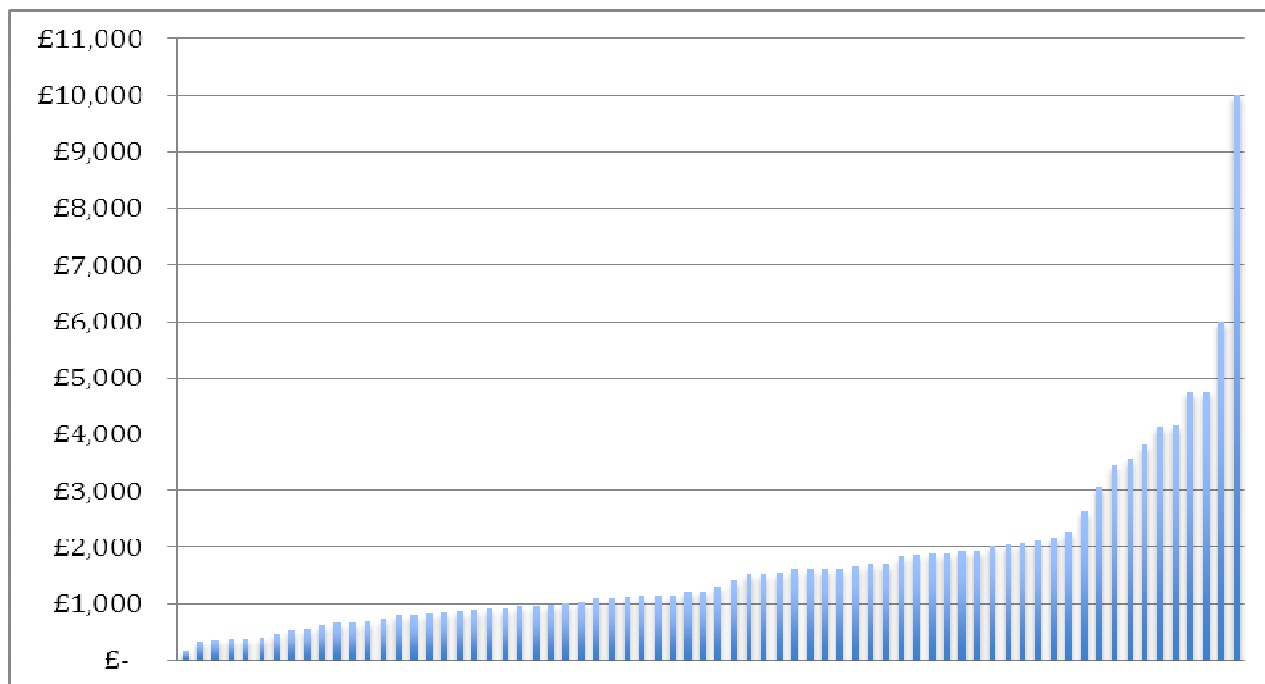
Table 4 below summarises an overview of the data. This shows a number of broad facts including:

- Mental health services tended to support more people than learning disability services;
- Although generally more expensive per service, mental health services consequently have a lower cost per person supported;
- The majority of people being supported to gain or retain work are people with lower levels of support needs i.e. less than 7 hours per week.

Table 4: Characteristics of employment support services

	Average number of people who received support (n=70)	Average cost of service (n=70)	Average cost per person supported (n=70)	Proportion of all people supported (n=66/70)	Support levels of people supported (n=47/70)			
					<7 hours per week	7-40 hours	40+hour	
All	198	£263,132	£1,730		57%	39%	4%	
LD	137	£217,047	£1,948	43%	51%	41%	8%	(n=18/32)
MH	279	£316,148	£1,485	50%	68%	26%	6%	(n=28/31)

However, these averages – as for all other average figures throughout this section – hide a significant range of data for each measure. For example, the range of costs per person supported is from £165 to £10,000, as represented in Chart 6 below.

Chart 6: Cost per person supported

n=70

An analysis of how many people secured a job outcome (i.e. were reported to have either gained or retained a job as a result of the service's support) shows the overall job outcome rate is 38%. This was higher in learning disability focused services than for mental health focused services (see Table 5 below). There was little evidence of achievement of self-employment, with what there was being achieved mainly by mental health focused services.

Table 5: Overall job outcomes

	People who secured a job outcome	New job	Retained job	Self-employed
All (n=70)	38%	61%	36%	3%
LD (n=32)	43%	53%	45%	1%
MH (n=31)	34%	68%	26%	6%

Further analysis tells us that, for every 100 people who received support from an employment support service provider:

- 23 would gain a new job
- 14 would retain a job
- 1 would become self-employed

Again, Table 5 hides significant variation in the rate of job outcomes achieved – the range is from 0% (i.e. no job outcomes achieved) to 100% (i.e. everyone supported achieved a job outcome)⁹.

⁹ The small number of services achieving very high job outcomes appeared to be atypical services with a focus on supporting job retention.

Sub-Analysis of the Data

We now analyse 4 particular themes that are present in the data, regarding:

- Delivering job outcomes
- The type of job outcomes
- Impact of the size of a service
- Impact of people's support levels

Delivering job outcomes

A key purpose of this research is to understand what might be meant by value for money in relation to employment support services for people with learning disabilities and/or mental health problems. As previously noted, we are defining a job outcome as being either someone being supported to gain a job, or someone being supported to retain a job they already held. As previously noted, data is not collected in most places on factors such as number of hours worked, or type of job achieved. Therefore, our analysis has to be limited to the simple process of gaining or retaining a job – irrespective of its detailed content. We did not, for the purpose of this research, consider a person just being supported as being an outcome.

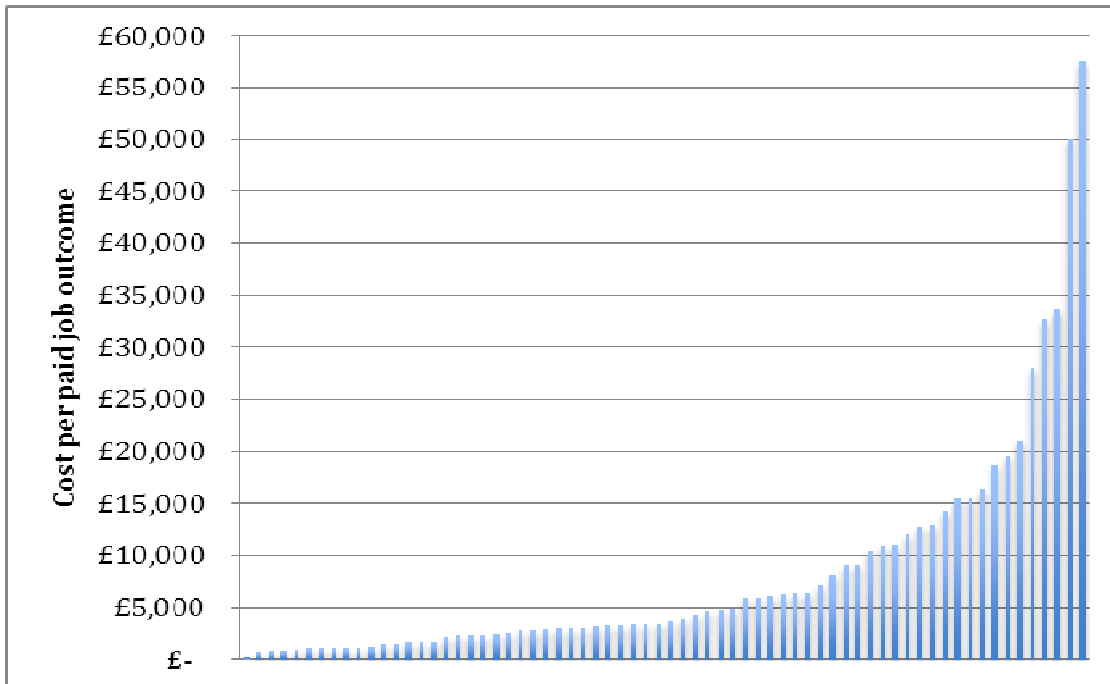
Table 6 shows that the cost per paid job outcome for all services was £8,217. This figure is approximately the same both for services focusing on people with learning disabilities or on people with mental health problems.

Table 6: Costs per paid job outcome

	Average costs	Average cost per person supported	Average cost per paid job outcome
All	£263,132	£1,730	£8,217
LD	£217,047	£1,948	£8,218
MH	£316,148	£1,485	£8,024

Once again, these averages hide a significant range of costs per paid job outcome, as revealed by Chart 7 below.

Chart 7: Costs per paid job outcome

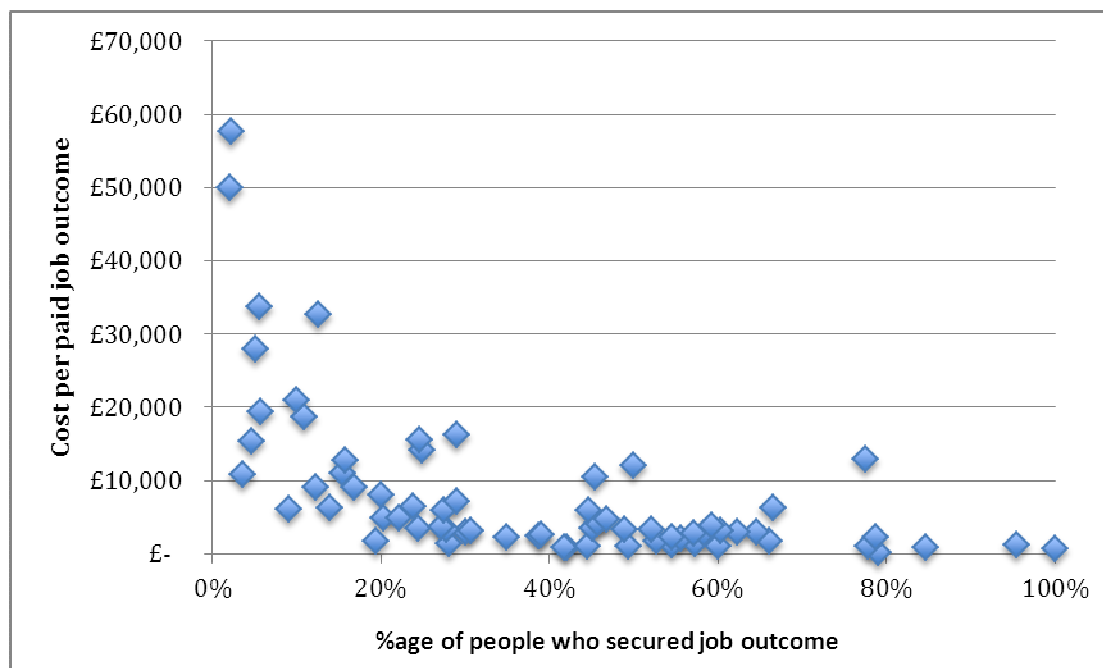


n=68

For those services which achieved a job outcome (n=68, i.e. 2 services didn't achieve any job outcomes and thus had an infinitely high cost per job outcome) the range is between £208 and £57,640 per paid job outcome.

There is a reasonable relationship (correlation coefficient $r=-0.58$) between the overall proportion of people who secured a job outcome and the costs per job outcome (Chart 8 below). In other words, the cost per job outcome became less as more people secured a job outcome. (However, note from later paragraphs that this does not mean that larger services are more cost effective).

Chart 8: Relationship between proportion of people who secured a job outcome and cost per job outcome



n=68

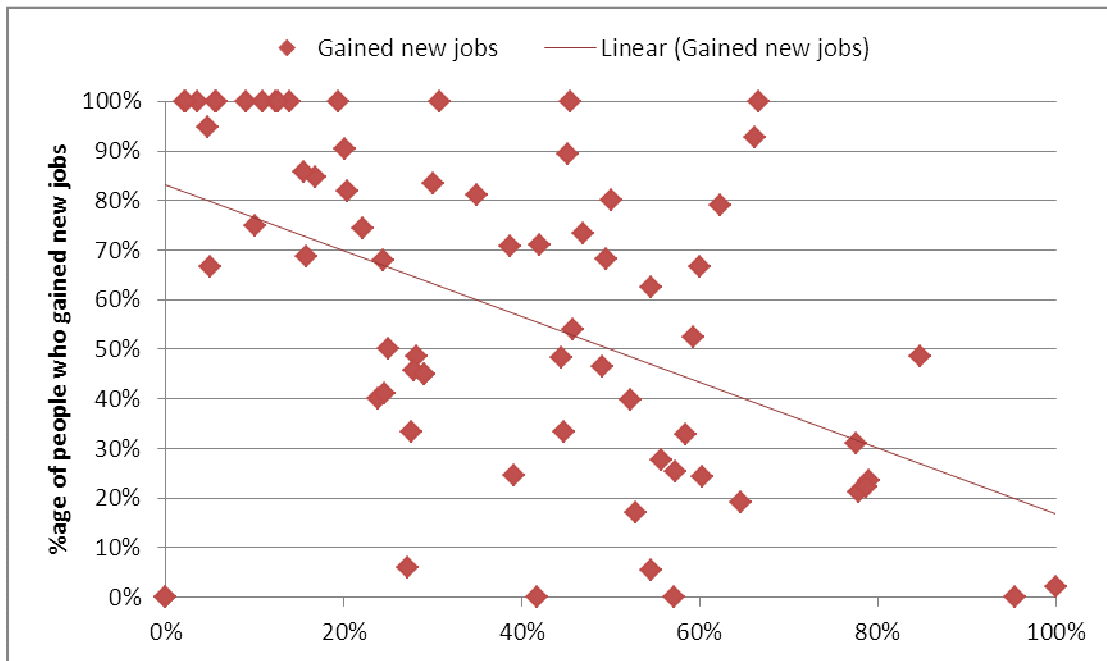
The type of job outcome achieved (i.e. gaining or retaining work)

Chart 8 above gives data on the overall job outcome rates and whether those outcomes were job gaining or retention. If we consider the data more closely, we see the difference in overall job outcome rate for people with learning disabilities (which is 43%) and for people with mental health problems (which is 34%) is explained by the number of people whose job outcome was *retaining* their job.

If 100 people with learning disabilities received support then 19 would retain a job, but only 9 out of 100 people with a mental health condition would retain a job. Is this trend to be found across all services? The answer is yes.

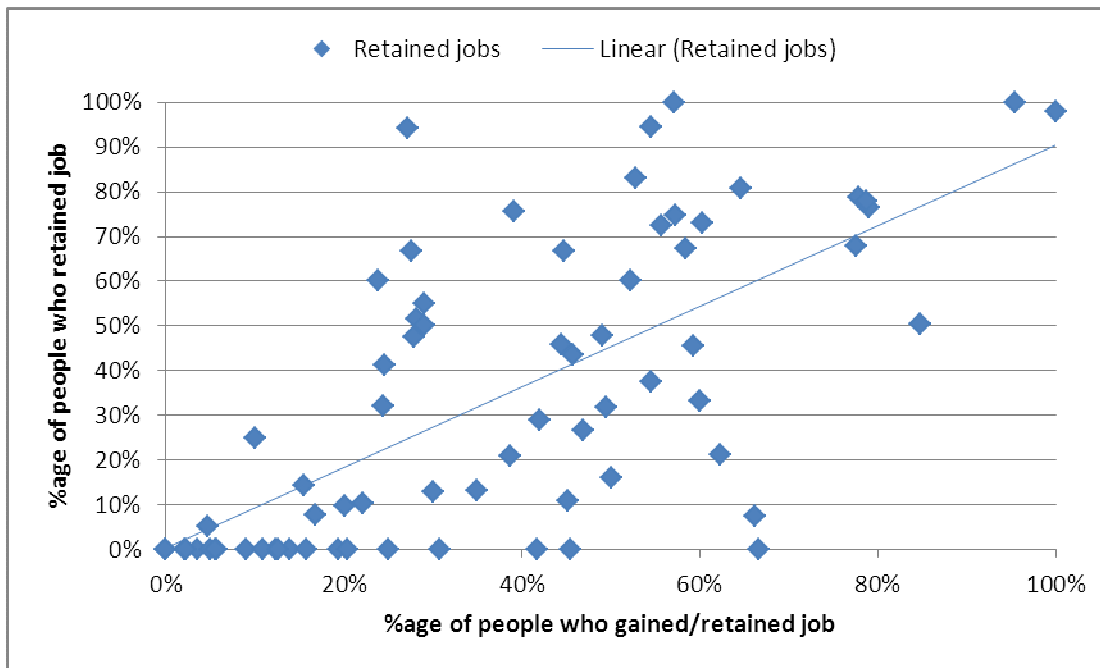
Chart 9 and Chart 10 below show the contributions that gaining new jobs and retaining jobs respectively make to the overall job outcome rate. We see that the proportion of jobs that are gained *decreases* as the overall job outcome rate increases; we also see that the proportion of jobs that are retained *increases* as the overall job outcome rate increases.

