

# Pathways to employment

London Drug and Alcohol Network

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### About the London Drug and Alcohol Network

The London Drug and Alcohol Network (LDAN) was launched in 2001 and has since gone on to provide a powerful voice for the drug and alcohol sector. As a London-wide membership network representing the interests of treatment providers, LDAN is uniquely placed to influence policy and practice across the capital.

The network merged with DrugScope, the national membership organisation for the drug sector, in 2009, combining expertise and resources while retaining LDAN's distinct identity and position within London. The LDAN website is at [www.ldan.org.uk](http://www.ldan.org.uk)

### About the Pathways to Employment Project

The second phase of the project, funded by Trust for London from 2011 to 2014, focussed on engaging and influencing London employers and educational establishments. The project aimed to open up opportunities for the client group, and provide guidance and support to drug workers and service users through targeted events and information resources. Resources from the Pathways to Employment project are available on the LDAN website.

### About Trust for London

Trust for London is a charitable organisation that exists to reduce poverty and inequality in London. It does this by funding the voluntary and community sector and others, as well as by using its own expertise and knowledge to support work that tackles poverty and its root causes. The Trust's website is at [www.trustforlondon.org.uk](http://www.trustforlondon.org.uk)

### Executive summary

Education, training and employment support (ETE) is a priority for most effective services as part of a whole person approach to enabling people to start and maintain the process of recovery from substance misuse or dependency. Employment is central to the concept of 'recovery capital', not just through providing an income, a structured life and greater independence, but also through more indirect benefits such as improved self-esteem and new, positive social networks.

This research had a particular focus on pathways into paid employment. This is not to underestimate the value of voluntary work for recovery or the important contribution of volunteers, but it is important to recognise that for many service users the ultimate goal is a paid job, further building self-esteem and providing for financial independence.

As part of the LDAN Pathways to Employment project, funded by Trust for London, we were keen to learn more about the experiences, expectations and attitudes of people recovering from drug and / or alcohol dependency, as well as some of the barriers they may face. This included gaining the views of employers – in this instance, primarily the views of employers who already have some experience of knowingly recruiting and retaining staff with known histories of drug and / or alcohol problems.

This report is primarily based on a series of surveys and interviews conducted with people currently in treatment for drug and / or alcohol use, people who have recently left treatment, and employers:

- 155 individuals participated in an online survey;
- 18 individuals participated in structured group interviews;
- 69 employers participated in an online survey.

### Key findings and recommendations

#### **There are compelling arguments in favour of supporting people with experience of drug and or alcohol use towards paid employment.**

Some participants expressed concern about the stress of ETE being introduced at the wrong point in the recovery journey and others about the potentially harmful effects of work-related stress or particular working environments. However, there was broad support for the idea that ETE may not just sustain recovery once started, but potentially act as a catalyst for change.

From a broader perspective, there are also clear financial and social advantages to be gained by supporting people into employment, such as reduced spending on social security, on drug and / or alcohol treatment, or reduced use of other public services, such as health and the criminal justice system.

#### **Most of the people interviewed or participating in the online survey were keen to work and the majority believed that they were capable of working.**

All but one of the interviewees was actively seeking work, or taking steps to improve employability. Only 3% of the online survey participants stated that they were permanently or long-term unable to work.

#### **Relatively few of the interviewees or survey participants felt that the Work Programme was providing them with tailored, personalised support, or support with a specialist component.**

ETE support provided by a treatment provider or third party was consistently rated more highly, although many of the ETE services run locally by treatment providers are under pressure, including some of the ones referred to in this report.

### **'Commissioning for recovery' may provide means of supporting the accumulation of recovery capital.**

The majority of respondents rated the employment support that they receive (or received) from their treatment provider highly. However, many of these services are under financial pressure, along with other key elements of support that contribute to recovery capital, such as housing and mental health. Adopting a whole system approach to commissioning, including utilising the Community Budget approach where there are shared benefits and outcomes, may offer additional opportunities.

### **The length of time taken looking for work before securing it varies significantly.**

Whilst a history of problematic drug and / or alcohol use itself is a barrier, it generally co-exists with a range of other barriers which can include a lack of (recent) paid work experience, lack of confidence, poor physical and / or mental health, offending histories and lack of formal qualifications. Effective employment programmes seek to address all of these.

### **Segmentation would improve the ability of DWP-supported employment programmes to address the barriers to employment of jobseekers with multiple and complex needs.**

If a differential payment is used in future programme design, it should more closely reflect the characteristics of participants rather than relying on benefit type and / or a single characteristic as being indicative of barriers and needs.

### **The impact of more demanding conditionality and more stringent sanctions may drive people to disengage, rather than to get the most out of DWP provided or funded ETE support.**

Although relatively few survey or interview participants had had their benefit payments suspended (known as being 'sanctioned'), there was a widespread perception that this was a significant risk and that the best way of reducing it would be to minimise contact with Jobcentre Plus staff. Some people had also been incorrectly told, or otherwise believed, that they could not volunteer whilst on JSA, even if doing so would improve their employability.

While the Work Programme itself has resulted in large numbers of claimants being sanctioned, perceptions of survey and interview participants were that they were more likely to face a sanction through contact with Jobcentre Plus, rather than with the Work Programme.

### **There is a correlation between the types of jobs that unemployed participants stated that they want to do and the jobs that employed participants were doing at the time of taking part.**

In many cases, this meant employment or work experience within the drug and alcohol sector. This is, in many respects, positive but there are a number of potential issues. Although many people with personal experience are interested in becoming recovery workers and suitable for this kind of role, this is not always the case and more pressingly given the number of people currently accessing treatment, the sector is not large enough to accommodate them all in paid roles. Taken at population level, employment prospects may be improved by doing more to encourage and equip people to consider other options.

