

**Bridge-to-Workplace**  
**An Inter-Agency Initiative**  
*Working Together*

*Progress Report*



**This project is seed funded by FÁS and the Finglas/Cabra Local Drug Task Force, as part of the National Drug Strategy**



Bridge-to-Workplace is a pilot project that commenced in August 2005. Its' target group are individuals with a history of problem drug use. The initiative has successfully facilitated a further collaboration by the Health Service Executive Rehabilitation Integration Services (HSE RIS) and Local Employment Service Networks (LESN), FÁS, and the Finglas Cabra Drugs Task Force.

This document looks at the practicalities of inter-agency work in the area of service provision for drug mis-users. Its aims are two fold; Firstly, to highlight the outcomes of this initiative, and secondly, to elucidate the challenges and successes of getting interagency initiatives operationalised in a way that impacts successfully on service users. After the independent evaluation commissioned by the National Drug Strategy Team of all Local Drug Task Force Projects, the BTW has been recommended for mainstream funding.



## Table of Contents

<b>1. Foundations of Bridge-to-Workplace</b>	
1.1 Bridge-to-Workplace	5
1.2 The Context for Bridge-to-Workplace	6
1.3 Primary Aims of Bridge-to-Workplace	7
<b>2. Inter-Agency Collaboration</b>	8
2.1 Collaboration of Expertise	8
2.2 Mechanisms of Bridge-to-Workplace	10
Referral and Assessment	9
Structure	11
Policy and Procedure	12
Training	13
Work Experience Placement	13
2.3 Role of the Coordinator	14
2.4 Relationship Building, Formation and Maintenance	15
<b>3. Challenges in the Set-up of the Bridge-to-Workplace Initiative</b>	15
<b>4. An Overview of the Progression of Bridge-to-Workplace</b>	18
4.1 Client Participation	18
4.2 Employers and Work Experience Placements	21
4.3 Cost Analysis	22
4.4 Internal Feedback	23
<b>5. Bridge-to-Workplace Now and the Future</b>	25

**Appendix 1 – The Function, Role and Aim of Participating Agencies in the Bridge-to-Workplace Initiative**



## List of Figures

- Figure 1**      **The Bridge-To-Workplace Process**
- Figure 2**      **The Structure of Bridge-To-Workplace**
- Figure 2.1**    **Breakdown of Bridge-To-Workplace Clients' Participation Activity**
- Figure 2.2**    **Ratio of Clients by Gender**
- Figure 2.3**    **Breakdown of Number of Clients by Age**
- Figure 2.4**    **The Drug Status of Clients**
- Figure 2.5**    **Number of Referrals by Month (2005) - August to December 2005**
- Figure 2.6**    **Number of Referrals by Month (2006) - January to December 2006**
- Figure 2.7**    **Ratio of Employers Offering Placements within the Commercial and Social Sector**
- Figure 2.8**    **Breakdown of Work Experience Placements by Industry Type**



## 1 Foundations of Bridge-to-Workplace

### 1.1 Bridge-to-Workplace

Bridge-to-Workplace is a multi-agency approach to offering employment-based progression options to individuals with a history of problem drug use. The programme continues to have the support of the five Local Drugs Task Forces in the North Dublin region.

Bridge-to-Workplace is a multi-agency collaborative effort involving the **Ballymun Job Centre Cooperative, Blanchardstown Local Employment Service Network (LESN), Dublin Inner City Partnership, FÁS, Finglas Cabra Partnership LESN, Finglas Cabra Local Drugs Task Force (FCLDTF), HSE Rehabilitation/Integration Service (HSE RIS), Inner City Employment Service & the Northside Partnership LESN.** The initiative seeks to guarantee equality of outcome for all attempting to access mainstream support services and opportunities.<sup>1</sup> .

Bridge-to-Workplace is targeted primarily at individuals who are clients of the Rehabilitation/Integration services and LESNs across the five drug task force areas. The initiative operates on the premise that individuals benefit from being engaged in a work experience programme as part of a structured rehabilitation progression plan.

The aim of the Bridge-to-Workplace initiative intervention is twofold:

- **To provide unemployed men and women in the agreed areas who are clients of the Rehabilitation Integration Service and LESN services with a quality work experience opportunity and the skills and support framework to access and maintain participation.**
- **To create a forum whereby the HSE RIS the LESNs and FAS can work cooperatively and collaboratively together to holistically meet the needs of people with substance misuse issues, specifically illicit drug use (alcohol may feature as a secondary issue).**

---

<sup>1</sup> See appendix 1 for comprehensive descriptions of all the agencies involved in the Bridge-to-Workplace initiative.



## 1.2 The Context for Bridge-to-Workplace

Individuals with a history of problem drug use present unique challenges to projects, employment services, programmes and other support provision. Differences in clients' circumstances, their fluctuating levels of stability/motivation and the degree of 'passivity', which characterises the group, can frustrate even the most structured and organised of programmes. This may be reflected in degrees of 'inattentiveness', poor application and at times, lack of or sporadic attendance.

Previous strategies aimed at facilitating long-term rehabilitation and stability for this target group, such as Merchant Quay's *Integra Programme*<sup>2</sup> and the Northside Partnership's *Labour Inclusion Programme*<sup>3</sup> have demonstrated the value of supported exposure to the workplace.

Positive and sustainable engagement in work experience placements is dependent on the provision of core supports such as training, education, self-development, social skills, and supervision. Additionally key factors such as suitability, duration and appropriate timing of the placements also appear critical in the motivation of the individual.

Recognising the significance of participation in the workplace to engender and maintain stability and routine, and the provision of the necessary supports required to facilitate this, the Bridge-to-Workplace initiative proposes to offer clients the opportunity to engage in a supported work experience placement.

The *Bridge to Employment* (2004), a joint initiative by the Rehabilitation/Integration service and the LESN of Finglas Cabra Partnership provided the impetus for the development of the Bridge-to-Workplace initiative. A group-based approach to rehabilitation, the Bridge to Employment programme offered module supports such as computer training, literacy support, relaxation techniques and self-development, culminating in a work experience placement.

Key learning from the Bridge to Employment programme, and Labour Inclusion programme alike, was the negative impact of group work and peer support, within a rehabilitation environment, on the client's progression, suggesting the need for an individualised approach. The dynamics of group

---

<sup>2</sup> Merchant Quay's 'Integra' programme - 'From residential treatment to employment' (1998)

<sup>3</sup> Northside Partnership's 'Labour Inclusion Programme' (2004)



work with the potential to reinforce negative behaviour impacted upon the stability and engagement of the participants in the group.