Chart 9: Contribution of gained new jobs against to overall job outcome rate



n=67

Chart 10: Contribution of retained jobs to overall job outcome rate



n=67

This trend is slightly stronger for mental health services than it is for learning disability services, as Table 7 below shows:

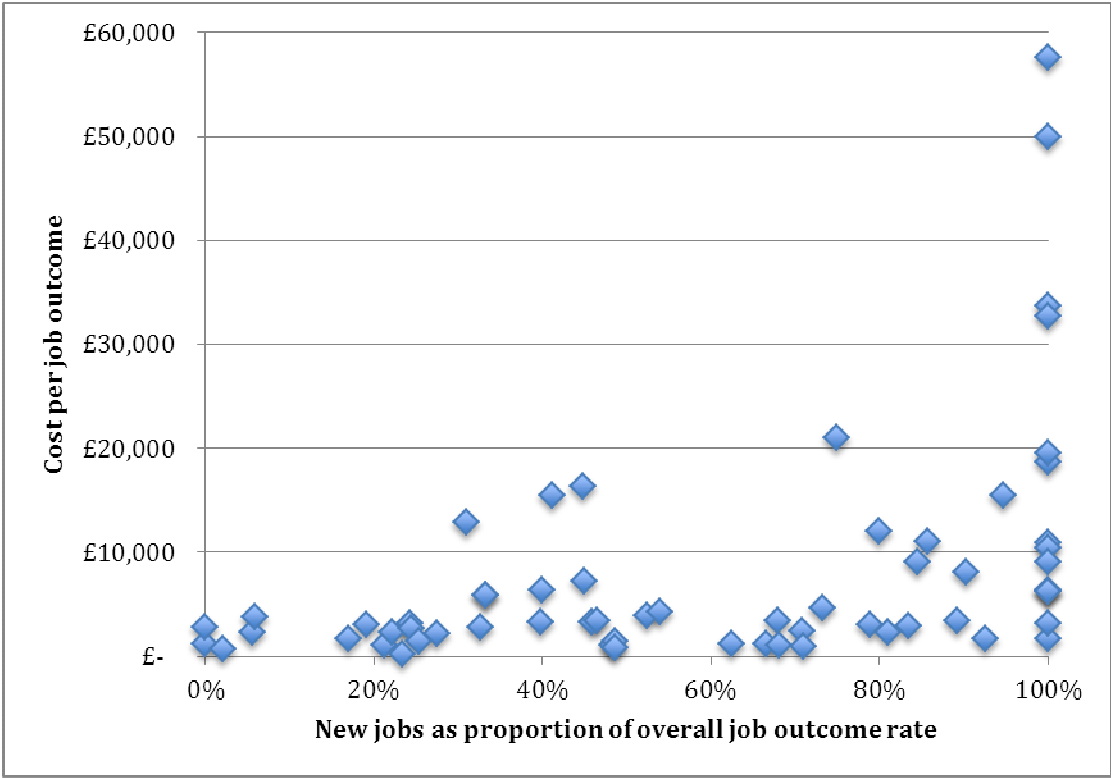
Table 7: Correlation coefficients between retain or gain jobs rate and overall job outcomes rate, by client group

	Retained	Gained
Overall	0.68	-0.64
LD (n=30)	0.61	-0.59
MH (n=30)	0.75	-0.64

This means that services focused on people with mental health problems that have a high job outcomes rate are more likely to achieve high rates of job retention, rather than new jobs gained, compared to services focused on people with learning disabilities.

Does a focus on job retention make a difference to the costs of securing a successful job outcome? I.e. does it cost less to retain a job than gain a new job? The evidence is unclear. Chart 11 below plots the costs per job outcome against the contribution new jobs make to the overall job outcome rate.

Chart 11: Costs per job outcome by rate of new job gained



n=67

Though this suggests a new job costs more to secure than retaining a job, the correlation coefficient is not enough ($r=0.45$) to suggest a strong relationship. Thus, we cannot conclude whether it is cheaper to retain a job than gain a new job. Service providers interviewed as part of the research assured the research team that it did cost significantly more to support someone to gain a new job than retain one – however, none of the commissioners or providers interviewed during the research were able to provide figures to confirm or evidence this.

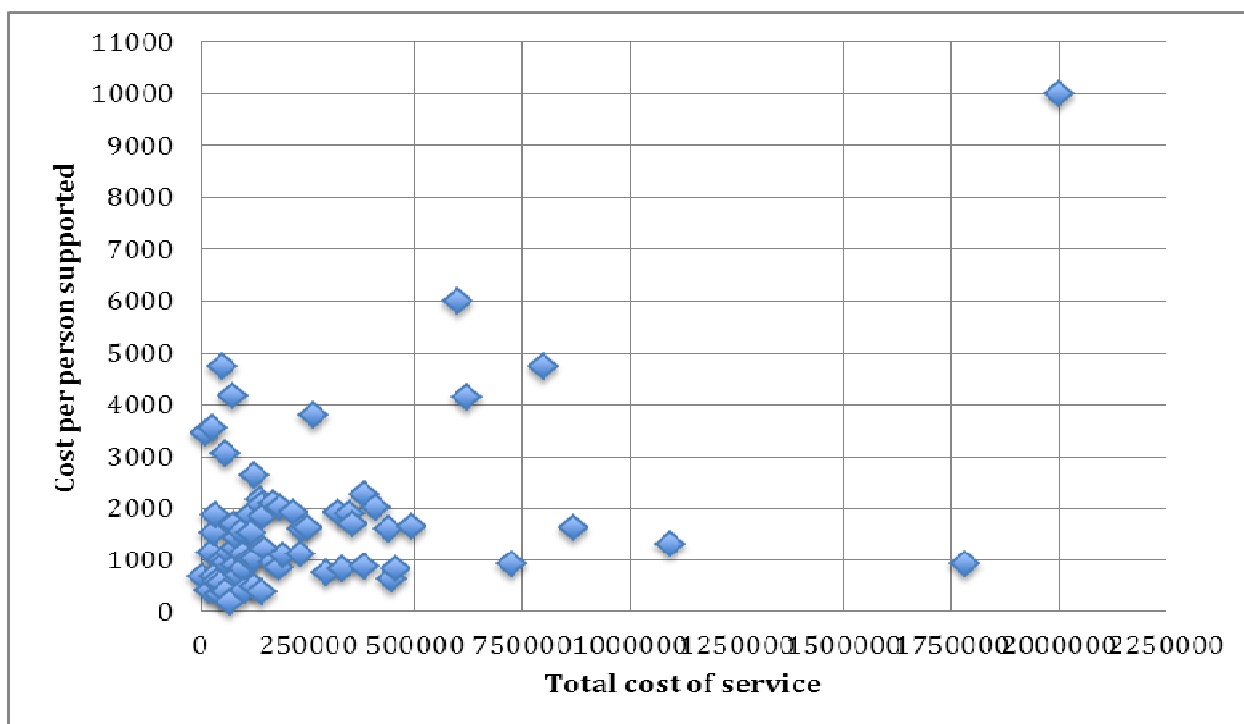
Size of the service

The data enabled us to explore to whether there is a relationship between (a) the costs of a service and the number of people it supported, and (b) the size of a service and the job outcomes it supports people to achieve.

There is not a strong relationship between the costs of a service and the number of people it supported. Chart 12 shows the relationship between the total costs of a service and the cost per person supported. Instead of showing a clear trend either for the cost per person supported rising or falling as the total costs of the service increase, Chart 12 instead shows there is little relationship between the two.

The correlation coefficient for the relationship is $r=0.47$ – a relatively weak relationship, though the figure for mental health-specific services is 0.59, suggesting there is a relationship.

Chart 12: Relationship between cost of service and cost per person supported



(n=70)

Nor do we find a relationship between the size of a service and the job outcomes it achieved. The corresponding correlation coefficient here is $r=0.19$, which means we cannot say either that smaller services achieve better job outcomes or that larger services achieve better job outcomes. There is thus no evidence that the general economic belief around economies of scale applies to employment support services, with small services appearing to need similar costs to support a person into a job outcome as large services. (N.b. it is important to emphasize that this relates to the cost/size of the local service being commissioned and not necessarily overall organisational size – the study did not collect data on this).

People's support levels

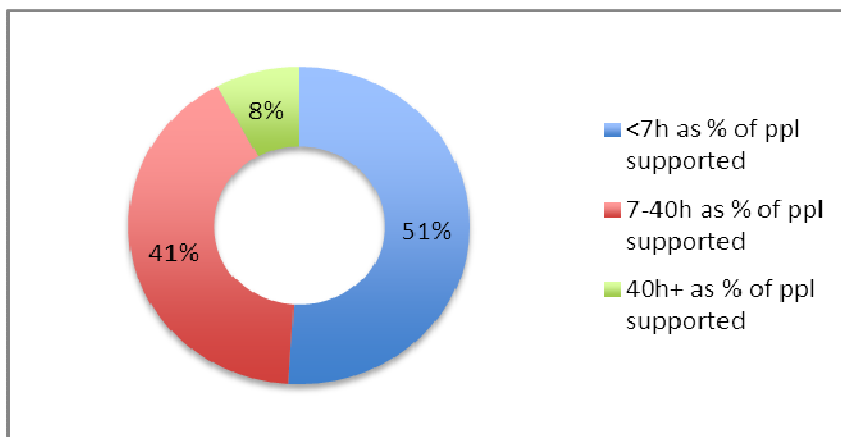
A common assumption is that it is more costly to support someone with higher support levels to gain or retain a job than to support someone with lower support levels. This would be a plausible partial answer to the high levels of variation in costs described earlier. Additionally, we analysed the data to see if there was a difference in the chance of successfully supporting people with higher or lower support needs to achieve a job outcome.

The answer to these questions can only reliably be given for employment support services

that focused on people with learning disabilities. As noted in the methodology section, it was only possible to use the number of hours people received per week as a proxy measure for the level of support for people with learning disabilities as we were not able to devise a straightforward, equivalent measure for people with mental health problems.

Chart 13 below shows the breakdown of support levels for people with learning disabilities who received help from employment support services. As previously noted, this shows a significant focus upon people with less complex needs.

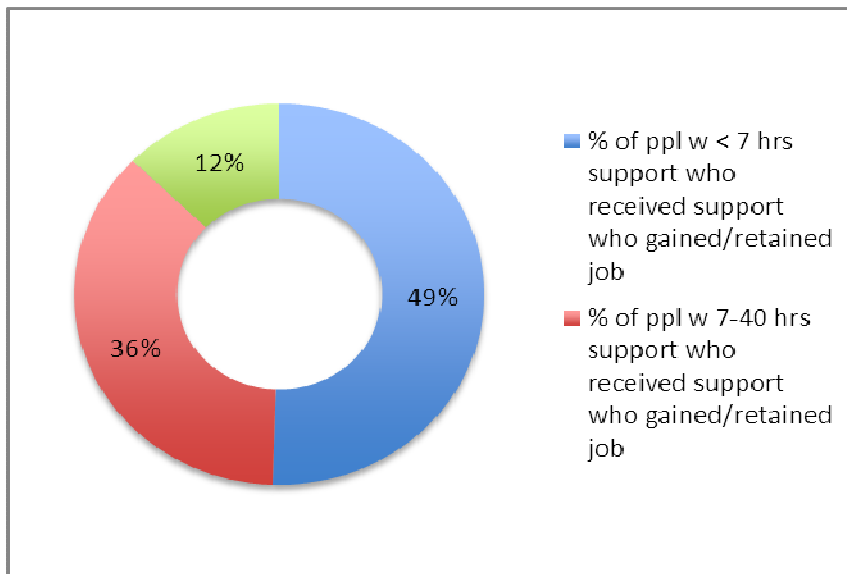
Chart 13: Support levels of people supported (learning disability services only)



n=18

A similar chart (Chart 14 below) showing job outcomes by level of support shows a very similar pattern. This clearly indicates that, if the proportion of people with high support levels achieving a job outcome is broadly similarly to the proportion of people with high support levels being supported – then employment agencies are not finding it more difficult to find /retain a job for a person with high support levels that for someone with lower support levels. Put another way, this data does not support the common assumption that it is very difficult if not impossible to support a person with complex support levels to gain or retain a paid job.

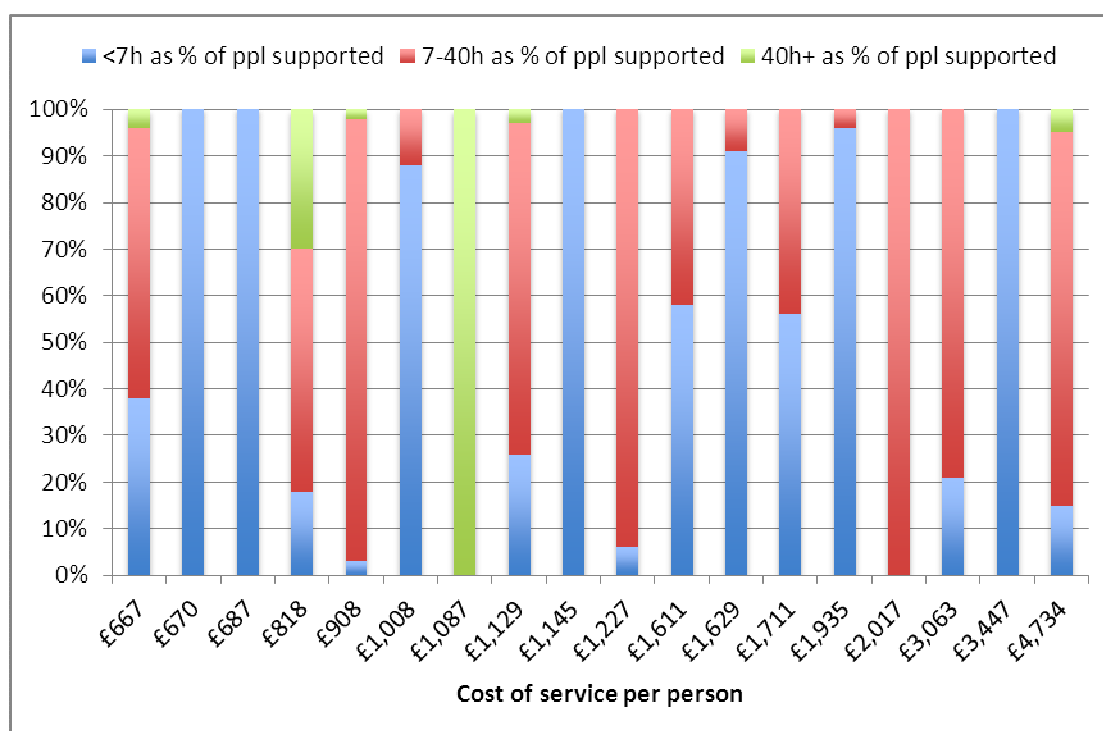
Chart 14: Job outcomes by level of support need (learning disability services only)



n=16

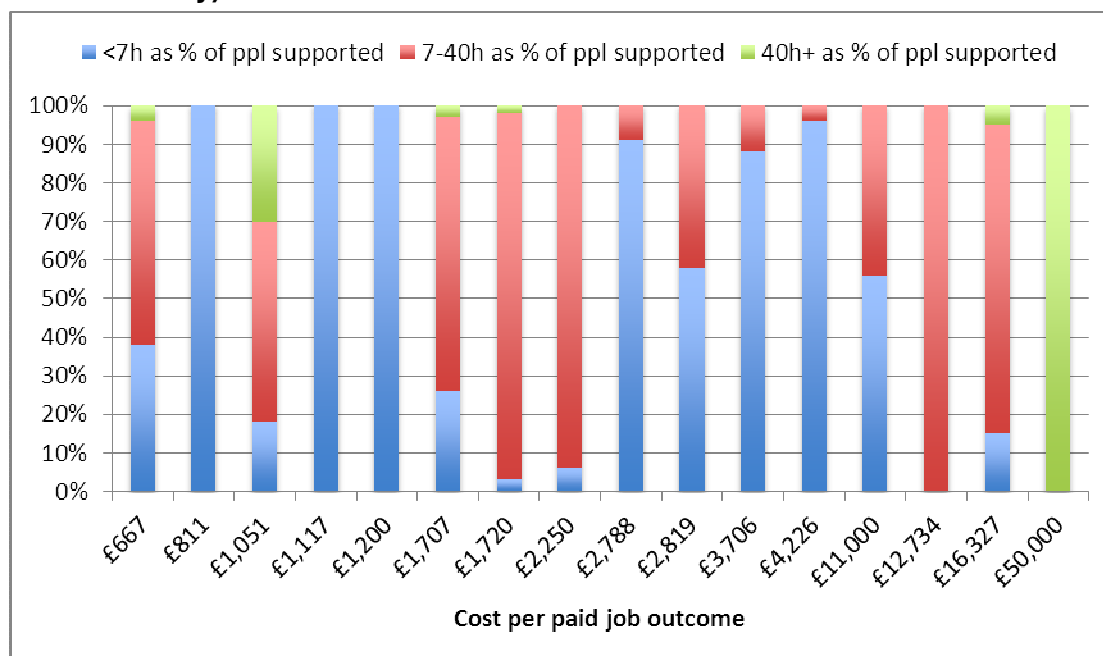
We then considered whether there was a relationship between level of support and the costs of the employment service. We found that there was no relationship. Charts 15 and 16 below show the relationships between cost and proportions of people supported in each service by their level of support need. If there was a relationship between these two factors i.e. higher cost was explained by supporting people with more complex support needs, we would expect to see an increasing amount of red or green colouring towards the right hand side of the graph. No such pattern emerges. The data thus shows that higher costs in services are not explained by those services supporting people with more complex needs.

Chart 15: Distribution of level of support needs by costs per person of service (LD services only)



n=18

Chart 15: Distribution of level of support needs by costs per job outcome (LD services only)



n=16

We can see this in another way, by creating a Support Level Index, which aggregates the overall level of support levels by weighting higher support levels more heavily¹⁰. The correlation between the Support Level Index and costs per person of a service was $r=0.03$, i.e. the relationship was essentially random. Similarly, the correlation between the Support Level Index and costs per job outcome is 0.25, i.e. low.

Finally, we considered whether or not people's support level meant there was more of a focus on retaining or gaining jobs. Again, we found no relationship between gaining new jobs and people's support levels ($r=0.3$).