### **Employer perceptions and attitudes remain a barrier to paid employment.**

Previous work by the United Kingdom Drug Policy Commission (UKDPC) involving a broad spectrum of employers highlighted a strong degree of reluctance on the part of many to consider recruiting someone they know to have experienced substance misuse or dependency problems. The 69 employers who participated in the LDAN survey were a different cohort – primarily (but not wholly) treatment providers, health or social care organisations, local government and other organisations that might be expected to be open to the idea of recruiting people with known histories of substance use.

The observations of this group of employers contrast with the participants in the earlier UKDPC research; their experiences suggest that perceptions of relapse, risk, unreliability, dishonesty and so on do not reflect the reality of employing people with histories of substance use.

However, as the UKDPC research suggested, a less positive view of people in recovery is still common among employers, and to a significant degree this appears to be the result of stigma and / or personal antipathy as much as hard evidence. Other concerns mentioned in the UKDPC research include a perceived risk to reputation should it become known that a company recruits former drug and / or alcohol users. This is likely to remain a barrier, even though companies as diverse as Timpson, Morrison's and Prêt à Manger have established recruitment pathways from prisons and from homelessness services without appearing to suffer any reputational damage (and indeed arguably have enhanced their reputation and profile by developing progressive recruitment policies).

While it should be possible to work with employers to overcome concerns based on misunderstanding, attitudes and antipathy will be harder to overcome. As the sector, related sectors and some other employers already employ large numbers of people with histories of substance use, a concerted effort to change employer and recruiter attitudes, and those of society more broadly, has the potential to reap significant rewards, although careful consideration would need to be given as to how this is most effectively achieved.

### **Employer participants had straightforward and specific requests for support.**

Several participating employers indicated that advice and support would be welcome – whether advice about drugs and drug use, about HR and employment law or good practice concerns, and about the availability of services and support locally. Providing these seems realistic, although some consideration would need to be given to the mechanism used, for example, whether local authorities should play a lead role, services themselves or, potentially, trade or representative organisations.

### **The Public Services (Social Value) Act 2012 may unlock opportunities.**

By including social value as part of the procurement process, there may be an opportunity to create job opportunities for people with histories of drug and / or alcohol use. However, this aspect of public procurement is currently emerging; local authorities, other public bodies and organisations with an interest in people with histories of drug and alcohol use should work together to make the most of this opportunity.

## Introduction

To effectively support an individual to overcome problematic substance use, addiction or dependency, it is widely acknowledged that providing services that go beyond the narrow issue of substance use itself is vital. Previous government drug strategies and current supporting documents such as Medications in Recovery: Re-orientating Drug Dependence Treatment<sup>1</sup> have highlighted the connection between addressing substance use and a whole person approach; the Coalition Government's 2010 Drug Strategy *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*<sup>2</sup> places the concept of 'recovery capital' – the resources necessary to start and sustain recovery from drug and alcohol dependence, at its centre.

As articulated in the Drug Strategy, recovery capital comprises:

- **Social capital** - the resource a person has from their relationships (e.g. family, partners, children, friends and peers). This includes both support received as well as commitments and obligations resulting from relationships;
- **Physical capital** - such as money and a safe place to live;
- **Human capital** - skills, mental and physical health and a job;
- **Cultural capital** - values, beliefs and attitudes held by the individual.

The extent to which the above are interrelated is clear: employment can create positive and supportive relationships, can provide financial and social independence and can often improve motivation as well as physical and mental wellbeing<sup>3</sup>. Similarly, a safe place to live, appropriate skills and a positive attitude can support an individual's prospects of finding and keeping a job.

Most effective services recognise the need to support people to build recovery capital in parallel rather than sequentially or in series: continuity of employment support from pre-treatment through to employment is valued<sup>4</sup>. Many services adopt the approach of ensuring that the four key components of recovery capital are positively reinforced and used to support recovery simultaneously, and that consequently; elements of employment, training and education (ETE) should and often can be introduced at an early stage of the individual's journey.

However, while ETE may be introduced at an early stage as a subject and to lay the cornerstone of aspiration, inviting someone to place themselves in a position where they may fail or face unendurable burdens, such as being asked to participate in work experience whilst still at any early stage of addressing substance use, is likely to be harmful. Sequencing interventions is important and steps towards paid employment are more likely to succeed when launched from a platform of relative stability.

The scale of the challenge should not be understated. The majority of people accessing drug and / or alcohol treatment are unemployed and many of the people who participated in the research included in this report have experienced long periods of unemployment, irregular employment or in some cases, an absence of any employment history. These experiences and histories are not uncommon.

1 <http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf>

2 <https://www.gov.uk/government/publications/drug-strategy-2010--2>

3 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214326/hwwb-is-work-good-for-you.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf)

4 <http://www.idan.org.uk/PDFs/employment-report-revised.pdf>

Both drug and alcohol use and dependence can affect anyone regardless of background and characteristics. However, personal barriers can include - in addition to substance use itself - irregular employment histories, poor physical and / or mental health, low self-esteem and confidence, low educational attainment and vocational skills, housing problems and offending histories. As drug dependence (rather than drug use) is often centred on areas of relative economic deprivation, the challenges posed in the context of the job market are clear. This is particularly the case in a period where the economy is still itself in recovery, is some way below its potential capacity and is, in the context of the labour market, extremely regionally unbalanced<sup>5</sup>.

### About this report

This report draws on several strands of activity undertaken as part of the LDAN Routes to Employment project, funded by Trust for London. In particular it includes:

- The findings of a survey of 155 men and women with experience of treatment for drug and / or alcohol use, conducted in 2013.

This report was promoted nationally although with a particular focus on London and London agencies; of the 96 people who completed the questionnaire, 60 (63%) indicated that they were London residents. The findings from this survey, both quantitative and narrative, are used throughout this report.

- Structured group interviews involving 18 men and women with experience of treatment, conducted in 2013.

Of this group, the majority had previous experience of employment; one was on extended sick leave, and a minority (4 participants) had no experience of legitimate paid employment. Two of the participants had themselves owned businesses and were consequently invited to also reflect on their previous experience as employers as well as their current situation of being jobseekers. Key findings from the interviews have been used throughout this report and are available, summarised and anonymised, as an appendix.