In response to this, Bridge-to-Workplace has formulated an innovative initiative based upon a client centred and individualised support process model, within the context of an inter-agency collaboration. FÁS and Finglas/Cabra Local Drugs Task Force provide seed funding for Bridge-to-Workplace.

### 1.3 Primary Aims of Bridge-to-Workplace

In the development of a pilot inter-agency model the Bridge-to-Workplace initiative posits the need to establish fundamental structures to facilitate effective and core ways of working.

An immediate strategic objective for Bridge-to-Workplace was the implementation, in all the specified areas, of the organisational structures to initiate, manage and effectively deliver the initiative.

Due to the magnitude of this task a number of operational and strategic objectives were established. Succinctly the primary goals in the delivery of the initiative are:

- **To ensure the development and provision of an individualised and client focused programme for individuals with a history of problem drug use, with the potential for mainstreaming.**
- **To engage with both clients and employers to effect worthwhile job placement experiences, sourcing structured and supported placements.**
- **To develop and implement practical inter-agency working protocols for the Bridge to Workplace programme.**
- **To develop an effective professional forum, for the growth of working relationships and a working culture.**
- **To ensure cost effectiveness by tapping into and utilising existing and effective addiction and LESN services.**



In the initial phase of the initiative it was proposed that forty individuals from across the agreed areas would be identified and referred to the initiative over a twelve month period. The core aim was to collectively offer these clients an individualised and tailored progression plan, in order for them to work towards long-term development and positive change.

## **2 Inter-agency Collaboration**

Individuals with a history of problem drug use are a client group that present with multiple needs that require the services of more than one agency. Factors such as homelessness, previous and/or present involvement in criminal activity, and negative social circumstances concurrently impact upon drug misuse, necessitating the need for inter-agency co-operation.

Inter-agency collaboration is an effective way for the state to provide more comprehensive and cohesive services to a vulnerable client group whilst also providing an economically beneficial mechanism in the delivery of rehabilitation services. It is widely agreed that it is the future and changing role of service provision.

Successful inter-agency initiatives such as the Blanchardstown EQUAL initiative (2001-2005) highlight both the benefits and difficulties of implementing such a strategy. The EQUAL initiative<sup>4</sup>, a collaboration of 8 agencies in the Blanchardstown area, demonstrated the efficacy of developing common protocols in the provision of integrated services for individuals with a history of addiction. It has provided a valuable template for Bridge-to-Workplace and other future initiatives to emulate.

### 2.1 Collaboration of Expertise

Bridge-to-Workplace recognises the value of combining the expertise of two key agencies, the HSE Rehabilitation/Integration Services and the Local Employment Service Network, in the provision of services for clients with a history of problem drug use. Whilst historically co-operation between these

---

<sup>4</sup> Blanchardstown Equal Initiative encompasses Blanchardstown LESN, BOND, Coolmine Therapeutic Community, Hartstown/Huntstown Community Drug Team, HSE Rehabilitation/Integration Services, Mountview/Blakestown Community Drug Team, Mulhuddart/Corduff Community Drug Team and Tolka River Rehab Programme. The initiative was endorsed and actively supported by the Blanchardstown Local Drugs Task Force.





two agencies exists, Bridge-to-Workplace has necessitated an increased magnitude in this co-operation for the initiatives' beneficiaries.

The integration of these two agencies in the Bridge-to-Workplace process has generated the holistic delivery of resources and supports such as:

- **Addiction support & access to treatment**
- **Counselling & facilitation skills**
- **Cognitive behavioural therapy intervention**
- **Education & training guidance/supports**
- **Employment supports & links**
- **Housing & accommodation support**
- **Access to mainstream education & training**
- **Career guidance**

The model works on the principle that multiple and salient issues for clients must be addressed on a multi-lateral basis. Therefore key workers from each agency must be involved with the client on a continuum at varying levels and stages, according to their field of expertise.

This intensity of co-operation has engendered a more immediate and dynamic identification of client's needs and stage of recovery. An individual's stability and motivation is assessed on an ongoing basis, and appropriate timing for the provision of training, education and employment is regularly monitored.

Practically this has resulted in:

- The prompt identification of potential and actual relapse
- Immediate identification of housing issues or personal difficulties, which can impact negatively upon engagement with an initiative
- The cohesive assessment of appropriate timing for work experience placements and training
- A reduction in the distortion and manipulation of information to key workers

This co-operation however requires a certain level of compromise, understanding and extensive knowledge of each other's role as service providers. This particular shortcoming manifested in the development of the current initiative. One of the immediate barriers for the Coordinator to overcome was that each agency did not have baseline knowledge and structural understanding of the other agencies involved. Overcoming this



required the immediate provision of information to the frontline team members, along with feedback to ascertain their mutual understanding and knowledge. Also warranted was the formation of agreed lines of communication.

## 2.2 Mechanisms of Bridge-to-Workplace

### Referral & Assessment

The initiative operates on a referral process that stresses the need for a potential client to be:

- **Stable**
- **Motivated**
- **Committed**
- **Drug free**

This referral criterion does not exclude those receiving methadone maintenance, and also allows for self-referral.

Key features of the initiative's referral process are:

- Each agency can refer a potential client to the initiative
- The suitability of a potential client has to be ascertained and agreed by the designated key workers from both the LESN and RIS

This decision-making process appears to encourage greater co-operation and dual ownership. It relies upon the use of three-way meetings and constant communication between the support workers from each agency.

This assessment of stability at the initial stages is primarily based upon the level of engagement the client demonstrates and their current drug use. The stability of the participant however is treated as a dynamic phenomenon and is monitored by all those involved with the participant, on an ongoing basis.

Upon engagement in Bridge-to-Workplace, the primary aim is to establish an individualised client progression plan that is regularly monitored and reviewed. Whilst every participant's plan is based on their needs, interests, stability and skills, many Bridge-to-Workplace participants follow a generic process, as illustrated in Figure 1, which attempts to engender trust, routine and long-term development and stability.