Overall, this means we can conclude that people's support levels have no bearing on either the costs of the employment support service, the costs per job outcome achieved nor on the type of job outcomes achieved.

Evidence based practice sites

So far, we have analysed the available data to look at what it tells us for all services. However, within the available data we know there are sites which can be considered to be following evidence based practice. By this, we mean either that:

- They are services which follow with good fidelity the Individual Placement and Support (IPS) model of employment support in mental health ($n=10$)
- They are services in which we observed good practice in the way supported employment was offered to people with learning disabilities during the fieldwork outlined in Section Six ($n=3$).

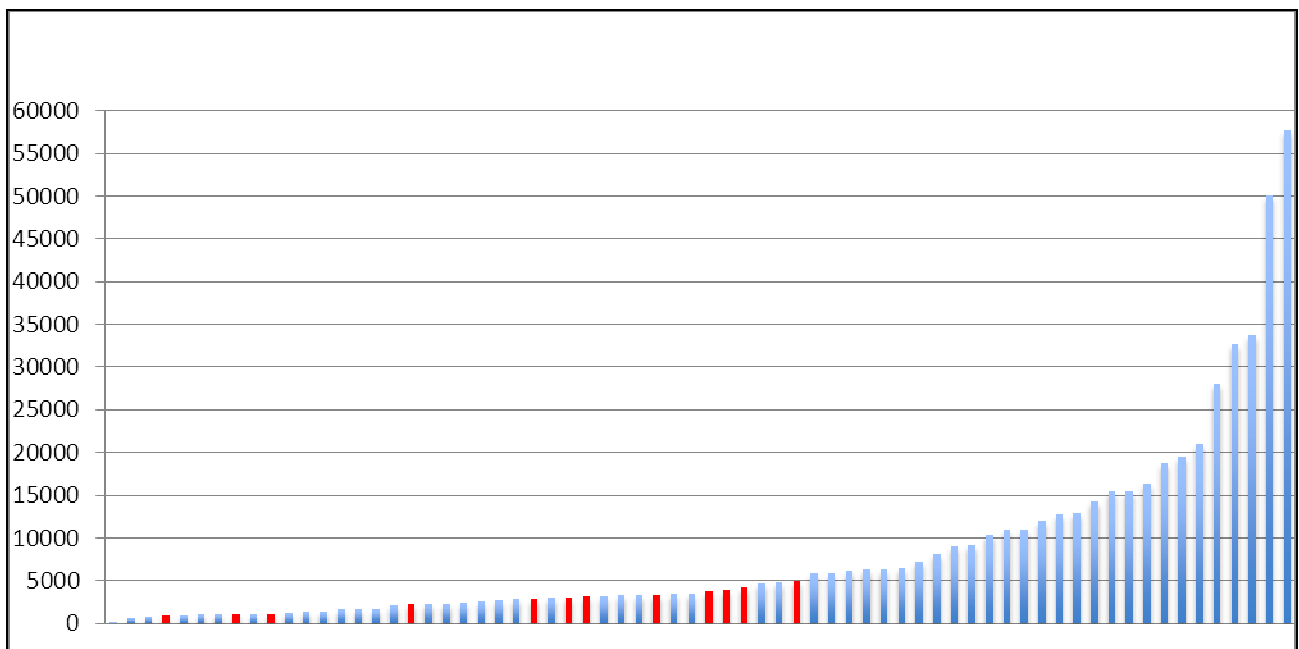
(It should be emphasized that some of the other services not included in our 'evidence based' grouping might also be following evidence-based practice. However, for mental health services they have not been recognised through the IPS process and for learning disability services we did not have direct evidence we had obtained ourselves and no independent verification system exists).

¹⁰ The Support Level Index for an employment support service was calculated as follows:
(Proportion of people whose support level was less than 7hours) + 3* (7h to 40h) + 10* (40h+)

Is there a difference in the data for this subset of sites from the data for all of the sites? Charts 17 to 19 below show where the identified evidence based practice sites sit in relation to all other sites for the following service attributes¹¹ we have considered so far:

- Costs per job outcome
- Costs per person supported
- Balance of gaining new job and retaining new job in overall job outcome rate

Chart 16: Cost per job outcome for good practice sites (highlighted in red)



¹¹ Note: it is not possible to reliably undertake this analysis for how people's support levels affect performance within the evidenced based sites since 10 of the 13 identified are mental health services, for which we don't have a good proxy measure of support level.

The scatter plot displays the relationship between the percentage of people who gained/retained a job (x-axis) and the cost per person supported (y-axis). The x-axis ranges from 0% to 100% in 10% increments. The y-axis ranges from £0 to £12,000 in £2,000 increments. Most data points are blue diamonds, with a few red diamonds. The cost generally decreases as the percentage of people who gained/retained a job increases, with a notable outlier at approximately 78% and £10,000.

%age of people who gained/retained a job	Cost per person supported (£)	Marker Color
0%	3000	Blue
0%	3500	Blue
1%	1000	Blue
1%	1200	Blue
2%	500	Blue
2%	800	Blue
3%	1000	Blue
3%	1200	Blue
4%	1500	Blue
5%	1800	Blue
6%	1000	Blue
6%	1200	Blue
7%	1500	Blue
8%	1800	Blue
9%	1000	Blue
10%	1200	Blue
11%	1500	Blue
12%	1800	Blue
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97%	1000	Blue
97%	1200	Blue
98%	1500	Blue
99%	1800	Blue
100%	1000	Blue
100%	1200	Blue
101%	1500	Blue
102%	1800	Blue
103%	1000	Blue
103%	1200	Blue
104%</		

Legend:

- ◆ New job as % of total who gained/retained
- Retained job as % of total who gained/retained
- Linear (New job as % of total who gained/retained)
- Linear (Retained job as % of total who gained/retained)

New job as % of total who gained/retained	Retained job as % of total who gained/retained
22.5	10.5
27.5	5.5
30.5	1.5
30.5	13.5
35.5	13.5
42.5	29.5
46.5	43.5
49.5	31.5
49.5	48.5
55.5	37.5
55.5	72.5
59.5	45.5
62.5	20.5
22.5	74.5
27.5	83.5
30.5	100.5
35.5	81.5
42.5	71.5
46.5	54.5
49.5	68.5
55.5	62.5
59.5	52.5
62.5	79.5

Both Chart 17 and Chart 18 show that the evidence based practice sites are 'bunched' within the overall data on both costs and job outcomes. Indeed, we find that the average cost per person supported is £1,170 for the evidence based practice sites compared to £1,730 for all sites. Similarly, the cost per job outcome for the evidence based practice sites is £2,818 compared to £8,217 for all sites. Furthermore, the range of values between which we can expect the costs per person support and per job outcome vary significantly less for evidence based practice sites, as demonstrated in Table 8 below.

Table 8: Best practice and all sites: comparison between costs and outcomes

	Range	Lower range (1 standard deviation below)	Average	Upper range (1 standard deviation above)
Costs per person supported				
Evidence based sites	£366 to £2,281	£600	£1,170	£1,739
All sites	£165 to £10,000	£197	£1,730	£3,263
Costs per job outcome				
Evidenced based sites	£870 to £4,908	£1,612	£2,818	£4,024
All sites	£208 to £57,640	£0	£8,217	£19,034
Job outcome rate				
Evidenced based sites	22% to 62%	30%	43%	56%
All sites	0% to 100%	13%	38%	63%

Comparing Chart 9 and Chart 10 with Chart 19 suggests that, within the evidence based

practice sites, there is a much more equal contribution between gaining new jobs and retaining existing jobs to the overall job outcome rate, than across all sites.

Overall, findings relating specifically to the evidence based practice sites enable us to draw the following, tentative conclusions as to what could be expected from an employment support service provider:

- The cost per person supported would be in the range of between £600 to £1,740 i.e. significantly below the national average of all services
- The cost per job outcome achieved would be in the range of between £1,600 to £4,000 i.e. significantly below the national average of all services
- The anticipated job outcome rate would be between 30% to 56% i.e. significantly above the national average of all services
- The service would have equal focus on retaining jobs as gaining new jobs.

It should be noted that the learning disability sites were all towards the top end of these cost ranges. Additionally, two thirds of the learning disability examples were local authority in-house provision and their budgets were not full cost recovery i.e. Council incurred overhead and other costs were not attributed to the employment support service budget. It was not possible to obtain cost figures that included these overheads. (The mental health services were mostly either NHS Trust or independent sector services and thus would be fully costed). Therefore, the average costs for learning disability services are likely to be at the top end, if not slightly above, these ranges.

It is also important to re-state our earlier comment that the lack of data collected by services means that we do not know whether job outcomes achieved by the evidence based sites are of a different nature to those from other sites. E.g. the higher job outcomes could be explained by a greater proportion of jobs being of 1-4 hours per week rather than full-time jobs. However, in our visits to a number of these sites, other than on one occasion we saw no evidence to suggest that their profiles of people supported or type of jobs being achieved were any different to the other sites that we visited – thus we do not believe the differences can be explained by such factors.



Section 6: Findings – Stage Three - Theories of Change

In addition to understanding what outcomes and costs are being achieved by employment support services, the study also aimed to help understand what it was about how local commissioners implemented employment strategies that led to differing outcomes – as defined by jobs gained/retained and associated costs. The qualitative strand of the study described in Section 3 was concerned with this and is reported here. The sites visited covered some achieving impressive and cost effective outcomes and also some achieving poor outcomes and value for money.

The following theories of change have been derived from the evidence obtained from the visits to the eleven fieldwork sites, in particular the six follow up sites and from contributions at the Learning Network events. They describe what we have identified as consistent themes or actions that need to be in place to enable local investment in employment to deliver cost effective outcomes. It is important to note however, that although presented separately none of these theories can stand alone. The study indicated that they all need to be inter linked to deliver the best outcomes. In each case sample evidence is offered to illustrate how and why the particular conclusions have been drawn. Evidence or quotes are only offered and used where they were indicative of practice across a number of sites i.e. evidence offered are not isolated examples. In some instances however this is presented as an absence of this practice, which has resulted in the lack of delivery of cost effective outcomes. Evidence is contained in italics under the relevant text. Those sentences in quotes are direct comments from participants. Other sentences are the researcher's summaries of evidence. Given the commitment not to be evaluating and reporting on individual sites, locations and sources for the data are not directly stated in this report. These theories need to be considered within the context of the data analysis in the previous section to enable us to begin to draw / identify/ consider conclusions to the research questions identified.



Theory 1: Shifting Culture

A positive decision by key decision makers to make employment a central strategic outcome and contextualise that to local circumstances so it becomes part of the culture of service behaviour

The Importance of Leadership

The importance of leadership was a critical issue, either by its presence or absence, across all of the sites. Where there was a clear and strategic vision of the value of and desire for employment for disabled people that was championed at a senior level and communicated effectively, this appeared to challenge those within organisations to shift their expectations and attitudes.

This was at its most tangible when an individual could be clearly identified who felt strongly about employment support and sought to change local approaches and attitudes. In particular investing time and energy in challenging internal structures and services and seeking to influence external agencies and partners.

In one site the providers reported that the lead commissioners for both Learning Disability and Mental Health services were passionate and ambitious champions for increasing employment opportunities especially for those with greatest needs, which raised expectations for all involved.

'We had a Director who said they would knock down doors to ensure opportunities for people with Learning Disability to experience employment...there was a floor by floor plan, all Directors had to plan to ensure work experience for people.'

Conversely two other sites both identified the loss of their 'strategic champions' as having a detrimental effect on the profile and development of employment support. This highlighted the threat to sustainability of change when it was predominantly led by one individual. 'It (employment support) sits a long way down the agenda, not everybody's business...it all comes down to the need for a key champion.'

An Economy-Wide Perspective

Elsewhere there was evidence that the culture could be shifted not just by a significant individual, but by a clear, co-ordinated approach to raising the profile and widening the ownership of employment support as an issue of concern across Local Authorities and the NHS. Of particular interest was where sites had consciously thought through their approach to developing and delivering employment support services in the current challenging financial circumstances. This was at its most effective when addressed within the full recognition and understanding of the changing nature of the employment market for disabled people.

It is worth noting that the majority of these examples relate to employment support for people with a Learning Disability, as mental health employment largely falls to the NHS rather than local authority, this removes the opportunity for the employment of people with mental health conditions to be part of a wider community agenda to the employment of disabled people – unless there is an integrated strategic approach to it across agencies – which we generally did not find.

One site with very high local levels of unemployment was planning a gradual shift, moving employment support services across from a specialist in house team to the mainstream Economic Regeneration team. This was because they:

- *were seen as the experts in securing jobs in a tough climate;*
- *had good links with DWP and greater access to new funds;*
- *were perceived to be leaner with a more efficient assessment process;*
- *wanted to generate more substantial jobs ;*
- *were better positioned to support self employment & micro enterprises;*
- *could identify gaps and help develop community infrastructure to support access to jobs.*

‘We have gone as far as we can go...Economic Regeneration team don’t see any barriers’.

Other sites had chosen to incorporate employment support into the broader culture through different approaches. One had a high level policy giving employment as a desired outcome, a ‘Plan for Jobs’ that has helped elected Members challenge and scrutinise plans for people with Learning Disability in relation to employment support. Whereas, in another site the Equalities Board had put employment as a priority outcome for people and as a result the Public Health Department are for the first time talking to the Learning Disability Commissioner about this issue.

Elsewhere Authority wide initiatives were regarded as significant in increasing the opportunities for providing employment for disabled people.

In one site there was an Authority-wide approach to prevention with a designated fund to set up services which could become self financing. Another had a 'cradle to grave' expectation with clear obligations for the Council towards its local citizens. A shift in approach was gradually taking place as it was recognised that they needed to move towards a partnership between council and citizens.

Diverse Leadership

It is important to note here that although the role of leadership was widely recognised and endorsed as a key driver for change by participating sites, the value of 'bottom up' initiatives should not be ignored. It was pointed out that a few committed and motivated individuals 'on the ground' could develop new practices on the front line which, once they had been given the opportunity to generate local evidence, could inform and influence change by securing senior management buy in. However we also encountered concern from individuals that strategic leadership did not always listen to, nor understand, ground level best practice.

Shifting the Culture

We have also found that a proactive approach to winning 'hearts and minds' which is sensitive to existing views but seeks to challenge them in a way which is both positive and pragmatic can significantly shift attitudes, increase awareness and create more work opportunities. Several sites regarded shifting cultural attitudes within their respective Councils and local Businesses as a major, but critical, challenge.

'Cultural change we are trying to bring about is quite mammoth' Commissioner

'The biggest barrier is people's attitudes that those with Learning Disability are unemployable – influences a lot of decisions made...vital to demonstrate that it is possible and that they can make a much more valuable contribution than people think.' Local Provider

This view was widely recognised amongst the sites but what is most interesting is the varying approaches and priorities within different locations which, for some, amounted to little proactive work in addressing this issue at all.

Firstly there is some evidence – from one site on particular – that raising the profile and visibility of those with learning disabilities working in public settings increases the understanding and acceptance of senior managers and politicians.

'A Meet and Greet' scheme was run at the Council offices which offered people with Learning Disability part time work experience (not paid but with expenses, uniform and

lunch) in a front line role as the welcoming face of the Council. This was regarded as highly beneficial in raising their profile within the LA and shifting the culture and attitudes amongst members for example the Mayor asked the team to greet all of his visitors. All LA staff supporting the 'meet and greet' team had received in depth training on systematic instruction and in turn were able to support the individuals in the most effective ways by understanding how to structure different tasks. Those participating were enthusiastic about the role and their increased level of confidence. However all involved were concerned it should not be mis-interpreted. There was a big banner at the entrance 'promoting people towards employment' to clarify the message and everyone concerned understood it was just one, short term part, of a very clear individual pathway with built in training and specified outcomes.

'It's my first job, like everybody and all staff there. Love people on reception area-good to us anywhere in building.' Meet and Greet Team Member

Secondly a few sites had consciously sought to locate employment support services in central locations with the overall aim of raising the profile of their front line service by locating them alongside high street shops and services, and easing access for those they were supporting. Although we are keen to stress that the delivery of good employment support is not dependent on buildings but on people and practices, the evidence from these sites suggests that where bases were required these central locations increased footfall amongst their own service users, their families and also the wider community, and as such helped to improve access and shift attitudes.

In one site the Learning Disability employment support office relocated to the centre of town and looks like any other employment agency on the high street. Individuals with Learning Disability seeking work call in regularly, as do their families, even when they are just passing by. Current, and potential, employers also call in as do individuals in the wider community who want to find out what it is all about.

Employer Engagement

Thirdly, and probably of the greatest interest in terms of widespread application is the approach to engaging with employers. We found that those sites which adopted a proactive approach based on individual contact and positive engagement with prospective and existing employers, encourages and convinces them of the potential value for their organisation of employing disabled people, which they in turn 'sell on' to others.

Interestingly the best practice observed was not in areas of high employment or large employers, mostly they were small to medium sized. This reiterates the importance of the individual contact and challenges the perception that constructive relationships could only be built with Human Resource departments.

Employers were very clear about what they required and most valued in terms of the initial recruitment and then the ongoing employment of a disabled person.

- help with recruiting;
- information regarding medical history and job abilities;
- ongoing and ready access to support team especially when needs of employee change;
- support at difficult times e.g. disciplinary.

This level of support gave them the confidence to employ disabled people and all of those we interviewed (who received this level of support) would be willing to recommend the employment of someone with disabilities onto others. However they were equally clear that without it they either wouldn't have taken anyone on in the first place, or if they did would be far more reluctant to take on anyone with more challenging disabilities.