- The findings of a survey of 69 employers from a range of sectors, conducted between 2012 and 2013.

This is a sample of convenience; many of the participants were from employers or sectors that could be reasonably expected to be relatively open to the idea of employing people with histories of substance use. It is also a smaller sample than the 104 included in the UK Drug policy Commission (UKDPC) 2008 paper *Getting Problem Drug Users (Back) Into Employment*<sup>6</sup> but serves as an interesting counterpoint to that research.

The UKDPC's research with employers with little (acknowledged) direct experience of recruiting or employing people with histories of drug and or alcohol use found that the majority were disinclined to do so, particularly where heroin and / or crack cocaine was the primary drug of abuse. Conversely,

<sup>5</sup> Whilst there is some evidence that much of the increase in employment during the recovery has taken place in London and the South East, overall unemployment rates in London remain above the national average and in some London boroughs are among the highest in the country.

<sup>6</sup> <http://www.ukdpc.org.uk/publication/getting-problem-drug-users-back-into-employment-employer-provider-service-user-perspectives/>



the participants in the DrugScope survey were primarily employers who did have such experience, and in some cases actively recruited people with histories of drug and / or alcohol use. Whilst the findings do not in any sense contradict those of the UKDPC, they may suggest that some of the concerns articulated by participants in the earlier research may be based on perception and that the reality is less challenging than it is sometimes thought to be.

- The findings from this survey are generally grouped towards the end of the report under employer experiences, other than where they are directly relevant to key contributions from service user participants. The findings of a survey of 73 DWP Work Programme participants, conducted in late 2012 to early 2013.

This was conducted to inform DrugScope's submission to the Work and Pensions Select Committee's inquiry into the ability of the Work Programme to meet the needs of all customers. Work Programme providers, particularly in London, have made efforts to build links with community treatment providers and, outside London, the Department for Work and Pensions (DWP) has introduced two pilots in four areas with the aim of testing new approaches for clients with histories of or current drug and / or alcohol use. However, whilst the findings should be viewed in that light, they can be considered as being broadly representative of the experience of Work Programme customers with histories of drug and / or alcohol use.

This report also draws on other areas of recent research by DrugScope, including *State of the Sector 2013*<sup>7</sup> and *Client Experiences of the DWP Work Programme*<sup>8</sup>, the latter from 2012, as well as from LDAN Routes to Employment project events.

Finally, the report also highlights good practice in London around employment in particular and ETE in general, as well as developments in policy and service provision that are of relevance to people with histories of drug and / or alcohol use and the agencies that support them, including some aspects of welfare reform. The report does not specifically aim to identify barriers and make recommendations, some will be given consideration, including the implications of the Equality Act 2010.

### The case for employment - population

Between 1998 and 2012-13, the proportion of 16-24 year olds disclosing using any drug in the previous 12 months approximately halved from 31.8% to 16.3%. The proportion disclosing using a Class A drug in the last 12 months during the same period fell from 8.6% to 4.8%.

For people aged between 25 and 59 however, the decrease has been less marked. The percentage disclosing use of any drug fell from 12.1% to 8.2%, with the corresponding figures for Class A drug use being 2.7% falling to 2.6%, having been as high as 3.7% in 2008-09<sup>9</sup>.

The number of opiate and crack cocaine users in England is estimated by Public Health England as being 298,752; this is a fall of over 30,000 from a high of 330,000 in 2005-06<sup>10</sup>. The number of people thought to have some degree of alcohol dependency was estimated to be in the region of 1,600,000, with around 250,000 of those believed to be moderately or severely dependent<sup>11</sup>.

7 <http://www.drugscope.org.uk/POLICY+TOPICS/StateoftheSector2013>

8 <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/DrugScope%20Autumn%202012%20WP%20survey.pdf>

9 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224305/extent-trends-tabs-1213.ods](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224305/extent-trends-tabs-1213.ods)

10 <http://www.nta.nhs.uk/news-prevalence-2009-10.aspx>

11 <http://www.nta.nhs.uk/uploads/alcohol2012-13.pdf>

In London, the number of individual opiate and crack cocaine users aged between 16 and 64 was reported as almost 53,000 in 2010-11, or just under 1% of the total population of the same age. The percentage of the population disclosing use of any Class A drug was 3.1%, slightly above the national figure.

### The case for employment – social and financial cost

The (then) National Treatment Agency calculated<sup>12</sup> in 2012 that the overall cost to society of drug addiction was around £15.4bn, including £13.9bn cost of drug-related crime. The cost of crime associated with drug use was estimated as being equivalent to over £26,000 per dependent user per year, pointing out that the average heroin addict spends £1,400 per month on their habit, rather more than the average mortgage or the take-home pay of an adult earning the median income. The same briefing estimated that in addition to the roughly 300,000 people who are themselves dependent, a further 1,200,000 family members are affected.

There is a significant impact on the cost of social security, although the number of Employment and Support Allowance (ESA), Incapacity Benefit and / or Severe Disability Allowance claimants with a primary medical condition of ‘drug abuse’ or ‘alcoholism’ is comparatively small and appears to be declining<sup>13</sup>:

Date	Alcoholism	Drug Abuse	Percentage of ESA/ IB/SDA caseload (combined)
May 2010	56,940	48,170	4%
May 2013	53,530	34,960	3.6%

While this reduction may appear positive, it could mask a more complex reality. The Work Capability Assessment (WCA) process has resulted in a flow of people from sickness related benefits such as Incapacity Benefit towards Jobseeker’s Allowance (JSA), a ‘job ready’ benefit with higher conditionality attached. Including people in receipt of JSA raises the numbers significantly. For example, DWP believes that there are around 160,000 dependent drinkers in receipt of one of the main out of work benefits<sup>14</sup>, and that 1 in 15 (or 6.7%) of claimants has needs relating to drug and / or alcohol misuse.