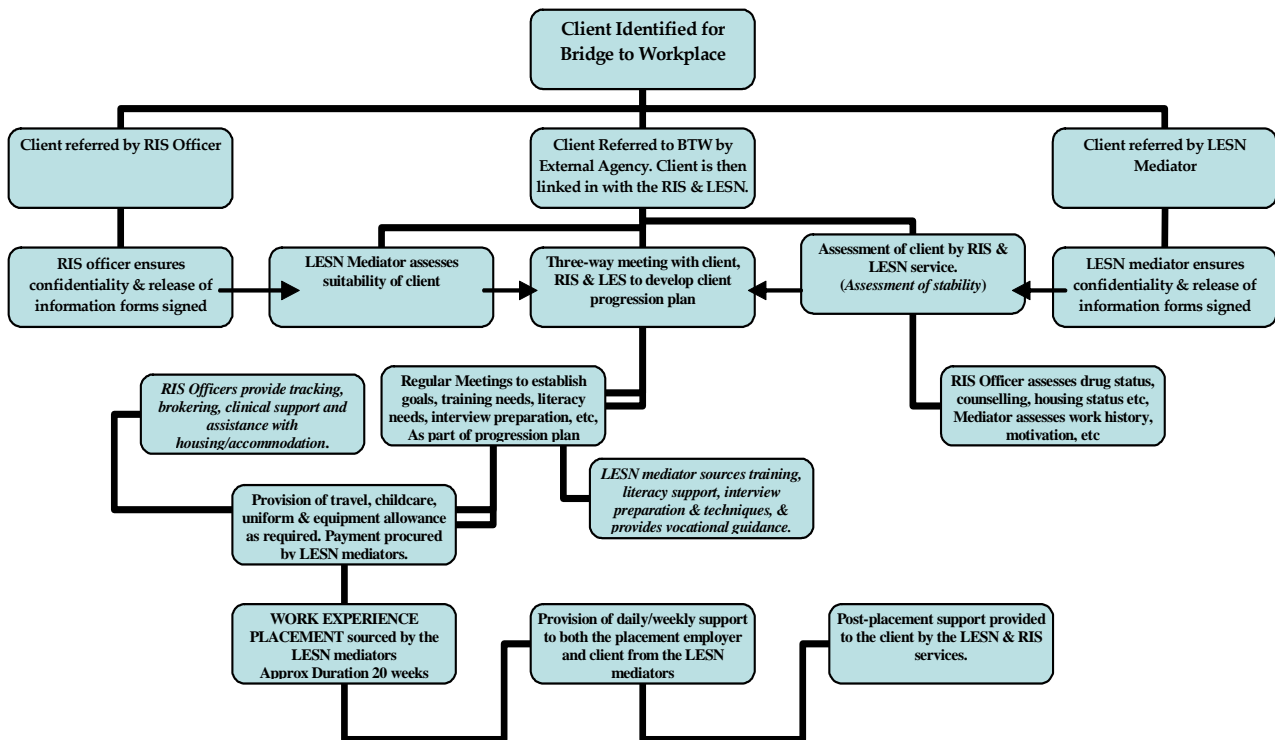


Figure 1- The Bridge-to-Workplace Process

Structure

The initiative operates on two levels, a management steering group and an active professional frontline team, with the initiative Coordinator facilitating the operative, administrative and documenting process.

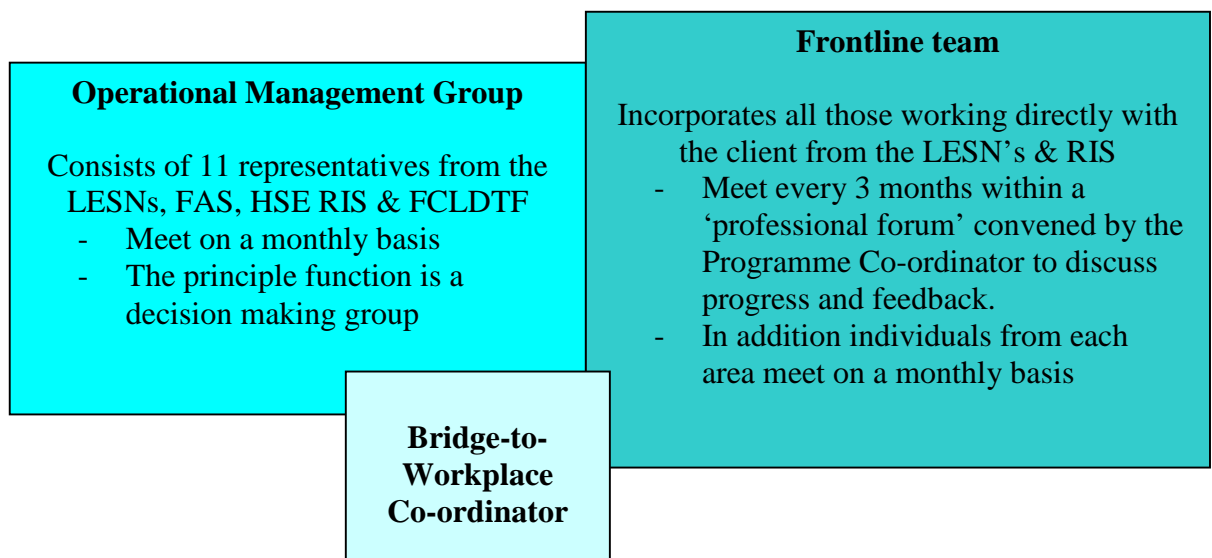


Figure 2 - Structure of the Bridge-to-Workplace Initiative



## Policy & Procedure

Due to the unprecedented nature of Bridge-to-Workplace there was a need to adopt the EQUAL Initiatives inter-agency protocols, for the purposes of establishing agreed mechanisms around definitions of confidentiality and the parameters of sharing information.

The principle tenets underpinning the Bridge-to-Workplace process are transparency, communication, respect for the service user and consented disclosure of information. The policies adopted by the initiative attempt to reflect these key principles with the emphasis on best practice and documentation. Consolidating these policies as working practice is a time consuming and ongoing exercise for the both the Coordinator and frontline team.

### **Communication & Client Contact**

- ❑ The use of three-way meetings with the client and support workers from each agency
- ❑ Client centred care planning incorporating weekly sessions with the client and regular communication

### **Confidentiality & Disclosure of Information**

- ❑ The programme operates on a full disclosure premise, where information pertaining to criminal history and drug misuse history is released to specific individuals, i.e. an employer, with the permission of the client
- ❑ Each client is informed of the confidentiality and disclosure of information policy and is required to consent in writing.