In one site employer engagement is particularly well developed, employment support officers could call key individuals in local companies, then engage in persuasive follow up (and use of local DVD) and provide ongoing reassurance and support at appropriate intervals and at a relevant level. Local relationships are extremely positive with seven employers attending a meeting with us as they 'wanted to demonstrate their support.' Here they reported enthusiastically and positively about their respective employees, the quality of their work and their relationship with the employment support service. However they were also very clear that if it wasn't for the employment support service they wouldn't have considered the option.

'(As an employer) we wouldn't turn up to Employers Forum in the first place – team has to come to you rather than going to 'just another meeting'. What's absolutely key is to have the right person with the right skills approaching in the first place-then you get hooked into their passion and the possibility of changing someone else's life.'

'Wish all my staff could be like D'.

Another site worked proactively to engage local employers and provided hands on support for six weeks, or longer if required, and then followed up with six monthly reviews. Employers also appreciated the immediate response to specific issues which diffused potential problems.

'They helped manage the relationship (between employer and employee) and found a way forward...the most significant thing has been working in partnership with their team.'

Summary

The drivers for challenging cultural barriers around employment support and facilitating a shift in individual and organisational attitudes varies significantly between sites. At best these are identified and addressed, based on good practice and national guidance, but at worst they are barely acknowledged and employment for disabled people struggles to maintain its profile. Pressure on and competition for budgets, services and time, make it increasingly difficult to prioritise employment support without a conscious decision by key decision makers to make it a central strategic outcome.

'We've got a clear written statement, but all that happens is that it's sometimes quoted at the Partnership Board – it isn't used by everyone all the time.'



Theory 2: Employment Outcomes

A clear understanding of what is meant by employment-based on ‘real’ work including proven steps to it

A Shared Definition

We have found that where there is a local agreement and a clear definition of what an employment outcome looks like, which is recognised and supported by all commissioners and providers with widespread buy in, the clarity of purpose appears to help deliver meaningful work and improved job outcomes. However it is fair to say we only visited one site where this could be said to be in place in its entirety and many other sites were struggling to define exactly what they meant by an employment outcome, even in the broadest sense. Indeed in one site we were told that *‘we don’t need to define employment outcomes as this is an in house service.’* This site achieved limited outcomes for people.

Most commonly we found a lack of high-level definitions but indicators of ‘local’ conversations, such as passing references to employment in the broadest terms in consultation papers or inclusion in large contracts of phrases such as volunteering, work preparation and assistance to look for a job. Several sites made reference to the hope that *‘outcomes would emerge.’* It is also important to recognise that in defining outcomes, standards and expectations for a service are being created, *‘What is the impact here of low expectations –do we define employment by low expectations.’*

‘Our local service is all for supporting people into employment, but not into what we call Class 1 employment, where you don’t get any benefits, you’re not reliant on services and you’re fully included. The focus seems to be on how you can maximise people’s employment without affecting their benefits or other resources they receive.’

In one site a provider commented that they were allowed by the commissioners to define their own level of success. The individual did not know what the commissioners wanted from them. References were continually made to their positive outcomes, which were all about work preparation as she was not sure what the commissioners wanted them to achieve

Elsewhere a commissioner commented ‘This is an issue for us. One of our providers marked down that they had achieved an employment outcome and it turned out that they had just counted someone covering someone else’s sick leave as a job outcome!’

‘What is defined as an outcome needs to relate to what the strategy says in the first place. So, for example, work preparation is not an outcome.’

It is worth noting that in some sites there is a clear understanding of good practice and how to deliver outcomes for one client group that do not seem to have influenced understanding for another. For example, whilst some mental health services have evidenced and are commissioning IPS, some learning disability providers and commissioners are still delivering sheltered workshops and employment preparation.

The Detail of the Definition

Defining what is sought as an overall employment outcome is only part of the picture. Breaking this down in any detail to reflect desired hours, wages etc. is proving to be a major challenge, but is essential in order to clarify what is being commissioned and delivered.

In one site the lack of a widely owned definition (understood and agreed across the Authority) has resulted in the historical delivery of a majority of very part time jobs up to permitted earnings level only. I.e. 74% working 1-4 hours. The employment support team are frustrated by this and wish to aim for 16 hours plus, but are constantly faced with social workers who insist clients only want to work up to permitted earnings levels, in order to protect the benefits for themselves and their families.

One site when asked, described what they are aiming for e.g. paid work at minimum wage or more, hours to suit individual but aiming for 16+ per week, but there is no written evidence of these aims. It is possible that some sites may feel they are limiting their opportunities for securing work by defining their desired outcomes too literally i.e. easier to negotiate with employers if there is more apparent flexibility.

Benefits of Clarity

Where consideration has been given to the local employment pathway /continuum and the different stages are defined and agreed (in terms of both funding and anticipated numbers and timescales) both staff and individuals using the service report increased confidence and satisfaction at the sense of progression. The explicit clarification of the stages also ensures that all activities are meaningful, focused and time limited until employment is achieved. Issues arose where progress against these stages was insufficiently transparent for individuals newly referred to the different stage of the service, for example in one site we interviewed two people in a work preparation course and neither had been given any

information about previous outcomes.

In one site the employment continuum was explicitly defined with targets (and funding) identified for each of the section. Individuals being supported by this service reported increasing confidence and sense of progression as a result of interventions at different stages. They also reinforced the value of this approach by being very clear that work must be in the right place at right time otherwise it can be extremely damaging 'in trying to push us forwards it pushes us back.' This clarity also extended to the role of peer mentorship as part of journey, giving the individuals a sense of confidence and increased self-esteem. 'I wanted a goal in life-never knew what that goal was until (name of provider) and found peer mentoring. 'Feel I have achieved something in life'

In another service in the same Authority, the same clarity of purpose existed, with explicit recognition given to the stages of the employment journey (posted in charts in office). The prominent and attractive charts served to focus staff but also several individuals supported by the service enjoyed observing their visible progression. Interestingly employers connected with this service also commented that although they understood the importance of volunteering they were only happy to take on volunteers if there was a clear pathway and sense of progression. All were concerned at the prospect of taking advantage of a vulnerable person.

Relationship with Other types of Support/Outcomes

Without such clarity there is a real possibility that those being supported could get stuck at different stages with insufficient momentum or motivation to progress. Indeed for this reason, one site questioned whether volunteering should even be included as one of the stages, 'Is including volunteering pragmatic or building in failure?' They were keen to ensure that the role of volunteering as part of the employment pathway should be explicitly discussed and agreed at a local level.

In one site where references to the employment continuum were very informal there were lots of volunteers who all appeared very happy in their role but there was no evidence that this was linked to them getting jobs.

However, elsewhere, in a newly acquired service, all individuals being supported were reviewed and there was found to be a distinct lack of confidence. It was therefore agreed that they had to establish projects, on the continuum towards employment which raised confidence, increased skills and shifted aspirations. However it very clearly stated that these steps are part of an individual pathway and those individuals using the service reported high levels of satisfaction.

Job Retention

We found that the importance of job retention was widely recognised and was being actively delivered in most sites using a variety of approaches, with all providers able to demonstrate numbers supported. Where commissioners had defined and specified the contribution of retention to securing overall employment outcomes, services actively supported an increased number of people in achieving their employment objectives. However in most of the sites very little explicit work has taken place with regards retention, the increasing emphasis seemingly a result of informal direction from commissioners to help providers deliver quick gains.

In one site mental health employment support services were recently directed to increase primary/retention work including offering more support on the telephone. This appears to have evolved rather than being a conscious planned approach and certainly there was no written evidence of this changing directive. However this may be a more considered approach than it first appears as this is also coupled with a change in approach to supporting those in work who, if in crisis, used to be directed to support and recovery but are now directed to IAPT and the employment support service. In addition the new service specification does identify two key (albeit quite broad and difficult to measure) outcomes in relation to retention.

In another site one provider was failing to meet their retention target due to insufficient referrals from their health colleagues (in a site which stated it followed IPS but were not co-located with clinical teams). So although the local commissioners and providers were working to clearly specified employment outcomes the lack of agreement/clarity with health colleagues hindered their ability to meet those targets and probably impacted on the delivery of timely and effective support for the individuals who could be referred for support in retaining their jobs.

To be delivered effectively it is clear that job retention requires a considered and individualistic approach, which, at times, can be extremely time consuming. Earlier references to the requirements of employers support this as well as the feedback from individuals and families. There is a concern that with insufficient thought or direction this could end up as an underfunded component which could be regarded as an 'add on' to employment support whereas it should be at the heart of the overall approach and defined as such.

'We have an increasing focus on retention now – it isn't just a phone call and takes a huge amount of work 'trying to get a marriage that works for both.'

In one site families were very clear about their desire for more recognition and support to keep their young people in work, for example one young man working on a gardening project in a park could only do the job if he had the same manager on site with him.

If the manager was off sick and agency staff covered he couldn't cope and walked home alone, which his mother felt was very unsafe given his needs. In order for him to continue in his job she wanted thought to be given to phoning him at home if the manager was off sick or away and telling him not to come in.

Range of Approaches

In several of our site visits we found a range of approaches to trying to secure employment which, when they had been planned and developed within the clear context of a defined employment outcome resulted in new and innovative ways to increase work opportunities. However a lack of such clarity resulted in what appeared to be less focused activities driven by additional pots of money for new schemes, which made less impact locally. This need for clear understanding of what employment outcomes mean locally will become increasingly important as providers seek to help individuals find alternatives to conventional employment such as self employment or the setting up of micro businesses.

'Are we afraid to use 'trade' to define outcomes in social firms? Don't have the language of employment.'

Apprenticeship schemes appear to be increasingly considered as a vehicle for securing employment however in one site they were set up (with considerable effort to try and meet all the criteria) primarily because funds were available. Yet only two out of the fifteen participants secured ongoing employment after the first year, the others all returned to employment support service with same needs. 'Feeling like chasing pots of money and designing services around it.'

Summary

From our evidence it is clear that where there is a lack of definition or lack of understanding about what employment is, there is a risk that what becomes part of the culture of service behaviour is more akin to filling people's time. There is a real danger that 'employment' related activities (these are not jobs and they are generally unpaid) can be normalised. Typically these activities are courses that may or may not have useful outcomes or factory style 'therapeutic' activity. We did notice that these activities were, at times, more likely to be questioned by the people receiving services than those commissioning or providing them. As one person using an industrial therapy workshop put it - *'Some of the courses I did I don't think I should have done. I did them just to get away from the shop floor'*



Theory 3: Strategic direction: joint vision

A comprehensive strategy, owned by key players, based on evidence linked to wider strategies that is used to guide action/delivery

Evidence-Based Strategies

A comprehensive up to date strategy for employment support for disabled people was in place in several of the sites we visited. Where this was underpinned by a good level of knowledge of best practice and national policy amongst employment support leads, there was evidence that this provided a sound basis for the development of effective employment support services.

In one site separate strategies for both Learning Disability and Mental Health drew on national evidence to set out clear, informed, structured plans for employment support (albeit that the Mental Health plan was consciously over ambitious). Consequently services were planned and delivered broadly in line with IPS in Mental Health and supported employment principles in Learning Disability and all involved had a clear and shared sense of direction and purpose to their work.

In another site the employment strategy for people with Learning Disability was based on Valuing People/Employment Now and although it had been written several years still formed the basis for the underlying principles of the strategic direction for these services. Anxious to stay up to date on good practice they also continually sought evidence and guidance from elsewhere. As a result local services were delivered in accordance with core supported employment principles and were delivering positive job outcomes.

Elsewhere one site had a very clear authority wide employment strategy recognising huge change in local employment patterns – primarily high levels of worklessness and a change in employment patterns that has seen a move away from traditional industry with ‘unskilled’ roles open to people with no/low skills. The strategy recognises the impact of this on people with learning disabilities and mental health issues. However the aspirations in the plan are hindered by the lack of referencing to best practice. The need is recognised, determination is good but the poor practice base may undermine success.

In another site the Learning Disability Strategy was driven by key individuals with a sound knowledge of national policy and good practice. However the resulting plan was described

as having buy in rather than ownership from senior commissioners, who, when interviewed, made little reference to the strategy and described their commissioning approach as driven by “a triangulation of, government policy, own gut reaction and anecdote, backed up with just enough research and evidence to persuade yourself it is not just a good idea”

Multi-Agency Strategies

Building on this, it was also evident that the existence of a robust strategic plan based on what works, provides a constructive platform for engagement with wider agencies/departments. Several sites sought to engage all relevant local authority departments in the planning of employment support services, in order to achieve a consistent and co-ordinated overall strategic direction, with widespread ownership, compatible objectives, greater creativity and increased access to services. However it is fair to say that the majority of sites struggled to achieve such widespread buy in. In practice relationships and co-ordinated approaches were established with individual departments and services but rarely across all relevant bodies. Given the recent turbulence in both health and local government it is perhaps unsurprising that this is the case. Changing personnel and structures alongside a reconsideration of priorities have created a challenging environment in which to engage across the wider community of public services.

Several of the sites visited were actively seeking to engage with departments across the Authority as well as key agencies such as Job Centre Plus, the NHS etc. but finding it a time consuming and challenging process.

The Transition to Adulthood

In such difficult circumstances many sites sought to focus on their relationship with a few key departments and/or agencies which reflected their own local priorities for the development of employment support. One of the most vital was the link with special schools and colleges in order to achieve positive transition. In practice this communication was relatively new, but some encouraging initiatives were underway/ being developed.

In one site the MAT (multi assessment tool) for 14 years of age had recently been introduced with measures to start identifying aspirations for employment e.g. plan for internships, apprenticeships, Saturday jobs, self-employment etc. The lead Learning Disability commissioner sits on Transition group to help develop this relationship but is still in its early days and there is, as yet, little joint working or sharing between the transition and employment teams.

Elsewhere one of the employment providers (employing 3 people with Learning Disability and others volunteering) had prioritised the development of links with Special schools , arranging regular visits to their business ‘ Special schools wrap them in cotton wool-need

to be getting them used to the real world much earlier.'

One site was undertaking some interesting work about pre-apprenticeships. It has been recognised that, across the population, many people are not at the required level to enter apprenticeship so they are being targeted – this is including people with learning disabilities.

However two of the sites commented that a 'stress point' in strategy delivery was around the transition of young people in to adulthood because children's services did not have the aspirations for young people to get real paid work. In one of these sites this was compounded by the fact that the special schools and colleges had not been part of the sign up to the strategy and delivery plan.

'If there were more support for people between the ages of 16 and 18 then we'd have far less people on our books.' Mental Health Provider

Elsewhere we also met with a college who were frustrated with the lack of co-ordination with the employment lead/team and struggling with their overall relationship. They felt they were undertaking good work (e.g. work placements with local employers, dedicated support employment co-ordinator) but were unclear how this linked into or complemented the support provided through the Council led work.

The importance of effective communication and co-ordination between school and colleges and employment support services is becoming increasingly understood amongst the sites visited, (in some cases it was noted that this was because of the Preparing for Adulthood agenda that is part of the government's SEN reforms), even if specific action was still somewhat limited.

Links to Economic Regeneration

Extending the theme of cross department communication and co-ordination, the relationship between Economic Development/ Regeneration and Employment support is an important one. In practice the level of engagement varies significantly between sites but when there is good communication and co-ordination, the sharing of approaches, contacts and business meetings, constructively facilitate the mainstreaming of employment for disabled people.

One site, as previously described, has sought to build on the expertise of their local Economic Regeneration department in delivering mainstream employment ('here you have to fight for every job') and drawn up a Service Level Agreement to structure the gradual transfer of staff from the specialist in house employment support service.

In another site the employment support lead had developed a close working relationship with the Economic Growth & Development team over the past few years, and feels they

are very aware of Learning Disability issues (presentations on VPN etc.). As a result they now have good working arrangements when exploring and developing local projects for example the creation of the job hub and links with the local college. Most recently the employment support lead attended the business breakfast meeting to promote the benefits of employing people with Learning Disability by using the VPN DVD, telling local success stories and explaining systematic instruction.

NHS and Local Authority Partnership

The challenge of working with both the relatively new Health and Wellbeing Boards and the changing personnel within the NHS Trusts and Clinical Commissioning Groups, is proving extremely difficult at this point in time. Even where health had signed up to overall employment strategies or indeed were directly commissioning mental health employment support services, securing their contribution to this study was virtually impossible, with only two sites offering anyone from health to talk with us. It was therefore difficult to gauge their views or contribution. Nevertheless it is clear that securing NHS engagement is vital at a strategic level to ensure joint agreement to the models of employment support and the co-location (where appropriate) within clinical services and ensuring buy in to the different stages /pathways. Similarly Health and Well Being Boards have a central role with regards the prevention agenda and increasing their awareness of and commitment to, the contribution of employment support (and particularly job retention) to this work is a priority for local lead officers.

Many Local Authority officers cited the challenges of working with health. In particular they felt that many *'don't really get employment'* and that their focus is all on well-being, often failing to recognise the role of employment in achieving that wellbeing. There is also concern that the Health and Wellbeing boards are not particularly interested in employment.

'Health and Wellbeing agenda is focused on health/social care integration and public health issues, employment does not really feature.'

'Employment is seen as very specialist. CCGs have other priorities.'

In one site the mental health employment strategy was jointly commissioned with and 40% funded by the NHS, but the strategy and work was clearly led by LA. Their sign up and funding indicates a strong partnership but in practice those working in the Local Authority felt this to be questionable.

Linking Strategy and Delivery

To be relevant and useful the strategy needs to be a comprehensive plan which describes current and future intentions and ensures that positive value statements are backed up with resource commitments and plans to shift or redirect as appropriate. Many of those

interviewed made verbal references to changing expectations of young people and or closure of day centres, but these were not always evident in strategic documents as explicit drivers for change.