Similarly, of people presenting for treatment for any drug in England, Wales and Northern Ireland, 59% are unemployed<sup>15</sup>. The United Kingdom Drug Policy Commission reported in 2008 that approximately 80% of ‘problem drug users’ (i.e. users of opiates and / or crack cocaine) were unemployed<sup>16</sup>. The Drug Treatment Outcomes Research Study<sup>17</sup> (DTORS) carried out on behalf of the Home Office in 2009 indicated that the proportion of people accessing treatment for drug use only increased from 9% to 16% over the 13 month course of the longitudinal research, with a corresponding fall in the number of people describing themselves as unemployed and not looking for work from 24% to 11%.

12 <http://www.nta.nhs.uk/uploads/whyinvest2final.pdf>

13 <https://www.gov.uk/government/publications/statistics-on-ibsda-and-esa-claimants-with-a-condition-of-alcoholism-drug-abuse-severe-stress-and-obesity-in-gb-may-2010-to-may-2013>

14 <http://www.ldan.org.uk/PDFs/Rachel%20Radice%20-%20welfare%20reform%20&%20JCP%20offer%20.pdf>

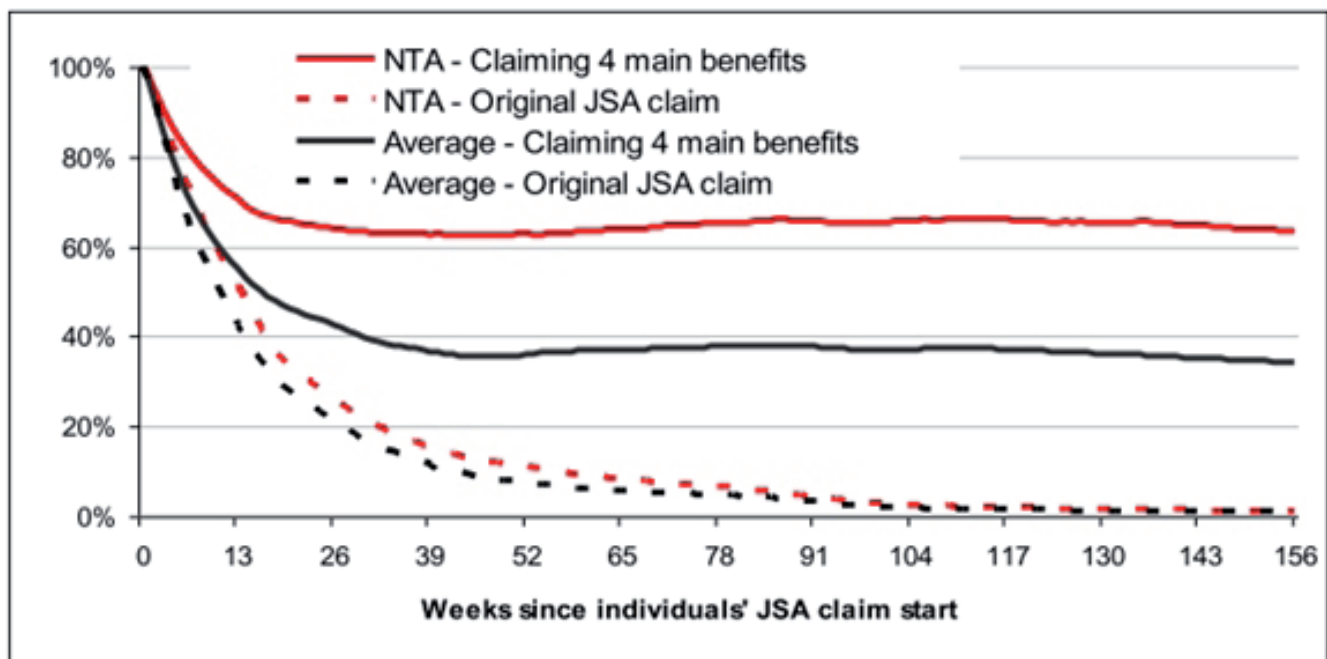
15 [www.cph.org.uk/wp.../23779-FOCAL-POINT-REPORT-2012-B5.pdf](http://www.cph.org.uk/wp.../23779-FOCAL-POINT-REPORT-2012-B5.pdf)

16 [http://www.ukdpc.org.uk/wp-content/uploads/Evidence%20review%20-%20Getting%20problem%20drug%20users%20\(back\)%20into%20employment\\_%20employer,%20provider%20and%20service%20user%20perspectives.pdf](http://www.ukdpc.org.uk/wp-content/uploads/Evidence%20review%20-%20Getting%20problem%20drug%20users%20(back)%20into%20employment_%20employer,%20provider%20and%20service%20user%20perspectives.pdf)

17 [http://www.dtors.org.uk/reports/DTORS\\_Final\\_Main.pdf](http://www.dtors.org.uk/reports/DTORS_Final_Main.pdf)

In the context of the United Kingdom’s European Union peer group, findings from the European Quality Audit of Opioid Treatment (EQUATOR), an analysis of opiate maintenance therapy (OMT), found that the unemployment rate of UK recipients of OMT was 88.4% compared to 51.3% in Portugal, 47.7% in Italy and 35.9% in France<sup>18</sup>. This evidence is reflected in the Advisory Council on the Misuse of Drugs (ACMD) evidence review *Recovery from drug and alcohol dependence: an overview of the evidence*<sup>19</sup>, which also highlighted current or emerging evidence of the role of stigma in disadvantaging people with histories in the job market, the potential benefits of working with employers, the role that volunteering can play as an intermediate step towards paid employment and that integrating education and training with treatment can improve outcomes. The review also refers to evidence that while volunteering can improve prospects of recovery, excessive pressure or stress can impede it; an important consideration for services and policy makers.