A central feature that has emerged from Bridge-to-Workplace is its flexibility, specifically in terms of the measure of:

- **Client outcomes and progression**
- **The duration of the client's engagement in the initiative**



This is in part due to the individualised nature of the initiative and openness of the organisations involved to embrace a client focused approach. This approach can make it more difficult to provide definitive outcomes for statistical purposes. However, this flexibility in client outcome measures will possibly aid the future and longevity of the Bridge-to-Workplace process overall.

### Training

Formal and informal training are provided to all Bridge-to-Workplace participants as needed and required. The provision of training for individuals is based on their skills, interests, personal commitment, availability, appropriate timing, and is not confined to the provision of training solely for the work experience placement.

A primary aim of Bridge-to-Workplace is to facilitate access for participants to mainstream training and education. This is being done in order to increase their confidence and exposure to mainstream groups, and to enhance their employability and access to further/higher education. This can however generate difficulties for clients in terms of their social skills, literacy levels, and their own ease in such environments. Therefore, an awareness of their vulnerability is essential, as is the need for constant support provision throughout the process.

### Work Experience Placement

Clients of Bridge-to-Workplace are encouraged to participate in a work experience placement, as part of their progression plan. The type and duration of the placement is selected according to the interest and ability of the participant. Importantly, a client commences a placement when he/she and all support workers involved assent to the timing and suitability of the placement.

The onus is primarily on the LESN support workers to source the placements, maintain support, and provide supervision to both the employer and client, during the work experience placement. Support is also provided by the Rehabilitation/Integration services where appropriate or needed.



### **Placement Structure:**

- ❑ **The placements are unpaid, part time, approximately 20 weeks in duration, and are based on the interest/needs of the client.**
- ❑ **In most cases the client meets with the potential employer prior to the placement to ensure it is suitable and appropriate.**
- ❑ **This also validates the process for both the client and employer.**
- ❑ **The placements are well structured and close supervision/support with the client and employer is sustained for the duration of the placement. Ideally weekly contact is maintained with the employer.**
- ❑ **Uniform and equipment are provided, and participants are reimbursed for any travel, food, phone and childcare costs.**
- ❑ **Internal or external training is provided and funded by the initiative.**

### **2.3 Role of the Coordinator**

The recruitment of a designated Coordinator has been central to the cohesive and progressive development of the initiative.

- **The primary function of the Coordinator is to support and assist the Operational Management Group in the development, delivery and management of the programme.**

The Coordinator also actively promotes the initiative to local agencies, and as the position has evolved the Coordinator has embarked upon investigative work around employment policy and legislation, in relation to methadone



and insurance cover/ driving. This has been as a response to issues that have arisen for participants engaged in the initiative.

The role of Coordinator is multi-faceted, requiring skills as facilitator, motivator and administrator. It is the Coordinator that drives the initiative and neutrality and independence are required of this role to forge change and create structure.

## **2.4 Relationship Building, Formation and Maintenance**

The process of creating seamless, fluid relationships between service providers involves building trust, ownership and knowledge, as well as working on specific tasks.

Therefore, immediate tasks for the Coordinator were:

- **The implementation of a variety of formal and informal channels of relationship building and group communication for all those involved in the programme**
- **To establish common understanding and ground rules for the agencies involved with the programme**
- **To engender an ethos of transparency and honesty**
- **To sustain the momentum of the programme by establishing a core way of working and joint ownership of the process**

Practically, this has been achieved through a variety of mediums:

- **The implementation of a Professional Forum; a workshop for all those working directly with the clients, to provide support and information to the team, and to nurture a working culture.**
- **A decision-making and guidance process via a management steering group, in the form of the Operational Management Group.**
- **The facilitation of individual area meetings with the frontline team, to strengthen joint ownership and communication.**
- **The development of personal relationships at a grassroots level.**



Bridge-to-Workplace has demonstrated the importance of relationship formation in the construction of an inter-agency model. It has also in turn demonstrated the barriers and difficulties that ensue in this process. Inherent politics and issues of fear and mistrust for those involved in the initiative engendered an impasse in the development of the initiative. These issues had to be overcome in order for tangible and constructive working relationships to begin to develop.

An organic and sustainable formation of relationships has emerged through the work of this initiative. However, policy and agency factors along with the complex decision-making processes involved in engagement with the initiative have had an impact on timelines and capacity to progress the project. These issues must be given due consideration in future planning and implementation.





### 3. Challenges in the Set-up of the Bridge-to-Workplace Initiative

As with any new project, many elements ensued from the set-up phase of the initiative. Whilst some of these issues were anticipated, the sheer magnitude of the initiative in terms of time, relationship formation and resources were underestimated.

The most significant challenges for the initiative are:

- **Venturing into the development of an inter agency model, with the implementation of a change in working practice for an indefinite period of time, and across a significant geographical area, was a major challenge. Difficulties around the pilot status and time limitations were partially alleviated with the extension of the Bridge to Workplace initiative in March 2006, and a further intake of clients.**
- **During the planning stage of the programme it was initially envisaged the implementation and roll out of the programme would take place within three months. The actual timescale for the roll out was six months; this was recognised within the management group and addressed.**
- **Issues of mistrust and fear between and within the agencies emerged. These were addressed in order to facilitate the organic development of transparent working relationships. Recognising and addressing these issues openly within different fora went some way to resolving these issues.**
- **Implementing a centralised financial system for efficient and speedy payment to clients, and managing the submission/collection of receipt of purchases from clients**
- **Securing structured and supported work experience placements for clients, and the impact of employer's lack of understanding of addiction, in terms of methadone maintenance, stability and social skills deficits. These are fundamental and ongoing challenges that continue to test the LESNs and the programme.**
- **Establishing the suitability and appropriate timing of the processes of Bridge to Workplace, i.e. training or placement, for potential clients.**



#### 4. Overview of the progression of Bridge-To-Workplace

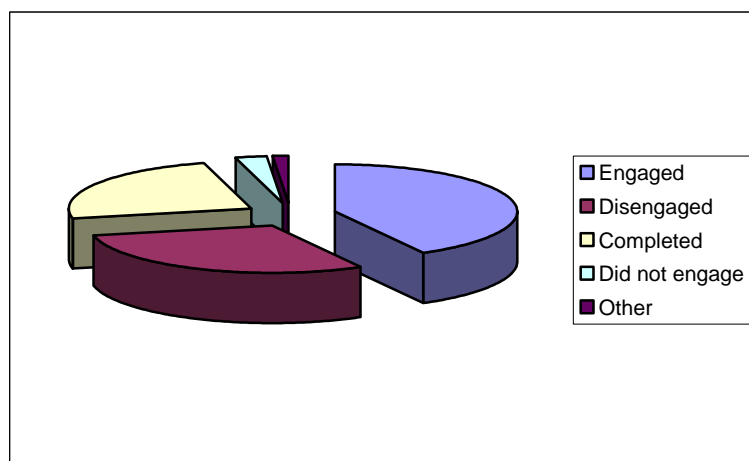
To capture a comprehensive overview of the Bridge-to-Workplace progress, a combination of quantitative and qualitative data has been collated relating to:

- Statistical participant trends and information
- Employer's & work experience placements
- Financial cost

##### 4.1 Client participation

A total of 74 clients have engaged with the initiative since its commencement in August 2005, until the end of December 2006. It is noteworthy that this number has increased nearly twofold from the initial proposed allocation of 40 clients. This increase in numbers is partly explained by the time extension of the initiative but possibly more significantly by the need for this holistic inter-agency co-operation.

A breakdown of this total number illustrates that only a small percentage (2.7%) of these participants have not engaged with the initiative after the first contact, whereas the remaining participants are either presently engaged (41.9%), have engaged until completion (21.3%), or have disengaged for a certain period (29.7%). It is important to note that those who have disengaged with Bridge-to-Workplace engaged in the process and continue to link in with either one of the agencies.



**Figure 2.1 – Breakdown Of Bridge-To-Workplace Clients' Participation Activity [n= 74]**

Engaged category -	Participants who are presently engaged
Disengaged category -	Participants who are not presently engaging with the initiative, but are engaged with one of the agencies
Completed category -	Participants who have completed a placement or have engaged in education/training
Did not engage category -	Did not engage after first contact
Other category -	Deceased (1.4%)



The majority of the participants to date are male, completely drug free and fall within the 26 to 32 year age range. This contributes to a potentially valuable profile of service users presenting to the addiction and rehabilitation services. In addition, a salient pattern that emerged was the non-completion of secondary level education for the clients engaged in the initiative.

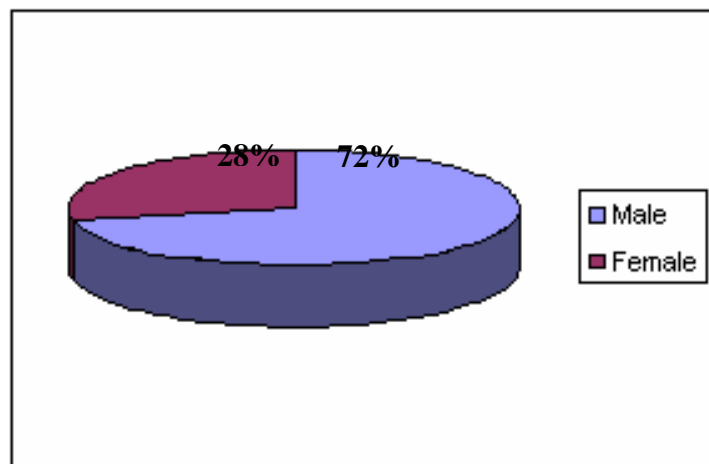


Figure 2.2 - Clients by gender

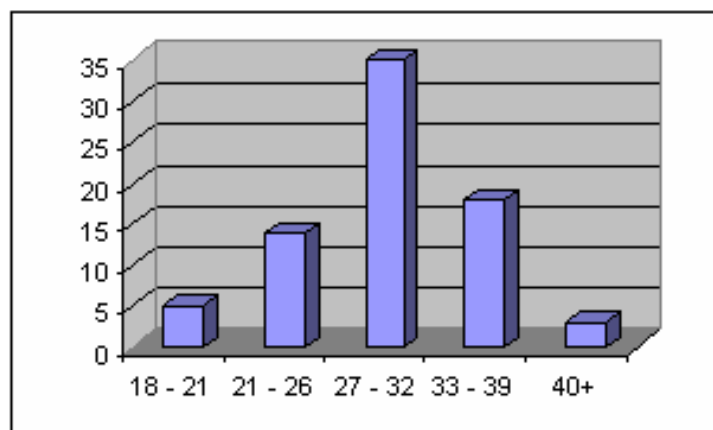


Figure 2.3 - Breakdown of Number of Clients by Age Range

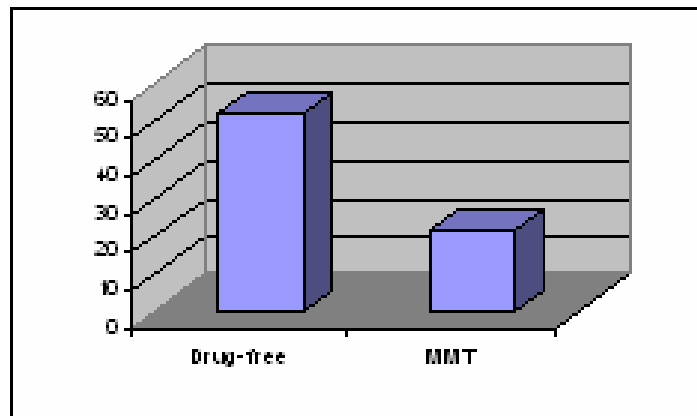


Figure 2.4 - Drug Status of Clients

(MMT - Methadone Maintenance Treatment, Drug free excludes those on methadone)

In terms of patterns of referrals, the following graphs illustrate a peak in numbers of referrals to Bridge-to-Workplace during the latter part of 2005, and during the months of April, May and December 2006. This trend correlates with the initial fluctuation in referrals, the increase in referrals after the extension of the initiative in March 2006, and the closing off point of referrals for December 2006.