In one site the budget for employment was gradually being withdrawn out of day services but not in a structured overt way, just slowly drawing out.

In another those interviewed cited their day care review (driven by cost pressures and personalisation) and young people and parents desire for something different as their key drivers for change, but there were no references to that effect in their strategic documents. As part of the day care review, number crunching and modeling was underway but no money had yet been taken out for employment and there was no sight of written documentation supporting that planned shift. Locally it was also felt that the managers of the day services were anxious to protect their income and market position and so did not liaise with the other existing employment service resulting in gaps and duplication.

In the absence of the above, sites struggle to clarify their strategic direction, resulting in a lack of overall vision and leaving partners uncertain or unaware of their contribution.

'We've had a clear priority from Social Services for ages –but it's not shared outside the Department with the rest of the Council. We've just got good soundbites. We don't have an implementation strategy.'

In one site the notable absence of a clear strategy was causing deep frustration amongst providers about the overall intentions, future direction and fit with all other services. They described a sense of masses of different players/providers around the city with no overall co-ordination or clarity about what was going on and where, resulting in 'individuals doing what they can despite the system.'

'The lack of a guiding robust strategy leads to risk of and actual duplication of service delivery and unhelpful competition (driven by chasing funding).'

Operating in a Political Context

Finally it is important to acknowledge the challenges faced by some sites as a result of changing political control, ongoing reviews of council services in light of enormous budget pressures, shifts in priorities and the subsequent impact on the strategic planning processes.

One site commented 'the Council changes its political underpants every 2 years ...has been dancing around it's handbag for too long, as a result we've dropped from 76 people in employment to 52'. They felt this reinforced the need for a long-term strategy, owned by cross party political leadership and based on evidence.

Another stated 'For me, as a commissioner it (evidence) makes a difference, but there are wider factors – like politics and budgets- which affect what we do. I'm worried that contracts will just be rolled over. Never under estimate the ability of elected members and senior officers to ignore the evidence.'

Summary

Overall the value and importance of a comprehensive strategic document, based on good practice, was widely recognised. It was agreed that this was needed order to provide a platform for wider engagement and ensure consistency and co-ordination with other departments / agencies and give the employment support services themselves a sense of clarity and direction in a turbulent environment. However many sites struggled to achieve this to the required level for the reasons cited above and were left vulnerable to the associated risks.

'A poor strategy leaves an open door to people who don't want to change.'



Theory 4: Developing the market

Knowledgeable leadership (if not commissioners then commissioners listening to it) that works with all stakeholders, but especially providers, to specify, support and manage development of systems and market that can deliver theories 1, 2 and 3

Utilising provider Expertise

We have found that where commissioners have a high level of knowledge regarding national good practice this was used in varying degrees to determine local approaches to delivering employment support. In itself sound knowledge was insufficient to deliver good outcomes but when it leads to a clear understanding and shared objectives between commissioners and providers, then employment outcomes improve. In the majority of the sites visited commissioners were well aware of the importance of acquiring and drawing on knowledge in discussions with providers to ensure a common understanding of overall objectives.

In one site with very high levels of knowledge regarding national good practice, this informs the strategy/overall direction and approach. This was reflected in discussions with providers who were clear about expectations and approach- there was a real sense of common understanding.

In another site with a good level of knowledge regarding national policy this was reflected in the positive relationship and shared understanding of the values of the personally focused service delivered by the in house employment team.

Where there is a lack of shared understanding of good practice among commissioners or leadership from one knowledgeable commissioner it appears more likely that there will be an acceptance of historical commissioning patterns (more likely to be less effective services) or an acceptance of poorer outcomes.

In one case this lead to a centralisation of funds to one provider in a contracting process that made little reference to best practice in delivering real employment outcomes.

Elsewhere we found that the perceived local knowledgeable leadership around employment were the people who for 10 years have been leading a work preparation pathway. As they were perceived and understood as the knowledgeable people by key

decision makers, it was proving very difficult to get these decision makers to listen to other voices.

Our experience in one site indicates that there doesn't always seem to be a good way for identifying who has the most/best knowledge and ensuring that they have the most influence. In this instance the local learning disabilities commissioner was having to influence by writing bits of strategy, briefing and encouraging – rather than having enough responsibility to change what was wrong.

Commissioner Knowledge

It was of some concern that some commissioners appeared worryingly lacking in understanding about employment support, but at least several appeared to recognise this and were reassuringly willing to draw on the expertise amongst their providers in order to increase their own levels of understanding and knowledge.

'I can't be an expert in all the areas that I commission...so I have to make sure that I have a process that enables me to commission, I can learn along the way and talk with other people.'

'I've only been a commissioner for three and a half months and I don't know anything about any of the areas I am responsible for.'

One site specifically identified providers as a valuable source of knowledge for commissioners. 'Think we're lucky that we have an employment support team in our area that is genuinely good intentioned, has good motivations and want to achieve good outcomes.' They were also one of the very few sites who identified the value of the contribution from local carers and families.

In another site the commissioner made the point that a close relationship between commissioners and providers is essential if the commissioner is able to make the case to retain or develop levels of funding. If they do not have the knowledge of what is happening on the ground – which they can only get through the provider relationship – then they do not have the knowledge to make the case.

While most sites had an understanding of their local population in terms of age and cultural demographics, few people commissioning or providing employment supports matched this with evidence/understanding of local employment trends such as percentage of people who are self-employed or who work in different sectors of the economy. Without this knowledge a lack of support for people to become self-employed was left unquestioned and there was an over reliance on preparing people for very restricted areas of the employment market – packing jobs in factories, basic roles in catering outlets or gardening services.

Provider Innovation

We also came across a range of providers with extensive knowledge, drive and ambition to pursue creative ways of delivering employment support several of whom were struggling to get their views across to commissioners. However where providers were able to share their expertise with commissioners they were able to make a significant and influential contribution to both the planning and implementation of practical deliverable services, often utilising innovative approaches. It is important to note that the influence of providers is not always commensurate with their level of knowledge or current and emerging best practice. Influence might be driven more by size, length of time providing service or relationships with local senior managers or elected representatives.

In one site a local social enterprise, well researched in employment support was intent on creating opportunities for people with Learning Disability to set up their own companies or be employed by them. They worked closely with the local in house employment support services team but were concerned their aspirations were a bit low i.e. pushing trollies as opposed to running their own businesses.

In another site where there were very good relationships between commissioners and both main Learning Disability & Mental Health providers, peer mentorship had recently been introduced in Mental Health and plans were underway to actively invest in social enterprise and micro businesses.

In one site where plans for both Learning Disability & Mental Health employment support services was driven by few key individuals, several of whom are providers, there was some weariness about the commissioner perspective, for example they would regularly state that the current climate made it very difficult to get jobs, whereas one of providers felt the city offered exciting opportunities particularly for developing self-employment schemes amongst BME groups. 'It's more buoyant here, employers want to move here, the job market is ok and has got potential, scope for more innovation, social enterprises etc.'

Elsewhere, in the absence of an overall strategy – individuals were able to filter through known successful practice and develop small entrepreneurial responses. Resulting in initiatives which were pragmatic and value driven. However the small scale of these developments did mean that access to services depended on who you know. 'Can influence here and there with little bits of resource-not going to have a clear funded strategy'

Shared Service Development

An important dimension to this relationship is that where commissioners recognise the value and contribution of all stakeholders not just to developing strategy but to creating the specification and designing the performance management systems, this results in meaningful, achievable services which reflect the local context. This approach was

apparent in many sites where commissioners appeared to be increasingly aware of the value of this dialogue, *'We have a high level of dialogue to shape delivery – our new contract is quite strong.'*

In one site commissioners, when challenged to do so, engaged a partnership working group of providers to heavily influence future service specification design.

Elsewhere one provider described a 'very very good relationship with our commissioner...they recently agreed to relax the contract based on our experience'

Although there were encouraging signs of an increased dialogue with providers, this was not true in all cases and we certainly encountered some deep frustration at the lack of engagement and perceived lack of knowledge amongst commissioners.

In one site the new service specification for mental health employment support services was felt to be 'just too vague, not rooted in values and open to judgement on costs.' The providers here were simply dismissive of the commissioners' approach.

Just because this knowledge exists locally it cannot be assumed that it is being expressed openly or being used. One local provider was running, at council request and funding, a classroom based employment preparation and job clubs for a group of people, despite knowing (and trying to tell elected members) that this approach doesn't really work.

In one site, due to a lack of a shared understanding of best practice between employment commissioners and providers, a provider found themselves responding to and winning tenders to deliver services where they thought it unlikely that they would deliver real employment outcomes. This went unchallenged in the tendering processes because, the process did not support questioning, the providers needed the business and hoped that it might be possible to change practices when the contract had been won.

Managing Market Change

One area of challenge identified by commissioners was trying to manage the market place, both in terms of changing and improving existing providers and also opening up to new providers.

One site about to outsource a lot of in house employment support services was planning a series of engagement events with prospective providers to discuss the new proposed model of employment support.

'Difficult in engaging with providers and bringing in new providers, trying with 'old' providers to get them to change-but totally about new providers.'

'The quality of new providers coming into the market is low, because commissioners feel they need to get new providers in but do not have the knowledge to tender and specify job

related outcomes.'

However Commissioners also need to have an understanding of how to work with providers to develop their place in the market. One very large provider was being supported to close an unproductive factory unit and increase their recognised training to staff, but employment preparation services and enterprises - which were not delivering real employment outcomes - were being left to grow unchallenged.

Model Fidelity

An issue that was clearly important was the varying levels of knowledge regarding different models of employment support. The knowledge which did exist tended to rest with a few key individuals rather than it being understood across the board. IPS was often mentioned in passing but even where it was aspired to the key components were still absent; for example, co-location with clinical teams and a lack of model fidelity monitoring.

In one site providers referred to following IPS principles as part of their model of delivery, but no reference was made to this approach by the commissioners. The most recent plan aspired to co-location but IPS and model fidelity were not specifically mentioned.

Elsewhere IPS was reported to guide practice but there was no co-location and the service experienced problems with both inappropriate referrals from clinical teams and also insufficient referrals for job retention. No reference was made to model fidelity.

We have already mentioned the value of provider influence on the development of deliverable service specifications, but it is important to also specifically draw attention to the overall approach of the service. As evidenced by both national research and affirmed by our site visits where specifications focused on personalised approaches such as vocational profiling, job carving, peer mentoring, on-going support etc., those using the service reported high levels of satisfaction and employment outcomes were higher. The contrast with national DWP programmes is regarded, by those using the services, as being particularly beneficial.

In one site both Learning Disability & Mental Health provided a personalised supportive, non time limited approach based on vocational profiling and star charts to measure individual progress. They worked to identify specific interest and find opportunities and offered practice interviews, help with benefits, travel training and ongoing support. 'Helped me with my interviews (for hairdresser) and let me cut his hair! I now go to interviews on my own'

In the same site those receiving the employment support services described the Job centres as a seriously frightening place –and stressed the value of the personalised approach of the services including the relatively new peer mentor arrangements, 'a listening empathetic ear' echoed by one of the peer mentors, 'It's all about helping them

take baby steps...can remember that myself, little baby steps to get me out the door.'

Other commissioners praised the value and scope offered by job carving, 'such a good thing –it could grow quite a lot.'

In another site both employment support service officers and those using the service greatly valued the vocational profiling approach. Particular reference was made to the contrast with the DWP system, 'like a maze' and their requirement for on line applications even when the Job Centre does not have a computer available. However this site is gradually transferring the service to Economic Regeneration where every effort will need to be taken to protect the substance and style of the support offered.

'If he hadn't been there I would have been stuck, needed someone to come in and help-wouldn't have been able to do it on my own.'

In one site providers held very clear views about the required approach to achieve sustainable employment and felt this needed to be reflected in specifications e.g. i) needs to be long term/on-going – short term no good because of problems with benefits & loss of confidence; ii) need on-going support not just initial placement 'employees must feel safe and supported and have someone to help them understand workplace/manage expectations etc. They need a safety net as their needs fluctuate.' They were also concerned about safeguarding issues for some adults in unsupported placements. However there was less evidence that this was being incorporated into service specifications.

Summary

The market place for employment support is changing and will continue to do so, the development of social enterprises, micro businesses, the encouragement of self-employment along with the anticipated impact of personal budgets, all serve to challenge historical provision. It is therefore necessary to recognise that it needs real business expertise to think about the value and efficiency of employment support projects. This is particularly important to help show projects in the 'cold light of day' against traditional practice, elected member preferences etc.



Theory 5: Performance Management

A failure to gather information to inform achievement of theories 1, 2 and 3 enables cost ineffectiveness of services to continue

The Absence of Data

The vast majority of sites we visited were struggling with effective performance management, stemming from many of the difficulties cited in the previous theories and most visibly demonstrated in Sections three and four of this report on national and local data.

From this work on data collection systems we have found that:

- a significant proportion of the country do not have the data and evidence to inform them if they are commissioning evidence based employment; and
- none of the fieldwork sites had explored the relationship between their level of investment in employment support services and the resulting job outcomes i.e. generating a cost per job outcome.

In exploring this further it became clear that in the majority of sites, the performance data gathered is extremely basic, mostly simply generating total numbers for those obtaining and retaining work. Further breakdown of activities in relations to stages on the employment pathway or the characteristics of those being placed in work or indeed the characteristics of the job themselves, were rare. The issue of measuring work preparation in particular has proved to be a subject of debate concerning what should be measured and who by, with very few sites having jointly agreed with providers the most relevant and informative data to record to assess the impact.

In one site Learning Disability numbers were reported quarterly from 'a quick ring round of providers' but nothing was gathered in relation to the proportion of those supported in employment or the breakdown between new and retained jobs.

'One site asked 'how do you quantify work preparation? They had no commissioner 'imposed' monitoring requirements that the person knew of and the success of her service was defined by her as things like (i) referral to an IPS service and

(ii) referral to a hobbies group.

'Looking at how many people get a job but we are focused on numbers not stages.'

'The principle of distance travelled is used by DWP, but needs to be far more person centric- was thrown in without a lot of field testing.'

Use of Data Collected

Not only did many sites struggle to identify and subsequently gather the most relevant data, there was also little active management of even the limited data which did exist. Monitoring arrangements were often inconsistent and weak and little if any, discussion took place between commissioners and providers about the performance, the challenges, issues, lessons learned etc. To be deliverable and meaningful the measures applied needed to be jointly agreed with providers in the first instance and reflect the shared objectives for the service.

In one site MH services recorded contacts and outcomes in relation to new or retained jobs but commissioners knew only a little about one contract and virtually nothing about the other.

In one site the lead commissioner was 'confident in local data', and felt they knew the journey of individuals and what the supported employment team were doing. However the support team manager reported that the recording of people's progress was not uniformly done or collectively analysed.

Elsewhere one commissioner commented, 'it's an in house service so not measuring it in that way –doesn't come across my desk, but I suppose operational managers look at it...'

However one site did suggest that perhaps 'you need to have one or two key pieces of information which then prompts to further questions-from this you can either say that you're fairly comfortable with what the key data says, or that you want to drill down into it.'

Performance Management

Whilst recognising the difficulties in many sites it is also important to note that a few had given careful consideration to the performance management measures and agreed and discussed these with providers. Indeed we can tentatively conclude that those sites who could provide the most detailed financial information and performance management data for this research had comparatively lower cost per job outcomes (as described in section four). Thus indicating a positive relationship between knowledge and management of data and the achievement of cost effective outcomes.

One site held monthly monitoring meetings between providers and commissioners, around client's progress into: employment; voluntary employment and education and training.'

In the absence of basic performance data it is perhaps unsurprising that issues such as the value for money of different models of support or the balance between gaining new jobs and retention, failed to be addressed. However this also meant that sites had very limited knowledge and understanding about how much they needed to spend in order to deliver the outcomes they aspired to.

Measuring Outcomes

As part of the overall consideration of performance management one of the most important issues is how sites address and consider the outcomes from the point of view of the individuals receiving the employment support service. Many struggled to know how to measure what they perceived to be soft outcomes such as changes in confidence or well-being and others failed to acknowledge the impact on individuals of the target culture which existed. Only a few were beginning to even recognise the importance of gathering 'customer satisfaction' data as a valuable contributor to plans for service development

Only one site we visited had measures in place (the outcomes star) to gauge the views of both Learning Disabled and Mental Health individuals in their employment support services. These were used rigorously to assess progress and ensure individual views and opinions were expressed and discussed.

In one Mental Health service there was talk amongst some individuals about using outcome stars for employability and wellbeing but this hadn't been agreed. The same site also commented 'that sometimes a positive outcome is to help someone leave a job rather than keep it –as that is the thing that their mental health needs most.'

'We are given stories to justify not changing services but it is a small number of stories and they get repeated. There is no real evidence' Mental Health Commissioner

'Think, as a commissioner with limited time it is faster and easier to get feedback on (weak) outcomes of jobs rather than soft outcomes of confidence.

Elsewhere a lack of evidence (or perhaps curiosity) from some commissioners about how many people had moved on from commissioned 'employment preparation' services into real jobs. In one site who have a very considerable investment in preparation we found a much greater awareness (and therefore disquiet) of the number of people who have moved from preparation into real jobs. From one participant questioning the idea that people needed employment training said 'if you've got the support and willing in your heart to get a job there is nothing to stop you'

Our experience in another site highlights the importance of reflecting on the impact on individuals of what is being measured. They have a supported workshop (packing) who have been given income targets (towards a never to be achieved breakeven) –

in order to meet these they need to retain their most productive workers and not support them to move into open employment.