Research undertaken by the Department for Work and Pensions (DWP) in 2012 involving a data match with information from the National Drug Treatment Monitoring System (NDTMS) found that while JSA off-flows (i.e. people leaving JSA for any reason) were broadly similar regardless of whether or not a claimant had received treatment for drug use, people who had received treatment were more likely to return to benefits, spending around 40% longer on benefits than the average JSA claimant over a 3 year period<sup>20</sup>. There are a number of potential explanations for this, including that people in treatment may experience more frequent breaks in claim for reasons other than entering employment, and / or that job sustainment rates are lower:



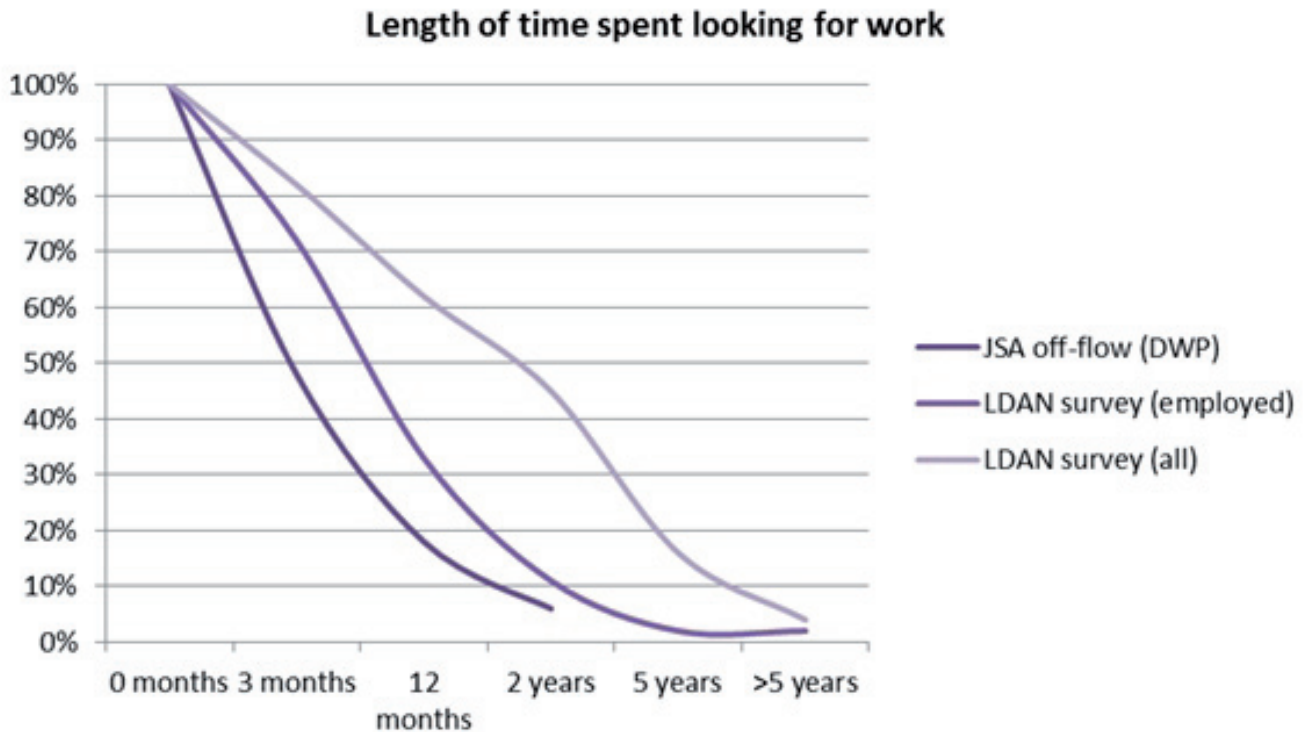
Source: Department for Work and Pensions, 2013. In this chart, ‘NTA’ refers to data matched between DWP benefit data and treatment data held on NDTMS which was, at the time, managed by the National Treatment Agency.

18 <http://atforum.com/documents/HeroinDecember2012.pdf>

19 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144114/acmdrecovery.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144114/acmdrecovery.pdf)

20 <http://www.idan.org.uk/PDFs/Rachel%20Radice%20-%20welfare%20reform%20&%20JCP%20Offer%202.pdf>

By plotting responses from survey participants with official data for all JSA off-flows (the number of people leaving JSA for any reason<sup>21</sup>), a comparison can be made which is broadly aligned with the chart from DWP above:



N is JSA = all; survey (employed) = 51; survey (unemployed) = 64

It should be noted that not every survey respondent will have spent the entire time out of work in receipt of JSA rather than ESA. However, the rate of job entry for people in treatment who were employed at the time of participating in the survey corresponds closely to the JSA off-flow rate, but is somewhat delayed. The length of time spent jobseeking by those who were unemployed at the time of completing the survey shows a substantially different scenario, with long-term unemployment of 12 months or more the norm, this having the effect of significantly increasing the average length of time spent seeking employment.

This would mirror job entry patterns in the wider population – i.e. that people in employment or who have recently left employment find it considerably easier to find a new job compared to those without such characteristics. This may provide an indication of where resources (and, in the case of PbR, incentives) should be focused in order to improve employment outcomes and rates. Further analysis of the detailed employment characteristics and histories of the population in treatment would shed further light.

21 The National Audit Office and the House of Commons Work and Pensions Select Committee recommended in 2014 that Jobcentre Plus (JCP) should pay more heed to job entry rather than focusing on the narrower benefit off-flow measure.