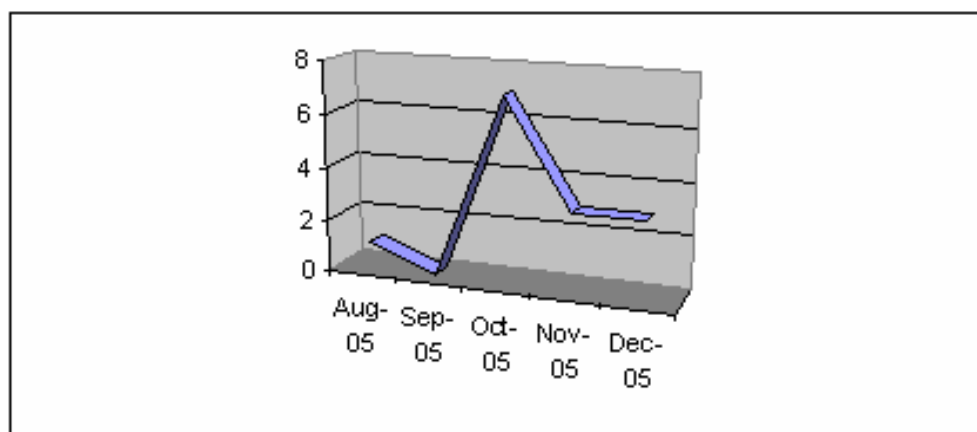


Figure 2.5 - Number of Referrals by Month (2005) - August to December 2005

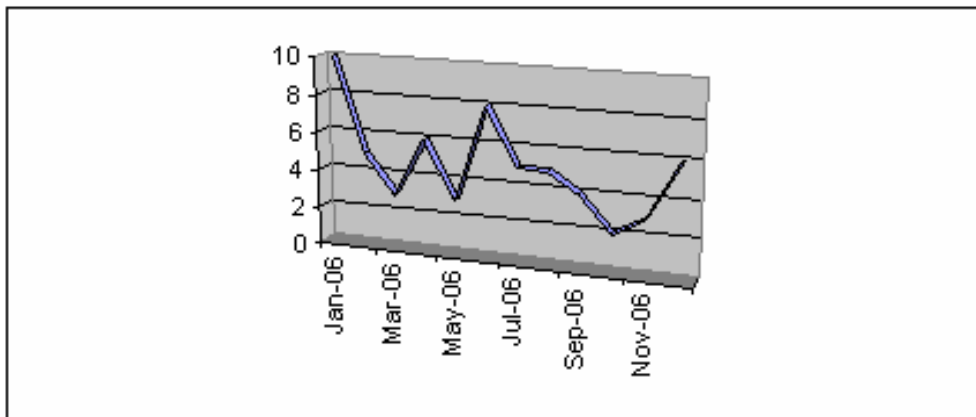


Figure 2.6 - Number of Referrals by Month (2006) - January to December 2006

#### 4.2 Employers and Work Experience Placements

A number of employers from the commercial and social sector have provided work experience placements to clients from the Bridge-to-Workplace initiative. The experience has been positive for the majority of the clients.

Of the total 74 clients who have participated in the initiative, 39 participants have completed, or are presently engaged in, a work experience placement. Interestingly, the majority of placements to date (80%) have been within the commercial sector.

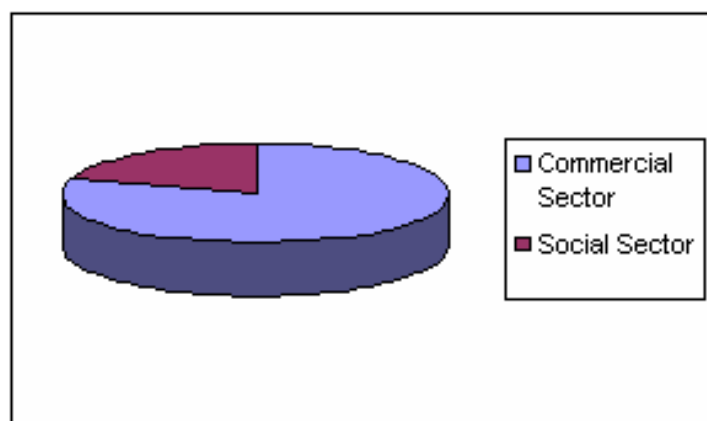


Figure 2.7 - Ratio of Employers Offering Placements within Commercial and Social Sector



Whilst many placements are presently ongoing, we can estimate that the duration of placements range between 2 to 25 weeks, and the average placement is 12 weeks in duration. Participants are encouraged to engage in a placement for approximately 20 weeks; however flexibility in the duration of the placement is central to the motivation and needs of the client.

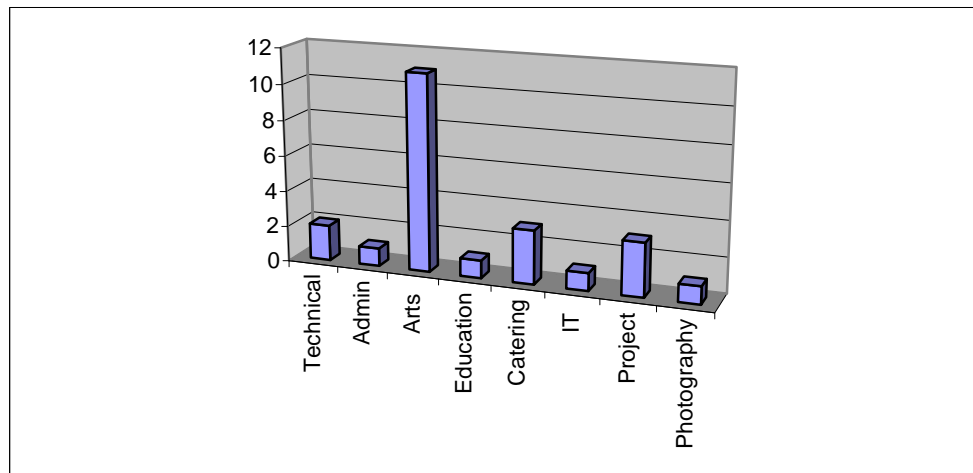


Figure 2.8 - Breakdown of work experience placements by industry type

The diverse range of placements, as illustrated in figure 2.8, demonstrates the varied vocational interests of the clients. It is noteworthy that many participants refer to the positive experience of the placement in terms of respect, routine, motivation, and increased levels of confidence, as well as the placement being a catalyst for progression.

### 4.3 Cost Analysis

The funding for Bridge-to-Workplace incorporates important costs such as childcare, insurance for workplace indemnity, placement equipment, uniform/clothing and participant allowance costs such as travel, food and phone. Core services such as training, mediation and guidance are assimilated by the relevant agency (FAS, LESN & HSE).

The delivery of the initiative has proven to be cost effective with a total spend of €102,487 to date, from August 2005 to December 2006. This total equates to an average weekly spend per client of €69.25, or a total spend per client of €1384.95. This is a nominal figure when compared to the more costly alternative option of imprisonment or ongoing residential addiction treatment.