Summary

In conclusion our evidence demonstrates that the vast majority of sites have struggled to jointly identify, agree and monitor, the most relevant and informative measure with regards the delivery of effective employment support. This often stems from the absence of the previous theories, which are needed to provide the appropriate framework to clarify what the services are trying to achieve and thus be measured on. In addition the challenges of incorporating the views of those using the service and then assessing the cost effectiveness of those services, are proving too challenging at this point in time. However through various stages of this research we have been able to share and discuss these difficulties as well as provide comparative data to stimulate ideas. It is hoped that this will prove to be a useful building block for some of these issues to begin to be addressed.

'Before this process we didn't know what data we had and so couldn't say what the outcomes were. We can now. Before we knew how much we spent and just told not to spend any more.'

'What's come from this whole process is that it might be useful for us as commissioners to come together and talk properly with each other about what we're doing and spending on employment support services.'



Further Issues

In addition to the previous Theories of Change the following were identified as issues which merit comment, but for which there was insufficient real or substantial evidence for us to develop any robust Theories.

Personal Budgets

Virtually every site visited declared themselves to be interested in facilitating the use of personal budgets to enable individuals to purchase their own employment support. However, as can be seen from the national data findings in section three, there is still a long way to go before there is any evidence that they are actually being used to achieve any significant levels of employment support.

At present although we were greeted with positive intentions, these were not described in any detail in the strategic documents we had sight of, nor were there the required mechanisms in place to enable such plans to be implemented. Similarly overall references failed to be supported by identified levels of investment to support the process. We did hear of one of the sites (which was not included in the detailed follow up) where they had ended all their employment support contracts and switched the funds to Personal Budgets. But without further detail it is impossible to know the extent to which this was part of a thought through strategy or a hasty, ill-considered attempt to try and save money from the employment support service budgets.

A few of the more strategic sites were beginning to seriously explore the use of personal budgets and several had a few examples where individuals had been able to access employment support in this way. However it is still early days and there is a strong desire for information on best practice in this area to help them follow through their good intentions of enabling individuals to use personal budgets to purchase personal assistant or job coach support.

One site was working with BASE in identifying possible costings for realistic personal budgets, which were emerging as £16-£20 per hour. Another was looking to find a way of unlocking money from day care services to develop a specialist support agency for employment.

Elsewhere personal budgets were being used collectively to pay for a worker at the local allotments, but the extent to which this was a considered and informed purchase of a

service by a group of individuals as opposed to a mechanism to enable the continuation of a service, is unclear. There was also concern that the outcomes have not been monitored and now, two years on, they may still be receiving the same horticultural work preparation training.

One site reported that individuals were using personal budgets to collectively set up a photographic group/business which was reportedly now earning money. They also gave an example of one person who had used a personal budget to travel to America and they have, as a result, got a job in the travel business. However it is important to note that neither of these examples involved job support agencies, they were solely enabling people with personal budgets to do things more independently.

Another site had supported two young people to use Personal budgets to buy job coaches. The providers were positive and keen to be involved but the individuals had to have more than one type of personal budget to do this and rules had to be broken. 'We took money away from day opportunities towards employment, driven by the individual and the support team.'

One site is a Right to Control site and described how they had facilitated and supported 130 people to get employment support at a cost of £5-£8k per person. They felt strongly that one of the current limitations for other sites was the limited funds available and the challenges arising from the choices presented.

Several of those using the employment support service and also family members were keen to see the introduction of personal budgets to enable them to purchase employment support.

In one site the LDPB had held a focus on jobs day in 2011 where service users had requested more promotion of Personal Budgets, and one of the specific points of action was to try to obtain information. To date conversations have been held in this site about personal budgets but there is real uncertainty around the legalities and operational requirements.

One family member felt personal budgets to be extremely important but was frustrated there had been no local discussions about using them for employment support 'Personal Budgets are the way forward but we need help-lots given pot of money but don't know what to do with it.'

Alongside the lack of knowledge surrounding good practice others barriers to using personal budgets for employment support, have been identified across several sites:

- There is a sense amongst many key decision makers that the value of this approach is still unproven and that personal budgets belong in the world of social care;
- Social workers are generally resistant, *'they are schooled at getting people into services, very few have ever had a conversation with a Disability Employment Advisor'*;
- The costs of purchasing an employment support service were reported as being comparatively high in relation to other services;
- Limitations within LAs in terms of what Personal Budgets can be spent on (employment perceived as moderate as opposed to critical/substantial);

Overall there is a real sense that the use of personal budgets to purchase employment support is still in its infancy. There is a strong desire for increased knowledge, understanding and examples of good practice, to demonstrate what is needed to enable sites to establish the most effective mechanisms to ensure successful implementation.

Given this, the Research team have been successful in securing a small amount of funding to further investigate the extent to which personal budgets are being used to fund employment support and, if as this research indicates there is little use of them, the obstacles to that being the case.

Individual voice

Despite hearing overwhelmingly positive feedback from individuals about their experience of employment, we were surprised to find very little evidence of this voice of the disabled person as a driver for change.

In the site visits we met with many of those using the service who described their experiences with real enthusiasm and appreciation and identified the significant difference being in work had made to their lives. It was clear that they valued the following:

- Independence
- Sense of progression
- Friends
- Social Life

- Achievement

- Distraction

'I love it-would like to do more...I am talking more now, it has brought me out of my shell. I meet new people'

'I need to be independent from my mum'

'I enjoy the learning...met new friends..gets me out of the house..gives me a kick up the bum'

'I was told by an old teacher I wouldn't get anywhere in life, would like to see his face now.'

We received a lot of feedback about the support they had found most helpful and those services which had facilitated their employment and ongoing support in work in a personalised and planned way were greatly appreciated. In summary they most valued:

- Support from someone they trusted
- Training, practical advice and help with barriers e.g. benefits, travel training;
- Sense of progression and tools of e.g. vocational profiling / outcome stars
- Opportunities for volunteering and peer mentoring

It is therefore surprising and somewhat concerning that these views were not being expressed louder and having more influence at a local level. A few sites made positive statements to this effect but in practice evidence was sparse of any significant evidence that local areas had either set up systems to ensure that the voice of disabled people influenced decision making about employment support and/or were able to evidence changes they had made in response to what disabled people had said they wished to see happening.

'Previous decade investing in employment support was driven by Valuing People, Learning Disability papers and NI 146, now driven by people demanding work.'
Commissioner

'It's not high on the agenda to capture the individual voice' Commissioner

In general employment did not figure highly on the LDPB agendas, possibly because, as one member commented, they were held during the day when those individuals who were working were committed, thus shifting the overall emphasis. Local structures that directly involved people living with mental health problems as partners were not general in evidence.

A few sites had held one off specific events to engage with those who might wish to use employment support services but in practice apart from producing reports of the day, again there was little evidence that these views were incorporated into strategic plans.

Person centred planning /care management

We have already referred to the importance of plans for employment support services being co-ordinated and communicated across authorities and agencies. Where this is the case one would expect an understanding of the value of and a desire for employment for those individuals with disabilities supported and cared for by the Local Authority, to be shared by all departments. Care management arrangements, a focus on person centred planning and support planning processes would be expected to give rise to systems which encourage work, but in practice this appeared to be very limited.

We received several accounts of an apparent reluctance amongst social workers to identify and pursue work opportunities and for those that did expectations were pitched at permitted earnings level only. This was invariably due to concerns about the impact on benefits for the individual and their family and not wanting to risk upsetting these in anyway.

'We know that something has to be on social worker's agenda and knowledge before it can be something that happens.'

'Social workers still take the lead on support planning and signing off RAS...Social workers plan from the land they know, need their eyes opening.'

However one site had attempted to try and bridge the gap by agreeing to identify nominated 'employment champion' within the day services who linked with the employment support services team.

Elsewhere person centred planning was cited as a driver to try and release funds from big block day care contracts to develop personalisation including employment. However to date there has been no evidence of progress.



Section 7: Discussion and Conclusions

In this section, we draw out, summarise and discuss the main conclusions from the evidence presented in the preceding sections. This is done using the framework of the 3 overarching research questions and contributory factors, namely:

1. What is the value for money of current employment supports in terms of people consequently achieving paid work?
2. How does that value for money impact vary between different models of employment support?
3. How is the value for money impact affected by different approaches to implementing local employment strategies?



1. What is the ‘value for money’ impact of current employment supports, in terms of people consequently achieving paid work?

This section seeks to show what conclusions we’ve drawn regarding the question “If we invest x amount how many people will get paid jobs?”

Commissioner knowledge of what constitutes value for money

There is clear evidence from this research that there is very little knowledge about how much needs to be invested to generate job outcomes. Not only this, but our findings from both the national and local data returns indicate that whilst basic information to calculate these figures does exist locally, commissioners appear not to have (a) explored these figures to determine local value for money, or (b) compared their costs to available information on best practice.

This begs the question of; why not? It is hard to establish why this is the case. There is clearly an issue of priorities and demands on time, which appear to have pushed employment support work down many people’s agenda so it has resulted from a lack of attention. Similarly, employment support is often only one small component of the overall portfolio of responsibilities a commissioner may have. It may also reflect local uncertainty about what they should be assessing in relation to costs, i.e. e what constitutes a job outcome.

However this work has shown (albeit with the caveats applied to the data as described in sections three and five) that in a world where cost per job outcome (as defined by the numbers gaining or actively retaining a job or becoming self-employed) ranges from £208 to £57,640 and the average cost per job outcome was £8,217, many of those services where there was known to be good practice delivered job outcomes at a cost of between £870 and £4,908, and an average of £2,818 (or possibly slightly higher for learning disability focused services).

This evidence demonstrates that it is possible for many services to deliver/ support more new or retained jobs at less cost and/or achieve job outcomes for more people for the same cost i.e. better outcomes for less money.

The implications of this are significant and it is hoped that the findings from this study will help identify the good practice which needs to be in place to deliver more jobs for disabled people.

Factors which influence value for money

The data analysis described in section five explored many variables in relation to their impact on costs per job outcome, the most significant of which are summarised here. It is also important to note that our findings from the qualitative fieldwork and the subsequent theories of change are also critical to these outcomes and will be addressed in more detail in the following two research questions. I.e. simplistic expectations around reducing costs or increasing outcomes could not be achieved without a strategic approach to address the organisational change agenda described by those theories.

First of all it is clear that the higher the proportion of people supported who get or actively retain jobs, the lower the cost per job outcome. So, a quick measure of the likely cost effectiveness of a service will be the proportion of individuals supported who get or retain work. In a climate where time and effort to focus on employment support services appears to be under pressure, this is a helpful first step indicator to commissioners struggling to assess services.

However what is more surprising is the two factors which do not appear to impact on cost per job outcome, both of which are somewhat counter intuitive.

Firstly there is no identifiable relationship between the size of the service and the cost per job outcome. This means that evidence of economies of scale are largely absent and that smaller services are proving to be just as, if not more so, cost effective i.e. there is no reason to believe that commissioning a larger service will increase the likelihood of getting people a job or indeed cost any less. This also suggests that shifting resources into a service alone will not necessarily result in any improvement in job outcomes, and could merely enable services to continue doing a bad thing on a large scale. As commented, this initially feels counter intuitive but in practice needs to be considered alongside the findings from the fieldwork sites, where it is clear that the individually focused services are delivering the most cost effective services. We could therefore speculate that the larger services might be struggling to maintain their personal approach and as such have less success in securing/retaining jobs. However it is also important to stress that the lack of identifiable relationship equally applies to small services i.e. they do not necessarily deliver a more cost effective service. The challenge therefore is for commissioners is to avoid assumptions and fully understand the model of employment support being purchased as a determinant of likely cost effectiveness as opposed to other measures which might just prove to be a distraction.

Secondly there appear to be no relationship between the complexity of learning disability¹² of those supported (as measured by our proxy for their support levels) and either (a) the cost per person supported, or (b) the cost per job outcome. This is extremely significant. One may have expected the services working with people with higher support levels to cost more in order to both support and secure job outcomes, but this is not the case. Additionally, the data clearly showed that employment services were being equally successful in supporting people with more complex disabilities into work as they were people with lower support needs. It is important to reiterate here the caveats to this measure as described in section two on methodology. This is a measure of the level of non-employment support provided by health and/or social care services, and as such reflects the support available rather than what the support needs actually are.

There are interesting implications arising from this analysis. It is clear that those services which are successful in finding work for people with Learning Disabilities are good at doing so, regardless of the complexity of disability¹³. Again revisiting our fieldwork findings, the most likely explanation for this is the personalised approach and the use of tools such as vocational profiling and the prioritisation of support for the individual and employer which addresses the needs of each person supported, however challenging they may be. As a result job opportunities become available to all, rather than just being 'cherry picked' for those who might be easier to place.

This analysis also challenges those who are sceptical about the feasibility of gaining work for those with more complex disabilities and hopefully serves to refocus local thinking on the possibilities of what might be achievable.

These findings demonstrate that there is no obvious relationship between either scale or support levels and cost so the explanations for the diverse range of costs per job outcome must lie elsewhere.

Rate of Job Outcome Achieved

A key issue for consideration is the acceptable range for securing/actively retaining jobs, in terms of the proportion of people supported. It is unlikely that many services would ever achieve 100% as there are so many variables in play, beyond the influence of the service themselves, for example the fluctuating and mix of needs of those referred, the external job market and the attitude of local employers. Our analysis in section five identifies an

¹² Please note that given the concerns regarding this measure for mental health services, this finding relates solely to Learning Disability employment support services.

¹³ Again, but noting the lack of data about things such as hours worked, and it is possible that people with more complex disabilities might be taking jobs for a small number of hours per week

average of 38% across all services – though spread between job outcomes rates of 0-100% - whereas the 'evidenced based sites achieve an average of 43% with an associated range of 30-56%. This presents an interesting starting point for commissioners to consider when discussing and agreeing appropriate and realistic target measures with providers.

Type of Job Outcome Achieved

Throughout this report we have referred to job outcomes as defined by the combined total of the numbers gaining new jobs, the numbers actively supported to retain a job and those securing self-employment. However there are clearly important differences in approach and as such we have further explored what this means in practice. Unfortunately we were unable to analyse these patterns in as much detail as we would like due to the limited data available, but hopefully the evidence we do have will provide a useful starting point for consideration. It is also important to note that although self-employment figures are included in the total job outcomes, in practice these figures are very small at an average of 3%¹⁴ and as such are not as significant in terms of analysing local delivery. Though we detected an increase in the focus of both commissioners and employment support service providers on self-employment, this is by no means widely adopted.

As demonstrated in section five, for our overall sites there was a clear relationship between the proportion of jobs retained increasing as the overall job outcomes increased i.e. a service with a high level of job outcomes is likely to include a high proportion of jobs which are being actively retained. Interestingly though, in the 'evidenced based' sites, where the cost per job outcome was lower, this was more balanced and there was more of an equal concentration on retaining jobs as on gaining new jobs.

There are a number of implications arising from this. Firstly it is possible that across all of the sites job retention has become an area of a 'quick win' for an unspecified action. We know from the fieldwork that the level of definition around employment outcomes is generally poor and in that context it is entirely feasible that both providers and commissioners are seeking to improve overall outcomes for little extra cost¹⁵ and regard job retention as an easier service to deliver. Indeed one Mental Health provider was being redirected to concentrate on job retention, primarily through telephone support.

¹⁴ Compared to national figures of 14% of people in employment registered as self-employed. ONS February 2013

¹⁵ Our data in section 5 suggests new jobs cost more than retained jobs but this is not statistically significant and therefore we are unable to state this to be the case.

Secondly it is also possible that job retention is a positive growth area, especially in the Mental Health services, where it is being increasingly recognised and talked about as an important component in delivering employment support. Local circumstances will also influence these outcomes, where capacity is limited it is easier to focus pressurised staff time on retention instead of new jobs and where local economies have struggled to provide new jobs, retention has become a more achievable target.

Thirdly, we could hypothesise that the 'evidence based practice' sites, are delivering a more equal balance of new and retained jobs because there is less difference in the time taken between the two, especially if job retention is carried out robustly. This was clearly demonstrated in our interviews in those sites with individuals using the service, their families and employers, all of whom required ongoing support, easy and prompt access to help with any issues and guidance regarding training and changing circumstances as appropriate. However we should also flag up the high proportion of IPS sites in the 'good practice' cohort and recognise that retention was not included in the original model and therefore there might be less focus on it because there is actually less in place.

Intrinsic to the above considerations is the key question of how much time it takes to get someone a new job compared to retaining someone in a job i.e. what are the relative costs of new jobs and retention? Our analysis in section 4 indicates that although it appears as though there is a relationship between the costs of securing a new job as opposed to retaining a job, statistically this is not significant enough to suggest a strong relationship.

To date we have been unable to identify any indicators for this measure. One future practical step for commissioners would be to ask employment support service providers to distinguish, where possible, their work to gain a new job or retain an existing job. Overall, it is clear that this is an important issue for commissioners to address in terms of defining the required balance to deliver a successful employment support service.

Differences between Learning Disability and Mental Health Services.

At the core of this research is the desire to find out more about the value for money and outcomes for people with both learning disabilities and mental health problems in order to gather evidence and learning on a cross client basis and thus help services think beyond traditional client group 'silos.' To this end the theories of change arising from the fieldwork visits are equally applicable across client groups and the local data analysis was conducted across a broadly equal number of mental health and learning disability services. However there are a few important distinctions in relation to the findings from the data which need to be explored further.