## Current policy responses

### Welfare reform

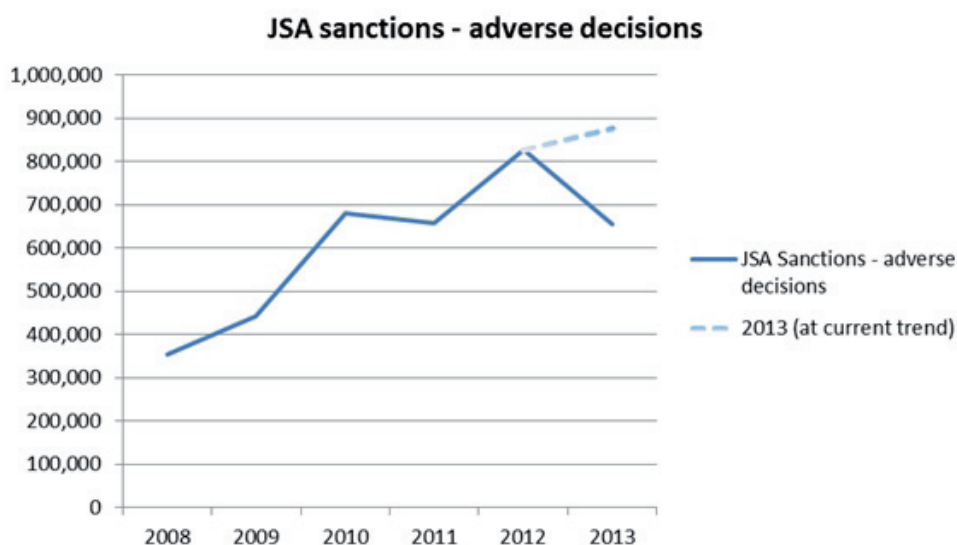
Since assuming office in 2010, the coalition government has implemented a number of significant welfare reforms affecting every significant working age benefit, including Working Tax Credit, Child Tax Credit, Local Housing Allowance and Housing Benefit, Council Tax Benefit, Disability Living Allowance and the Discretionary Social Fund.

Of particular relevance to supporting people into employment are two of the key reforms: the transfer of claimants from Incapacity Benefit (IB) to either Employment & Support Allowance (ESA) or Jobseeker's Allowance (often referred to as 'ESA migration'), and the staged introduction of Universal Credit.

One of the consequences of ESA migration<sup>22</sup> has been a tendency for more service users of treatment providers to be in receipt of JSA rather than IB, Severe Disablement Allowance<sup>23</sup> or ESA. This raises a number of issues for claimants and the services that support them. Conditionality – the things a claimant must do to comply with benefit rules and avoid being sanctioned (where payment of benefits is suspended) – is more stringent for JSA as a work-ready benefit than for ESA as a sickness related one. This can mean that, for example, a JSA claimant has to make a specified number of job applications per week, or demonstrate that they have spent a specified time spent searching for jobs.

DrugScope (with Homeless Link) submitted evidence<sup>24</sup> to the DWP Independent Review of Sanctions in early 2014 highlighting some of the potential problems connected to more demanding conditionality. These included that people in treatment for drug and / or alcohol use may have treatment-related commitments that take up considerable time, may have limited access to the facilities needed to apply for jobs online, may have serious and long-term barriers that merely looking for and applying for work will not on its own address and that many service users will also be engaged in some form of ETE related activity provided by or via their treatment provider.

In the 11 months between the end of October 2012 (the start of the new sanctions regime incorporating significantly longer penalties<sup>25</sup>) and the end of September 2013, 817,541 sanctions were applied to JSA claimants, with around 19,000 sanctions applied to ESA claimants over the same period<sup>26</sup>. Whilst a number of these were successfully appealed or reconsidered, the impact on claimants where a sanction is applied can be significant:



Source: Department for Work and Pensions<sup>27</sup>

<sup>22</sup> <http://www.disabilityrightsuk.org/how-we-can-help/benefits-information/incapacity-benefits-migration>

<sup>23</sup> A legacy benefit abolished for new claims in 2001.

<sup>24</sup> <http://homeless.org.uk/sites/default/files/As%20Sent%20Final.pdf>

<sup>25</sup> <http://webarchive.nationalarchives.gov.uk/20130627060116/http://www.dwp.gov.uk/docs/jsa-sanction-changes.pdf>

<sup>26</sup> <https://www.gov.uk/government/publications/jobseekers-allowance-and-employment-and-support-allowance-sanctions-decisions-made-to-september-2013>

Several respondents to DrugScope’s State of the Sector 2013 highlighted the potential for benefit sanctions to negatively affect an individual’s prospects of making progress in treatment. Broadly, the concerns expressed can be categorised as:

- Fairness – concern that sanctions have been applied in situations that seem iniquitous, such as in the case of missing an appointment the claimant had not been notified of.
- Proportionality – that minor transgressions can result in what can appear to be a highly punitive response.
- Administrative competence – people should be informed when and why they have been sanctioned, about their right to appeal, and that, where applicable, they may retain eligibility for Housing Benefit or Local Housing Allowance.
- Unintended consequences – that the effect of a strict conditionality regime backed up by harsh sanctions might, counterintuitively, result in people being driven away from the job market rather than being supported to engage with it.

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### Key issue

#### JSA sanctions and conditionality – unintended consequences

**Conditionality, or having to comply with certain rules in order to remain eligible for particular benefits, has been part of the social security system since its inception in something approaching its current form in the National Insurance Act of 1911. As the chart above indicates, the use of sanctions has increased significantly over the last decade and as of 2008, conditionality and sanctions also apply to people on ESA, a sickness-related benefit.**

**In a submission to the DWP’s Independent Review of Sanctions<sup>28</sup>, DrugScope and Homeless Link expressed the concerns above. As the aim of conditionality is ostensibly to ensure that people remain ‘activated’ and engaged with the job market and with employment support, the problem of unintended consequences requires consideration.**

**Through the course of this research, in both the surveys and the client interviews, participants have consistently spoken of the negative impact of what they perceive as being a punitive conditionality regime that seems less concerned with forming a backstop to the positive support available to people and more about rigorously enforcing compliance regardless of a person’s circumstances. One interview participant, when asked about engaging with Jobcentre Plus, responded with:**

**The Jobcentre? They’re just there to catch you out. I just want to get in and out as quickly as possible without getting sanctioned**

**By driving a wedge of suspicion and mistrust between jobseekers and Jobcentre Plus advisors, conditionality may in fact be reducing the prospect of an individual receiving the employment support they need, and in the overwhelming majority of cases, actively want.**