Potentially, Bridge-to-Workplace is an attractive process as a national standard for the integrated provision of services for the progression of individuals with a history of problem drug use.

#### 4.4 Internal Feedback

The positive outcome and internal confidence of the efficacy and success of the initiative is directly reflected in feedback from both Bridge-to-Workplace clients and team members:

*“Bridge to Workplace caters for the client’s individual needs, through a multi-agency approach. With the combined expertise of the Local Employment Services and the Rehabilitation/ Integration service, individuals are treated in a non-judgemental, dignified, respectful and professional way. The BTW response is tailor made to suit the clients vocational needs, providing them with training, placements and ongoing support specific to their requirements.”*

**Frontline Team Member, Bridge-to-Workplace**

*“The career guidance helped me focus on what I wanted to do with the rest of my life and the work experience helped me gain confidence and progress from training into the workplace.”*

**Client, Bridge-to-Workplace**

*“Before BTW our Client's goals & ambitions seemed impossible - with the support of BTW they became achievable.”*

**Frontline Team Member, Bridge-to-Workplace**



*"Since the commencement of my placement in July 2006, I have been pleasantly surprised by how interesting the work is, and the level of help and care shown to me by the staff. I am very grateful at being given a wonderful opportunity that I would not usually get. I would also like to thank my RIS officer and the staff at BTW for their support and help with finding this placement and opportunity for me."*

**Client, Bridge-to-Workplace**

*"The clients are incredibly motivated in the workplace. They have clear goals about getting their lives back on track and they work hard to prove it. All clients are integrated with our team, working side-by-side and on the same projects as professionals."*

**Employer, Bridge-to-Workplace**

*"Supervising clients on the BTW programme has been an enjoyable experience, the participants have been brilliant and the results we have achieved together are phenomenal."*

**Supervisor, Bridge-to-Workplace**





## **5 Bridge-to-Workplace Now and the Future**

Constructive and positive working relationships have been forged from a grassroots level, and there is a distinct unity between and within the agencies involved. There is a consensus that the initiative works and that ceasing the initiative at this point would have a negative impact on the momentum and relationships built up thus far.

The core operational elements of Bridge-to-Workplace, i.e. the RIS responding to health issues, and the LESN providing placements and progression supports will continue to inform the strategic focus of the process. In terms of future and external strategies it would be valuable for the initiative Coordinator to be involved in national policy review and to feedback and inform policy formation, primarily in relation to the financial and social barriers this client group experiences.

The Bridge-to-Workplace transition phase continued until December 2007 at which point the partner organisations decided to recommit to a further two years of collaborative work with a final date of May 2009. This next phase of the programme will continue on working with the already established Intra-agency practices used to date but will also include an expanded programme of engagement with employers.



## Appendix 1

### Function, Role and Aim of Participating Agencies in Bridge-to-Workplace

#### 1. Ballymun Job Centre Cooperative

The Ballymun Job Centre Co-operative (BJC) is an independent community organisation established in 1986 as a community response to a chronic unemployment situation. The BJC is a organisation with charitable status.

The overall aim is to provide and promote an integrated approach to labour market issues in fulfilling this purpose provided a one-stop shop for job seekers. Since 1996 the BJC has managed the LESN on behalf of the Ballymun Partnership and FAS.

Over the years the BJC has developed and managed many different programmes and activities. These range from the management of mainstream labour market programmes and activities such as FAS JI, FAS Jobs Club and the LESN. The BJC also manages a number of career guidance and training services for individuals recovering from drug addiction on behalf of the Ballymun Local Drugs Task Force.

Core to the work of the BJC is the placement of individuals into employment. The BJC also works to assist clients to develop and to enhance their level of skills. In order to address issues of poverty and exclusion it is necessary to increase the labour market aspirations of individuals. The BJC has thus worked closely with state and community training agencies such as City of Dublin Vocational Educational Committee and Whitehall College in particular, FAS Finglas Training Centre and Department of Social and Family Affairs in the development and delivery of various training programmes.

Since the mid 90's the BJC has accessed and managed various European Union funded programmes. These provide the BJC with the resources to be innovative and to test new ideas and ways of working in response to identified needs the outcomes of which have influenced the design and delivery of labour market services/approaches.

The BJC has built relationships and worked closely with a wide range of public, private and community organisations.



The BJC continues to be a valuable resource for the community of Ballymun and provides a central and pivotal role in the regeneration of Ballymun, in particular the economic and social regeneration of the area.

## **2. Blanchardstown LES/Joblink**

The function of LES /Joblink is to provide a gateway, or access point, to the full range of opportunities, available to help a long term unemployed person to return to work. This includes guidance and mediation, training, education and employment placements and supports.

It offers a client centred, flexible approach which is tailored to meet the needs of the individual service user. Through mediation each client is encouraged to plan a career path and then supported throughout its implementation.

## **3. Dublin Inner City Partnership**

The Dublin Inner City Partnership (DICP) is an independent local development company operating to a brief of responding to long-term unemployment and socioeconomic disadvantage in inner city Dublin.

The Partnership opposes all forms of poverty, discrimination and exclusion, and promotes the participation of the resident community in the regeneration of their locality.

It aims to enhance the quality of life for all inner city residents who experience deprivation and disadvantage.

In order to achieve its objectives the DICP focuses on three strategies in support of its beneficiaries:

- Community Regeneration
- Education & Training
- Employment & Enterprise

### **Inner City Employment Service**

The Inner City Employment Service (ICES) is a network of autonomous local community-owned organizations contracted by the DICP as service providers to deliver LES-style job placement and training and education progression opportunities for unemployed disadvantaged inner city residents.

ICES is the chief medium used by the DICP to achieve its employment targets. The ICES Employment Centres are strategically located throughout the inner city to ensure local access for its client cohort.



#### **4. FÁS**

An Foras Áiseanna Saothair (FÁS) – The National Training & Employment Authority was set up in 1988, under the Labour Services Act 1987.

FÁS training strategies include:

- Training for unemployed people that keep unemployment rates low
- Improvements in the skills and productivity of unemployed people when they return to work
- A rise in labour force participation rates of older women
- Training immigrants to increase their chances of obtaining employment and making a successful career in Ireland
- Provision of an apprenticeship system that makes an important contribution to the supply of skilled labour market entrants
- Training for young people who leave the education system with inadequate qualifications, which helps them, make a successful transition into work and improves the overall capability of the cohort of labour market entrants
- FÁS improves the skills of those at work and contribute to management development
- Provide support for the ‘infrastructure’ of training in Ireland

FÁS provides training for a wide range of job seekers including both the registered unemployed and groups such as early school leavers, those on Lone Parents’ Allowance, people with a disability, women returnees and workers made redundant.