Firstly Learning Disability services were on average, smaller in terms of numbers supported, marginally higher than mental health services in terms of cost per person

supported, but achieved nearly the same costs per job outcome. However they were also more successful in securing overall job outcomes in that 43% secured or retained a job, as opposed to 34% in mental health services. This could be down to challenges within mental health such as employer prejudices or alternatively negative reasons such as people with a learning disability being more likely/willing to accept poor lowly paid jobs - which might be more readily available. There is also a critical caveat to these figures which is that (as explained in section 2 on methodology) we do not know anything about the characteristics of the jobs and so it is possible that more people with a learning disability could be securing/retaining work in jobs of only a few hours a week, whereas those with mental health problems may aspire to and be working in much better paid jobs for a greater number of hours – possibly having worked full-time prior to an episode of mental ill-health. It is simply not possible for us to say either way.

Secondly, of those who secured a job outcome, learning disability services secured a similar number of new jobs to mental health services, but actively supported more people to retain jobs. They were also less successful in helping people into self-employment. This finding fits with our previous comment in relation to job retention work within learning disability services, which could prove to be more time consuming and on-going over a longer time frame. It might also be that although there is greater rhetoric within the mental health field about job retention, commissioning and contracting arrangements might actually specify a faster withdrawal of support than within learning disability services.

Finally it has been interesting to observe that learning disability services tend to support a greater mix of disabled people. This could be because these services are commissioned by Local Authorities who are more comfortable with a social model approach, whereas most mental health services are often commissioned from or sub contracted by NHS Trusts who consequently feel more constrained to focus on the specific mental health target audience.

Summary

So, in terms of the value for money impact of current employment supports, and the number of people consequently achieving paid work, this evidence has begun to raise some interesting findings. Most significantly we can begin to indicate for services that follow evidence based models of support, the price range for a cost per job outcome, when defined in specific ways (£1,600 - £4,000), a reasonable job outcome rate (30%-50%) and an approach which concentrates equally on job retention as on gaining new jobs. These costs and figures are significantly different than the current national averages – in that they indicate a substantial potential for achieving more and better outcomes from current levels of investment than is presently being achieved. However because of all the caveats

described these should be regarded as a starting point only for local discussions.

The findings described to date have generated several interesting issues in relation to cost effectiveness but have not offered any evidence for the variation in cost outcomes between sites. We know that this is not down to size, support needs or the balance of new and retained jobs, so one must conclude that the wide disparity of costs is due to the context in which, and the mechanisms / model by which, these services are being delivered.

The following sections will now explore contribution of the different models and approaches to delivering these outcomes.



2. How does that ‘value for money’ impact vary between *different models* of employment support? Do they result in different outcomes?

Section three on the Scoping Review described the six main models of employment support in place throughout the country and established that evidence is available to demonstrate that both IPS in mental health and supported employment in learning disability provide the most cost effective services. One of the key research questions for this work was therefore to explore the different models (where identifiable) through our site visits and the data returns, in relation to the cost per job outcomes.

We encountered a wide range of models in the fieldwork visits, with some offering employment support with a number of different approaches. In addition the services who completed the local data returns were asked to identify their local model, but in practice many described how – within one budgetary envelope, they followed a number of different support models. The size of our sample (70) meant it wasn’t possible to control for different types of services in order to analyse their outcomes in relation to these structures.

However there were two main exceptions to this somewhat muddled picture, in that three of the services for people with a learning disability were commissioned specifically to provide a supported employment service and as such met the main criteria described by (inter alia) BASE and listed below and the research team visited these services as part for the fieldwork and could validate this. Secondly the data returns for mental health services provided by the Centre for Excellence IPS sites all worked to the IPS model in accordance with the core requirements for model fidelity. Taken together these sites have been described in section five as our ‘evidence based practice sites’; this was reinforced by the data analysis since these sites generated lower cost per job outcomes which was in line with what existing data evidence suggests is good practice, and were known to deliver support in accordance with published good practice.

It might be helpful to reiterate here the common components of these two models, which the evidence suggests are critical in delivering the most cost effective outcomes:

IPS principles¹⁶

- It aims to get people into competitive employment
- It is open to all those who want to work
- It tries to find jobs consistent with people's preferences
- It works quickly
- It brings employment specialists into clinical teams
- Employment specialists develop relationships with employers based upon a person's work preferences
- It provides time unlimited, individualised support for the person and their employer
- Benefits counselling is included.

Supported Employment¹⁷

- Customer engagement
- Vocational profiling
- Employer engagement
- Job matching
- In – work support
- Career development

Although presented in slightly different ways these two models share an emphasis on a personalised model for delivering employment support for disabled people, developed and delivered in partnership with other agencies and employers. However IPS is supported by model fidelity reviews, which are a way of checking how closely a service follows the IPS model, and which should ideally be part of a service's ongoing development and improvement processes. No similar validation model for supported employment currently exists and the development of this is something that the research team believes is merited.

¹⁶ <http://www.centreformentalhealth.org.uk/employment/ips.aspx>

¹⁷ BASE - <http://base-uk.org/information-commissioners/what-supported-employment>

Evidence of these practices was borne out by our fieldwork visits, where these elements were found to be in place in the good practice sites and delivering lower cost per job outcomes. Of particular significance was the focus on the individual preferences, the clarity regarding each of the stages on the employment continuum, the proactive engagement with employers and the ongoing support to ensure job retention. Individuals using these services were particularly appreciative of this model of support.

It is also important to note that several other sites referred to IPS as a guiding principle and sought to replicate the overall approach but some component, often co-location with clinical teams, was invariably absent. As a result they experienced local difficulties with regards suitable referrals and clear working relationships. Also a few learning disability providers were striving to deliver a more personalised service, but often in the absence of clarity of intent from commissioners resulting in patchy small schemes, only accessible to a few.

One issue of concern is the lack of widespread knowledge amongst commissioners, concerning these two models of employment support. Often this rested with just one or two key individuals leaving others unclear about the structures and terms (in our site visits only one commissioner appeared to understand what was meant by model fidelity) and making the service vulnerable to changes in personnel.

This evidence of better, more cost effective outcomes in the evidence based sites is matched by clear evidence of poorer outcomes from services that were both lacking in strategic direction from commissioners and delivering models of support that were not backed up by the evidence base. For example, our qualitative research involved studying a large supported workshop that was delivering segregated employment at an average cost £10,900 per job outcome and an industrial therapy unit working with a very large number of people on a 'train and place' model to a cost per job outcome of £57,640.



3. How is the ‘value for money’ impact affected by *different approaches to implementing local employment strategies?*

It is clear from the evidence in Section 5 on theories of change that local approaches to implementing strategies make a significant difference in terms of delivering the most cost effective outcomes. So much so that this section should almost be the first one, as without the key components identified, it is practically impossible for the other aspects to be delivered.

From the evidence from our fieldwork site visits and in particular those ‘good practice’ sites. It is clear that the following components are fundamental:

- Prioritising employment and shifting culture;
- Defining what is meant by employment;
- Agreeing a strategic plan to deliver employment;
- Using knowledge of best practice to develop the market;
- Establishing systems for measuring performance.

These are not stand alone requirements, they are all interlinked and need to adhere to common features, at each and every stage.

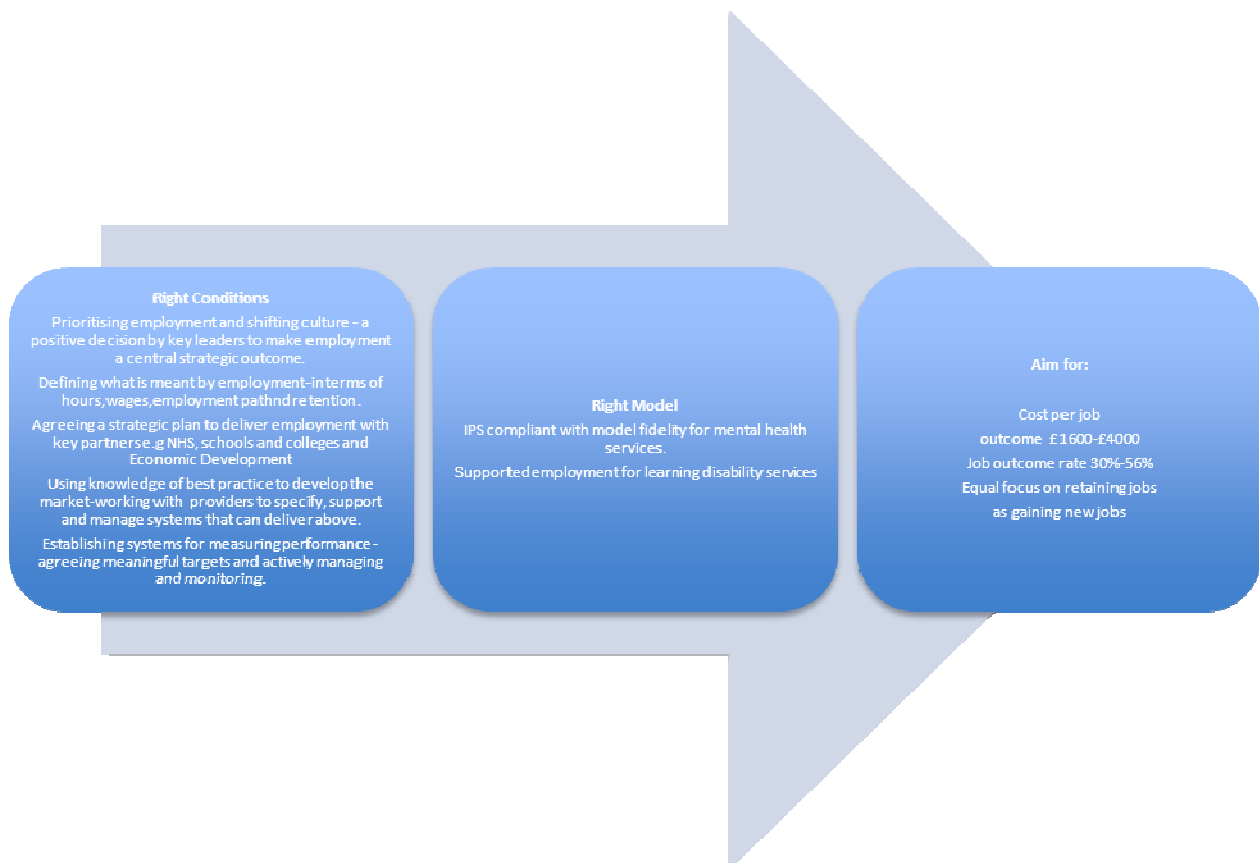
Firstly there is a need for **leadership** to raise the profile of employment support for disabled people, challenge the culture and broker ownership across departments and individuals. This work needs to be based on a **knowledge of good practice** of evidenced based employment to ensure services are developed appropriately and avoid a reliance on historical provision and individuals with set views regarding delivery.

Clarity of vision and overall direction is vital alongside a clear understanding of what an employment outcome means locally and what is trying to be achieved, which needs to be agreed and understood by all key partners (see below). This needs to be reflected in the service specifications, with an emphasis on a **personalised approach**, based on the needs and interests of individuals.

Consideration needs to be given to market development to ensure a breadth of providers who can respond to changing demands, particularly in the light of an anticipated increase in personal budgets. Equally, measuring and understanding what the market is delivering is critical to bring about effective commissioning.

All of the above needs to take place, at different levels, in **partnership**. Those responsible for both planning and delivering employment support services need to reach out beyond the service themselves to their relevant partners, including LA departments, local schools and colleges, NHS colleagues and local employers. Most importantly they need to engage with, and ensure the voice is heard, of those who will be using the services.

The diagram below summarises the five organisational/system 'conditions' that need to be in place to achieve good outcomes which, when set alongside the use of evidence based models, should enable the achievement of job outcomes at a reasonable cost.



In practice many sites still struggle to deliver all of the above, but in those areas deemed as 'evidence based practice' with the lower cost per job outcomes, there was clear evidence that these approaches were either in place or if not, recognised as a shortfall and being addressed. This provides a robust basis from which to deal with emerging and future challenges.

Of particular interest are the issues relating to: transition to adulthood; developing relationships with the NHS; listening to service user views and probably most significantly the implementation of personal budgets for employment support. Our national data showed that although a high proportion of sites allowed the use of personal budgets for this purpose, in practice very few knew if they were being used for this purpose. This lack of knowledge was borne out in our fieldwork although it is important to stress that many areas recognised this, appreciated the potential significance of personal budgets and were anxious to obtain good practice and guidance on how to proceed.



Conclusion

The research team were very conscious of undertaking research into employment supports for disabled people at a time of tight public finances. When those responsible for funding public services are looking for opportunities to reduce expenditure and/or even stop funding certain activities in their totality, there is a risk that the production of evidence about inefficiencies could be used to justify the cutting of services. However, the research team is clear that the obverse is also a substantial risk – i.e. the absence of evidence about outcomes and cost effectiveness opens up the opportunity for unilateral cuts to funding. Thus, in our view the production of this evidence is important and should be helpful.

To briefly offer some simplistic headlines that could open up misjudged calls to cut employment services, it is clear from the research that much money being spent on employment related services by both local Government and the NHS is not achieving value for money. Substantial proportions are being spent on service models that do not evidence real job outcomes. For some, where money is being spent on evidence based activity, the strategic and commissioning activity is such that the potential for good outcomes is being undermined.

However, this negative picture demonstrates the potential for improving outcomes without further financial investment at this difficult economic time. This research clearly indicates that if local authorities and the NHS aim to achieve change by following the five theories of change identified and then commission the evidence based models, they should be able (in time) to achieve the type of outcomes and cost effectiveness indicated by the best practice sites in this study. This will not be a 'quick fix' as it will require investment in factors such as local knowledge, new partnerships, staff skills and market development. It is, though, equally clear from this study that some of the 'quick fix' approaches to the current financial challenges will not deliver improved outcomes and value for money i.e. simply specifying costed outcomes without investing in strategic change and exploring evidence based models.

One of the more noticeable gaps from this study's national data collection is perhaps a fitting point to finish on. Very few commissioners were collecting data on the financial impact of people (hopefully) using public services less as a result of gaining or retaining employment. Whilst supporting disabled people into paid work could (or should?) be seen as a valid activity in itself for local government and the NHS, it may be that a financial

incentive is also needed. Being able to generate local evidence that supporting people into paid work leads to a reduced demand on other local authority and NHS services should be ample evidence to encourage a growth in the commissioning of employment supports. National data suggests this is the case. Starting to obtain this locally, and other data, is clearly an important short-term challenge for commissioners.



Appendix 1 - Survey

Calling All Mental Health and Learning Disability Commissioners

We would like your help as part of a major national research study into employment supports for disabled people.

Why This Matters

In these difficult financial times, it is really important that we spend money in ways that are most likely to get good outcomes for people who use public services. Supporting people with learning disabilities and people with mental health problems into paid work is an important policy priority. **But** we know little about whether the money currently being spent on employment support is really helping people to get and sustain real jobs. This research aims to help plug some of that gap. Over two years, we are going to collect information on what is spent on employment and related supports and understand how that spending helps people into work.

What You Will Get Out Of Helping Us

This research will result in us producing practical frameworks and tools to help people who are commissioning employment supports to:

- ✓ achieve and demonstrate better value for money from investments
- ✓ understand which types and styles of investment are most likely to result in disabled people getting paid work

Also, the final part of the work specifically involves sharing what we find through action learning – you will be invited to be part of that.

How You Can Help

As a first stage, we want to learn from how your authority invests in employment support for disabled people. We are asking Commissioners from every Local Authority in England (and their NHS partners) to complete this questionnaire so that we can:

- Build the evidence base for 'what works' in commissioning employment support
- Help you to measure / prove the impact of your investments
- Identify, highlight and spread good practice

The results will all be anonymised before they are made public.

This questionnaire is supported by the Association of Directors of Adult Social Services (ADASS) Research Group. The National Development Team for Inclusion (NDTi) have been funded to do this work by the National Institute for Health Research's School of Social Care Research (SSCR). A PDF document summarising the aims, methods and timescales for this research is available from the NDTi website, at:

<http://www.ndti.org.uk/major-projects/employment-support-for-disabled-people/>

If you would like assistance in gathering the data necessary to complete the questionnaire, please get in touch with us (see contact details overleaf).

Notes for completing this questionnaire

- This questionnaire can be completed in several ways, including:
 - **Paper copy** (print this, fill in by hand and return by post to the address below)
 - **Online**, at the following link:
www.surveymonkey.com/s/NDTiemploymentsupportsurvey
 - **Over the phone** (please see details below)
- **Please DO NOT leave any boxes blank, but specify your answer – for example, say '0' if no people, or 'no info available' or 'don't know'.**
- It is fine for you to provide rough figures, but please indicate where this is the case. We will not quote identifiable data in any reports.

We have done our best to make the questionnaire self explanatory and easy to complete. However if you would like any further clarifications, or would prefer to respond to this questionnaire over the phone – or have any other questions about the research – please get in touch with Anita Wilkins at NDTi on:

☎ 01202 471 423 / 07545 922 227 ✉ anita.wilkins@ndti.org.uk

Address for returning complete questionnaires:

Anita Wilkins
NDTi
Montreux House
18a James Street West
Bath
BA1 2BT

1. About you / your authority

Authority Name:

Details of person completing this questionnaire

Name:

Role title:

Email address:

Phone number:

☐ Please tick to confirm that you are a commissioner of employment supports for your authority

2. How much is spent on services & supports where the prime commissioning purpose is people getting paid work?

2a. Overall annual spend, 2010-2013

Please complete Table 1 below, providing annual investment figures from health and social care budgets in your authority area. This should cover any spend that can be directly attributed to employment support for adults (18+), and could include any staffing, delivery and/or contract costs associated with:

Work	i) Support into paid* work
	ii) Support into self-employment / micro enterprises
Work Preparation	iii) College Courses / supported internships
	iv) Specific work preparation activity in day services
	v) Volunteering with an end focus on paid work
	vi) Support into unpaid* work (including social enterprises paying less than minimum wage)
* by 'paid work' we mean minimum wage or more. Any work paying less than minimum wage should be categorised as unpaid.	