**Through the research, a further problem has come to light. Volunteering and work experience is highly valued by research participants (see page 40) and is acknowledged by DWP<sup>29</sup> as being one of the most useful and accessible ways that a jobseeker with a disrupted employment history can build a CV, acquire experience and demonstrate motivation and their ability to work in a given environment or sector.**

<sup>28</sup> <https://www.gov.uk/government/consultations/jobseekers-allowance-sanctions-independent-review>

<sup>29</sup> <http://www.ldan.org.uk/PDFs/Rachel%20Radice%20-%20welfare%20reform%20&%20JCP%20Offer%202.pdf> and <https://www.gov.uk/government/publications/volunteering-while-getting-benefits-leaflet>

However, several participants related that they had been told, or in some cases that they believed, that if they were JSA claimants, they were prohibited from volunteering, or from participating in employment related courses or support:

**It was alright when I was on Incapacity Benefit, but now I'm on JSA I'm not allowed to volunteer or do any courses.**

**Survey participant**

**My advisor told me to stop volunteering or I'd be sanctioned, but [treatment provider keyworker] spoke to them and I've been allowed to carry on. They should be encouraging this, not trying to stop it.**

**Interview participant**

It should be noted that in a situation where there is a very clear disparity of power, where one party is used to and possibly expecting hostility or a negative reaction, claimants are unlikely to challenge an instruction to stop volunteering or seeking employment support. In some cases it is clear that people believe this rather than have actually been told it, although several Jobcentre Plus staff and managers have made comments to the effect that if someone is able to undertake work experience, they should be able to undertake work and have consequently tried to prevent it. This approach is unhelpful in the case of people recovering from drug and / or alcohol use and trying to enter the world of work.

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### Key reform

#### Universal Credit

Although welfare reform is happening across almost the full spectrum of working age benefits (and also has implications for some pension age claimants) the most significant of these is Universal Credit. The introduction of Universal Credit is the most substantial single reform to social security seen in the UK since the inception of the welfare state in something approximating its current form immediately after the second World War.

Combining six benefits into one, including income based JSA, income based ESA, Housing Benefit / Local Housing Allowance and Working Tax Credit, the stated ambitions of Universal Credit include simplifying the social security system and making work pay. In reality, the implementation of Universal Credit has proved technically highly challenging; while some people will gain financially from the change, others will lose out, including some households who will see a diminished financial incentive to seek work or, if already employed, to increase their hours and / or pay<sup>30</sup>.

Universal Credit is a highly complex reform that will have a number of implications. In the context of people with histories of substance use and employment, key factors include:

- The introduction of tailored conditionality for people entering 'structured recovery orientated treatment'. This will turn off all job search and availability requirements for a period of up to 6 months, allowing the individual to concentrate on engaging in treatment and focus on recovery. This goes further than the current offer of 'flexible conditionality', where requirements can be eased but not removed entirely due to the framing of the relevant JSA legislation. Tailored conditionality is voluntary, and will necessitate disclosure of substance use and accessing treatment to Jobcentre Plus.

<sup>30</sup> <http://www.ifs.org.uk/bns/bn116.pdf>

- **Replacing the current Jobseeker's Agreement with a Claimant Commitment - a personal plan outlining what the claimant will do to help themselves find work. This could include specific tasks such as volunteering or training. The Claimant Commitment will also explain the penalties claimants should the claimant breach their Claimant Commitment. The Claimant Commitment is also being extended to JSA claimants during the interim between the early and full implementation of Universal Credit. Whilst the intention is that the Claimant Commitment will be produced collaboratively and reviewed regularly, it does in effect rely heavily on the discretion of the client advisor or work coach.**
- **The move to a single, household monthly payment. This poses several potential risks, including acute risk (or overdose) or drug and / or alcohol users who may binge, exploitation, budgeting problems, rent & utility arrears, other debt and, ultimately, loss of accommodation. The policy intent behind single monthly payments is that people 'experience the habits and routines of working life'<sup>31</sup> and so acquire the sort of money management and budgeting skills required of a monthly paid worker. Whilst these likely challenges to clients are only indirectly connected to employment, any disruptive or destabilising effect of Universal Credit could potentially harm recovery and the prospects of moving towards employment.**

DWP has acknowledged however that claimants with complex needs – including people with histories of drug and / or alcohol addiction - are likely to face particular difficulties in making this transition, and has developed Personal Budgeting Support guidance<sup>32</sup> and the Local Support Services Framework<sup>33</sup> with the aim of addressing these. The latter sets out a vision of local authority-led Local Support Partnerships of public and voluntary sector organisations that will support claimants through the transition to Universal Credit, including helping people to develop their money management skills, facilitating digital inclusion and potentially, working on employability.

- **One of the most significant changes with Universal Credit is that it combines in and out of work benefits. The risk associated with 'signing off' to enter work and potentially facing long delays in establishing a new claim when the job may be short term, involve variable hours or a probationary period is acknowledged to be a disincentive to engage in the job market. This has a frictional effect on the job market as a consequence of loss aversion – most people are more concerned with avoiding a potential loss than by a potential gain.**

By responding rapidly to changes in circumstance and income, Universal Credit should reduce this and serve to encourage jobseekers to try a wider range of jobs, including short-term and variable hour contracts. It should be acknowledged that there are concerns that this will lead to increased casualization of the workforce and that tracking wages via the tax system<sup>34</sup> and connecting that to the Universal Credit payment system presents considerable challenges.