FÁS provision for these client groups brings together its economic and social development objectives. Ireland’s move to a high skills, high wage economy requires an increase in the numbers and productivity of those at work. Activation measures such as a job placement and training to ensure unemployed people return to work as soon as possible are important. Providing skills to the unemployed helps them return to work and be more productive at work. Equally, the National Employment Action Plan (NEAP) preventative strategy is designed to minimise the drift to long-term unemployment. The long-term unemployed are now included in the NEAP process and, for many, there is a need for extensive skills development – sometimes from a very low base. Increasing Ireland’s employment rate towards the Lisbon targets, for example achieving a 70% employment rate, will require measures to assist those currently outside the labour force to re-enter it.



## 5. Finglas Cabra Partnership LESN

The Finglas Cabra Partnership was established in 1991 as part of the PESP agreement that stated that areas such as Finglas with high levels of economic and social disadvantage should be additionally resourced to address the disadvantages within their community. One area of key concern was the high numbers of unemployed people in the area. To this end the Finglas Cabra Partnership established Options Guidance Service in 1993.

The NESF *Report on Ending Long Term Unemployment* in 1994 recommended the 'establishment of a comprehensive, integrated locally based employment service to implement a strategy of preventing the drift into long term unemployment.'

In 1995 the Government Task Force on long Term Unemployment advised the government of the day to establish Local Employment Service Networks. The FCP established their Local Employment Service Network in 1996, building on its pre-existing Options Service.

The aim of the of FCP LESN is to improve the prospects of the long term unemployed and those most distanced from the labour market to access suitable gainful employment and self-employment through education and training, work experience, job placement, enterprise and the social economy.

This objective is achieved through:

- Flexible structure in programmes
- Childcare provision as part of all programmes
- Social inclusion
- Linking training and education programmes to skills needs
- Options guidance and mediation service

Career Guidance counselling is a process involving, an in-depth series of interviews leading to:

- A realistic appraisal of the client's situation
- The motivation to alter this situation
- Ultimate matching of the job-seeker's capabilities to a suitable progression route

The Interview Process involves:

- Introductions, purpose of interview and roles explained
- Queries, concerns identified e.g. structure of the process, number of sessions



- Systematic exploration of the client's situation – hopes/ambitions, talents, potential skills and achievements, limitations
- Friendly, supportive approach – client encouraged to talk
- Facilitate the client in planning a clear and focused career path

The outcomes of the FCP LESN include referrals to other LEC services e.g. Jobs Club, Career Information Service, Special Programmes, Counselling, Literacy, Support Services on site, HSE.

It also includes referrals to external support services/agencies as necessary:

- Literacy, CE/JI Supervisors, NLN, Youthreach, Community Training Centres, HSE, (R & I Service), MABS, DSFA, FAS.
- Progression Routes
- Further Education/Training
- CE

LESN Special Programmes/Initiatives.

These are a series of multi-agency programmes (FAS, CDVEC, DSFA, Youth services) co-ordinated by the LESN aimed at providing needs based accredited progression routes through Education/ training to assist clients progression into the world of work. They are run on an ongoing basis and include programmes on Basic Education, Warehousing, Childcare, Clerical Work, Health Care Assistant.

The LESN is funded by the Department of Enterprise Trade and Employment through FAS ES and the Social Inclusion Programme of the NDP through POBAL.

## **6. Finglas Cabra Local Drugs Task Force**

Finglas/Cabra LDTF is one of 14 LDTFs in existence in Ireland since 1996. The aim of LDTFs is to develop and implement a drugs strategy for their areas which co-ordinates all relevant programmes and addresses any gaps in services.

The main functions of the LDTFs are:

- Information gathering and dissemination: Overall responsibility for ensuring that an appropriate level of accurate and timely information on drugs misuse is available, identifying emerging needs among drug users in their community, early identification of emerging trends & issues and reporting back to the NDST.



- Strategic and policy development: Maintaining a strategic overview of service provision ensuring they have a positive and focused impact on tackling drugs misuse (a) to ensure the efficacy of such services (b) to seek to influence policy through the NDST-IDG, and the Cabinet Committee on Social Inclusion.
- Development of Local Plans: Adopting a pro-active role in developing and revising quality proposals to address gaps in services.
- Evaluation: Engaging both in strategy review and project evaluation processes, in conjunction with the NDST.
- Implementation and monitoring of plans: Maintaining ongoing contacts with projects through monitoring and support of projects pre- and post mainstreaming with this to be specified in service agreements. To mediate, where necessary, if problems arise between the project promoters and agency.
- Training and support: Where needed, to facilitate the provision of technical support to management committees and staff of individual projects to meet their service agreement requirements e.g. arranging access to training.
- Networking: To foster and build linkages with agencies and groups focussed on supporting drug users to integrate them into society by enhancing education, housing, social supports and labour market opportunities.

## **7. HSE Rehabilitation/Integration Service (RIS)**

The RIS offers quality person-centred planning to individuals wanting to move away from problem drug use. The service places the locus of control firmly with the client in terms of the need for change in their drug situation.

The RIS is distinctive in that it is not a rehabilitation programme or treatment intervention, but rather a community based service providing clients with intensive rehabilitation guidance, assessment, planning and brokerage activities which allows the individual to build a realistic care plan where all appropriate services can be co-ordinated around the needs of the individual.



Team members commit themselves to establishing quality rehabilitation/integration progression pathways for clients, thereby adding to the health and social gain of not only the service user but also the wider community also. Bridge-to Workplace is one of these progression pathways.

RIS is committed to working in partnership with all professionals and services wishing to improve the quality of life of those affected by drug use.

## **8. Northside Local Employment Service Network**

The Northside Partnership Local Employment Service Network (LESN) provides a range of labour market guidance and placement services to people living in the Northside Partnership catchment area.

Its goal is to enable people to move from unemployment and welfare dependency into the world of work and therefore economic independence, as well as providing a free and confidential information and placement service to job seekers.

The Service forms part of a national network throughout the country focused on working with unemployed job seekers to identify suitable, realistic work opportunities.

**The Northside Partnership LESN provides a range of guidance services, including:**

- Registration & Referral
- Employment Mediation
- Educational Guidance
- Enterprise Service