TABLE 1 - overall	Total amount spent in 2010-11	Total planned spend for 2011-12	Total planned spend for 2012-13
Social Care budget	£	£	£
Health budget	£	£	£
(or, if separate figures for social & health budgets are not available:)			
Combined	£	£	£

Please indicate whether these figures are rough estimates or more accurate/calculated figures

☐ More rough estimates ☐ More calculated, accurate figures

How would you say the overall annual spend in 2011-12 compares with 5 years ago?

☐ More than 5 yrs ago ☐ The same ☐ Less than 5 yrs ago

2b. For the current year (2011-12).

Please provide a more detailed breakdown of the above described spend for the current year (2011-12) by, as far as you are able, completing Table 2 below. The row headers match the categories of support listed on the previous page.

OR

If you are unable to supply any of this information, please tick here and tell us why.

☐ **I am unable to supply this information because:**

TABLE 2 for the current year (2011-12)	Total planned spend on this kind of support, for these client groups				
	Mental Health	Learning Disability	Other clients*	please state client group/s	or Combined / Multi-disability
Support into paid work	£	£	£		£
Support into self-employment / micro enterprises	£	£	£		£
College Courses / supported internships	£	£	£		£
Specific work preparation activity in day services	£	£	£		£
Volunteering with an end focus on paid work	£	£	£		£
Support into unpaid work (including social enterprises paying less than minimum wage)	£	£	£		£
Other (please state)	£	£	£		£

* 'other clients' might include people with autism, a physical / sensory disability, older people etc. If providing a figure under this category, please state the client groups this includes.

Again, please indicate whether the figures provided in Table 2 are rough estimates or more accurate/calculated figures

☐ More rough estimates ☐ More calculated, accurate figures

Do you collect data on how many people are supported into employment, linked to each of these investments?

☐ Yes ☐ No Any additional comment:

2c. Where this money went.

Please provide a profile of this year's spend by delivery organisation, in Table 3 below.
(If you do not have this information, please indicate as such)

TABLE 3 % of this year's spend (2011-12)	
Local Authority in-house	%
NHS Trust	%
Private sector (for profit)	%
Community & Voluntary Sector (including User-Led enterprises)	%

Please indicate whether the percentages provided in Table 3 are rough estimates or more accurate/calculated figures

☐ More rough estimates ☐ More calculated, accurate figures

2d. Are the services you fund limited to those eligible by FACS, or open to others?

☐ FACS eligible only ☐ Some or all services are open to others

2e. Personal Budgets.

Are clients allowed to spend their Personal Budget on employment support?

☐ Yes ☐ No



(please go to 2f below)

Do you know whether people are using Personal Budgets for employment support?

☐ We know they are ☐ We know they're not ☐ We don't know either way



(please go to 2f below) (please go to 2f below)

Do you have any information about how much of their personal budgets people are spending on employment?

☐ Yes ☐ No

2f. Pre-18 employment support.

Please describe the range of employment support options available for disabled people under the age of 18 in your area (including any investment details):

2g. Change over the coming years.

Are you anticipating any significant changes in the above (for example, shifts in the types of employment supports / delivery organisations commissioned) over the next year / beyond? If so please describe below, and/or on an attached page:

3. What, in your opinion, have been the dominant factors influencing your authority's pattern of investment in employment supports over the past year?

Please rank all of the following factors that apply in your opinion, with 1 being the most important: (If any factors don't apply, please leave these blank)

Factor	Rank (if applicable)
Past / historical investment pattern	
Active employment plan or strategy developed within the last 2 years	
Ring fenced, external funding	
Applying local evidence or outcome based learning	
Applying national policy & evidence	
User-led demand	
Other – please state:	

4. What evidence does your authority currently gather in terms of outputs and outcomes of investment in employment supports?

(Please indicate 'yes' if you collect any of those listed in each row)

Does your authority currently collect information about:	
Numbers assessed as eligible for employment support	Yes / No
Numbers receiving employment support	Yes / No
Number of those supported actually gaining (or retaining) paid jobs	Yes / No
Age / gender / ethnicity of people gaining jobs	Yes / No
Complexity of disability of people gaining jobs	Yes / No
Types of job gained / hours worked / amounts earned	Yes / No
Job retention / Career progression	Yes / No
Changes in type & cost of employment support for individuals over time	Yes / No
Resulting changes in individuals' use of other services, e.g. day services, supported housing, drop ins – or other health / social outcomes	Yes / No
Any other information collected (please briefly describe):	

5. Any other comments

Is there anything else you'd like to tell us about your authority's investment in employment supports?

6. Further involvement in this research

Does your authority aspire to improve / be recognised as a centre of excellence for employment support?

This questionnaire is the first stage of our research, and there will be various opportunities for commissioning authorities to work with our research team on this topic over the coming year, all of which will help you to demonstrate the impacts of your investments in employment support.

In particular we are looking for:

- 25 sites to work with on 'data mining', i.e. spending time helping you identify further data from your area to demonstrate impact and support the findings of this questionnaire
- 12 sites (can be from the above 25) where we carry out more in depth research and fieldwork, e.g. tracking experiences and outcomes for those receiving employment support, and collating evidence and learning from this data at a commissioning level

Please indicate if you would be interested in your authority being involved in one or more of the following ways:

(Please tick as many as apply)

- ☐ You already have costed outcome evidence or information that you could share with us as part of this research
- ☐ You might be interested in becoming one of 25 sites that we work with on 'data mining' more evidence of this nature
- ☐ You might be interested in becoming one of 12 sites with whom we carry out more in depth research and fieldwork on this topic
- ☐ You might be interested in being part of an action learning network that aims to support authorities to put learning from this research into practice (in 2013)
- ☐ You would like to be kept updated on the progress of this research, and receive any resources, articles etc relating to the findings

That's all – Thank you for your help.

Please see inside front page for information about how to return this questionnaire to NDTi.



Appendix 2 - List of participating sites

There were 11 sites taking part in the study on employment support for disabled people:

- Bedford
- Birmingham
- Bristol
- Hartlepool
- Herefordshire
- Kirklees
- Plymouth
- Stockport
- Stoke-on-Trent
- Walsall
- Wandsworth.



Appendix 3 - Framework for analysing key documents from the 6 local sites

SITE NAME:

DOCUMENT NAME:

What does this document tell us about the different methods of local employment support and how they have been assessed/prioritised?

What are the local structures in place?

How do these relate to the needs of different groups?

What understanding of policy and evidence (national and local) underpins what they are doing?

What does this document tell us about the values that underpin the local employment strategy?

Is there a presumption of employability?

Are the benefits of employment demonstrated?

What does this document tell us about the quality of leadership for driving this work forward?

Who has been identified and what level of seniority are they?

Is there evidence of ownership and commitment and capacity?

Can we gauge the level of priority given to this work?

What does this document tell us about the joint working which is taking place

Who is involved and how?

Are service users and their families engaged in the planning process?

What does this document tell us about the outcomes achieved to date and the lessons learned?

Have desired outcomes been identified?

How informative/robust is the quality of outcome data presented?

Is there any evidence about how this data has been used to influence the existing services/future plans?

What does this document tell us about the local priority issues?

Is there any specific reference to:

Young people?

Personal Budgets?

Equality of Access to jobs / employment support?

Any other relevant info from / observations about this document?



Appendix 4 – The full data collection request from local sites

	A	B	C	D	E	F	G	H	I	J	K	L										
1																						
2		NOTES FOR COMPLETING THIS SPREADSHEET Please ensure a separate spreadsheet is completed for each different employment support service commissioned in 2011-12. Please enter information into the white boxes only. Do not leave boxes blank, but complete '0' if zero, or 'not known' etc as appropriate CORE DATA IS IN BOLD - please prioritise the gathering of these data. Other data that will enrich this and should be gathered if possible is in normal type. <i>Where suggestions are made about the types of data that could be collected/reported, these are in italics</i>																				
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10		1. About the person/s collating these data:																				
11		Name/s: _____																				
12		Contact detail/s: _____																				
13		Dates over which this form completed: _____																				
14																						
15		2. About the employment support service:																				
16		Name of service _____																				
17		Brief description of what employment support the service provides _____																				
18		What is the main aim or 'desired outcome' for people using this service? _____																				
19		Who is the service aimed at (e.g. Client group/s? Age groups?) _____																				
20		Who is involved in running / providing this service _____																				
21		Total Amount that this service costed to run in 2011-12 _____																				
22		<table border="1"> <thead> <tr> <th></th> <th>Staff time</th> <th>Equipment</th> <th>Core / buildings etc</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Above total split by cost type</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>												Staff time	Equipment	Core / buildings etc	Other	Above total split by cost type	_____	_____	_____	_____
	Staff time	Equipment	Core / buildings etc	Other																		
Above total split by cost type	_____	_____	_____	_____																		
23																						
24		How long has this service been running? _____																				
25		Has it always been commissioned in the same way (e.g. by same provider) over this time? _____																				
26																						

	A	B	C	D	E	F	G	H	I	J	K	L
27		3. About the target population for this employment support service:										
28		Overall number eligible for the employment support ('target' population)										
29		Any other contextual info about the local pop, e.g. Included / excluded groups, health trends etc										
30												
31		4. About the people using this employment support service:										
32		Overall number who received support in 2011-12										
33			Male	Female								
34		Above total split by Gender										
35			16 - 24	25-34	35-49	50-64	65+					
36		Above total split by Age cohorts										
37			White	Asian / AB	Black / BB	Chinese	Other	Mixed				
38		Above total split by Ethnicity										
39			Learning Disability	Physical / Sensory	Mental Health	Autism	Homeless-ness	Drug & Alcohol	Other			
40		Above total split by Nature of disability / support need										
41			Less than 7 hrs / wk	7-40 hrs / wk	More than 40 hrs / wk	NB - We are asking this as a way of gauging complexity of disability without assignning unhelpful labels. Please count according to the category you think is closest, don't worry if you don't know exact hrs.						
42		Above total split by level of support needed (general, not just employment) in a typical week										
43												
44		5. About outcomes from this employment support:										
45		Overall number supported to gain / retain a job in 2011-12										
46			Gained new job	Retained existing job	Became self employed							
47		Above total split by type of job outcome										
48			Male	Female								
49		Above total split by Gender										
50			16-24	25-34	35-49	50-64	65+					
51		Above total split by Age cohorts										
52			White	Asian / AB	Black / BB	Chinese	Other	Mixed				
53		Above total split by Ethnicity										
54			Learning Disability	Physical / Sensory	Mental Health	Autism	Homeless-ness	Drug & Alcohol	Other			
55		Above total split by Nature of disability / support need										
56			Less than 7 hrs / wk	7-40 hrs / wk	More than 40 hrs / wk	NB - We are asking this as a way of gauging complexity of disability without assignning unhelpful labels. Please count according to the category you think is closest, don't worry if you don't know exact hrs.						
57		Above total split by level of support needed (general, not just employment) in a typical week										
								Transport	Finance	Public		

	A	B	C	D	E	F	G	H	I	J	K	L
57		Above total split by level of support needed (general, not just employment) in a typical week				category you think is closest, don't worry if you don't know exact hrs.						
58			Agriculture & Fishing	Energy & water	Manufacturing	Construction	Distribution hotels & restaurants	Transport & communications	Finance, IT, other business activities	Public admin, education & health	Other services	
59		Above total split by Nature of employment										
60			Full time (35hrs +)	16-34 hrs	5-15 hrs	1-4 hrs						
61		Above total split by Hrs worked per week										
62		Above total split by Income levels achieved from this work gained / retained NB for more information about appropriate Minimum Wage levels for different ages please visit http://www.direct.gov.uk/en/Employment/Employees/TheNationalMinimumWage/DG_10027201	Below min. wage	Minimum wage	Over min. wage up to £7.20* /hr	£7.21* - £14 / hr	More than £14 / hr	*for London, please read £8.30 / £8.31 (Higher categories are loosely based around Living Wage and National Average Wage levels as at October 2012)				
63												
64			<3 months	3-6 months	7-12 months	1-2 yrs	>2 yrs					
65		Above total split by Period of time these people known to be in continued employment										
66			1 job	2 jobs	3+ jobs							
67		Above total split by number of jobs people have										
68		Any data around changes in individuals' overall net incomes e.g. taking to account any changes in benefits received - How many people are better / worse off than before they got the job? By how much?										
69		Any data around career progression e.g. Number of above who have progressed to a more highly paid / highly desired role?										
70		Any data around change in these people's use of employment support services										
71		Any data around change in use of / impact on other services e.g. day services, housing services e.g. How many of the above people also go to a day service? No. people reducing attendance at day service etc										
72		Any data around other health / social outcomes										
73		Any data around impact on family carers										
74												
75		6. Any other relevant data you collect that is not covered by the above										
76												
77												
78												



Appendix 5 – The reduced data collection request

	A	B	C	D	E	G	H	I	J	K	
1		NOTES FOR COMPLETING THIS SPREADSHEET									
2		Please ensure a separate spreadsheet is completed for each different employment support service commissioned in 2011-12 or 2012-13									
3		Please enter information into the white boxes only.									
4		<i>Where suggestions are made about the types of data that could be collected/reported, these are in italics</i>									
5											
6		1. About the person/s collating these data:									
7		Name/s:									
8		Contact detail/s:									
9		Please state which year data /activity relates to: 2011/12 or 2012/13									
10											
11		2. About the employment support service:									
12		Commissioner:									
13		Name of service:									
14		Who is the service aimed at e.g. Client group/s?									
15		Which of the following models best describes your service?					Your service may well provide several of these approaches and if so please tick all those that apply				
16		Targeting job retention/ career advancement i.e helping people keep a job or career they already have					Finding a paid role & then provide support to perform that role or stay in it i.e 'place then train'				
17		Providing training or job prep in setting of mainstream work place (but not necessarily the one the person will go on to work in) e.g. internships & apprentice schemes					Providing training/job prep in a sheltered and/or unpaid environment as a route into open employment i.e train then place				
18		Focus on specific life stages and client groups e.g. transitions from childhood to adulthood					Focus on mechanisms -how support might be accessed and/or funded e.g. use of Personal Budgets, Jobs First etc				
		Total Amount that this service cost to run in 2011-12 or 2012-13									

3. About the people using this employment support service:

Overall number who received support in 2011-12 or 2012-13						
Above total split by Nature of disability / support need	Learning Disability	Physical/Sensory	Mental Health	Homelessness	Drug & Alcohol	Other
Above total split by Nature of disability / support need	Less than 7 hrs/wk	7-40 hrs/wk	More than 40 hrs/wk	NB - We are asking this as a way of gauging complexity of disability without assigning unhelpful labels. Please count according to the category you think is closest, don't worry if you don't know exact hrs.		

5. About outcomes from this employment support:

Overall number supported to gain / retain a job in 2011-12 or 2012-13						
Above total split by type of job outcome	Gained new job	Retained existing job	Became self employed			
Above total split by Nature of disability / support need	Learning Disability	Physical / Sensory	Mental Health	Homelessness	Drug & Alcohol	Other
Above total split by level of support needed (general, not just employment) in a typical week	Less than 7 hrs / wk	7-40hrs/wk	More than 40 hrs / wk	NB - We are asking this as a way of gauging complexity of disability without assigning unhelpful labels. Please count according to the category you think is closest, don't worry if you don't know exact hrs.		



Appendix 6 - The full set of data

Inputs/outputs

- Local Authority
- Service name
- Contract information
- Total number of people who received support
- 2011/12 or 2012/13 data?
- Total costs of contract
- Costs per person supported
- Costs per paid job outcome
- Client Group (number, proportion of total number of people supported)
 - People with a learning disability
 - People with a mental health problem
 - People with a physical/sensory impairment
 - People with autism
 - People who are homeless
 - People with drug- and alcohol-related problems
 - Other
- Support needed (number, proportion of total number of people supported)
 - Less than 7 hours a week
 - 7-40 hours a week
 - 40+ hours a week
 - Overall Support Level Index

Employment outcome

- Total number of people who gained/retained job
 - Proportion of total number of people supported who gained/retained job
- Job outcome type (number, proportion of total number of people who gained/retained job)
 - Gained new job
 - Retained existing job
 - Became self-employed
- Client Group (number, proportion of total number of people who gained/retained job)
 - People with a learning disability
 - People with a mental health problem
 - People with a physical/sensory impairment
 - People with autism
 - People who are homeless

- People with drug- and alcohol-related problems
- Other
- Support needed (number, proportion of total number of people who gained/retained job)
 - Less than 7 hours a week
 - 7-40 hours a week
 - 40+ hours a week
 - Overall service Support Level Index



Appendix 7 - The Advisory Group membership

	Name	Role
1.	Andrew Cozens	Individual – previously LGA
2.	Bob Grove	Individual – previously Centre for Mental Health
3.	Bola Akinwale / Liz Dale	DWP
4.	Glynis Murphy	SSCR
5.	Ian Dale	DWP
6.	Simon Francis	DWP
7.	Kathy Melling	Independent consultant, BASE committee member (attending in an individual capacity)
8.	Lindsey Cox	Northamptonshire CC
9.	Rob Greig	NDTi
10.	Philippa Chapman / Anita Eley	NDTi