31 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/48897/universal-credit-full-document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/48897/universal-credit-full-document.pdf)

32 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181400/personal-budgeting-support-guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181400/personal-budgeting-support-guidance.pdf)

33 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181395/uc-local-service-support-framework.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181395/uc-local-service-support-framework.pdf) and

34 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263490/universal-credit-local-support-services-update-trialling-plan.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263490/universal-credit-local-support-services-update-trialling-plan.pdf)



## Jobcentre Plus

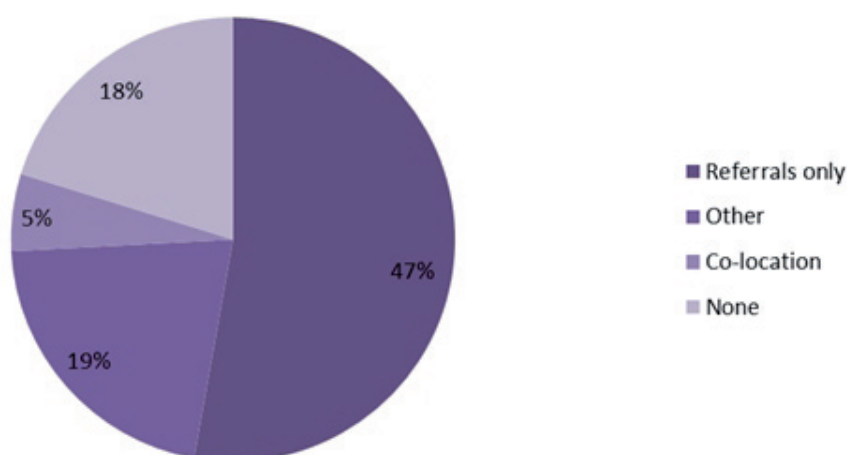
Jobcentre Plus remains the first point of contact between jobseekers and centrally procured employment support. For people with histories of substance use, the Department for Work and Pensions introduced the Jobcentre Plus Offer for JSA claimants in 2011<sup>35</sup>:

- Recognise the implications of needing to overcome drug and alcohol dependency and reflecting treatment commitments within the Jobseeker's Agreement;
- Build strong and effective relationships with external partners such as treatment and Work Programme providers;
- Refer claimants who are not accessing treatment to a voluntary discussion with a treatment provider;
- Provide employment support on the premises of treatment providers in participating areas.
- Offer claimants with drug or alcohol dependency issues voluntary early access to the Work Programme (from three months);
- For claimants in treatment, advisers may encourage volunteering and engage in joint case conferencing with treatment key workers (on education, training and employment);
- A specific Work Programme Referral exemption category to support ESA claimants undergoing residential rehabilitation for drug and/or alcohol dependency who reach their mandatory referral date.

DWP has promoted the practice of JCP working closely with treatment providers (as well as related services such as rough sleeping) with a particular emphasis on co-location, a case management approach and use of the NTA (now PHE) *Employment and Recovery: A Good Practice Guide*<sup>36</sup>, including the TPR1/2 protocol for referrals between treatment providers and Jobcentre Plus.

*DrugScope's State of the Sector 2013*<sup>37</sup> research found that as far as community treatment services are concerned, some progress has been made, although no participating drug and alcohol services indicated that they were in a funded partnership with Jobcentre Plus of, for instance, the sort that could be supported through the Flexible Support Fund<sup>38</sup>:

**Partnerships with Jobcentre Plus**



35 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263970/uc-works-for-employers.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263970/uc-works-for-employers.pdf)

36 <http://www.nta.nhs.uk/uploads/employmentandrecovery.final.pdf>

37 <http://www.drugscope.org.uk/POLICY+TOPICS/StateoftheSector2013.htm>

38 <http://www.parliament.uk/business/publications/research/briefing-papers/SN06079/jobcentre-plus-flexible-support-fund>

N=97.

Source: State of the Sector 2013, DrugScope on behalf of the Recovery Partnership.

An example of the type of funded partnership activity that is available is that provided for via the Flexible Support Fund<sup>39</sup>, designed to enable local JCP managers to support activity aligned with national and particularly local priorities. In London, just over £10m was spent on supporting partnership activities, although none of it appears to have gone directly to organisations that work solely or primarily with people with the key support need of addressing substance use<sup>40</sup>. It is not immediately obvious why this should be the case and it should be noted that the national findings mirror the situation in London.

**The Work Programme**

The Work Programme was introduced in mid-2011 and is the principal active labour market intervention targeted at the long-term unemployed and those who are disadvantaged in the job market. The Programme uses a payment by results (PbR) model that is heavily weighted towards sustained job outcomes. Providers, after an initial attachment fee, receive no further payment until a job has been sustained for 6 months (or in some cases, 3 months) and then further sustainment payments afterwards for a period of up to two years. The maximum payment per customer is potentially large at just under £14,000, although the PbR element means that in reality, the average payment per customer is likely to be closer to £1100, or somewhat less than previous comparable initiatives.

The Programme is ‘black box’, meaning that DWP is concerned primarily with outcomes and providers are free to experiment and innovate rather than delivering a centrally designed and prescribed series of interventions. A differential payment model has been introduced with the aim of incentivising providers to work with the ‘hardest to help’ (i.e. those with significant and often long-term barriers to employment, which could include a history of drug and / or alcohol use), with benefit type broadly being used as a proxy indicator for barriers and support needs.

The Programme is delivered in the two London Contract Package Areas (CPAs) by:

CPA3 - West London	CPA4 – East London
Ingeus	A4E
Maximus	Careers Development Group
Reed in Partnership	Seetec

These providers collectively have 176 subcontractors in East and West London, of which 4 are specialist subcontractors from the drug and alcohol treatment sector; nationally, there are 32 subcontracts held by the sector covering every CPA in Great Britain<sup>41</sup>. Specialist providers from a number of sectors, working as Work Programme subcontractors, including the drug and alcohol treatment sector, have expressed concern about lower than expected referrals. In London, the emphasis has shifted somewhat, away from establishing contractual relationships and towards creating lines of communication between Work Programme providers and treatment providers. In London, this has resulted in the establishment of named single points of contact (SPOCs) at Work Programme providers and treatment providers in each London borough<sup>42</sup>.

39 <http://www.parliament.uk/business/publications/research/briefing-papers/SN06079/jobcentre-plus-flexible-support-fund>

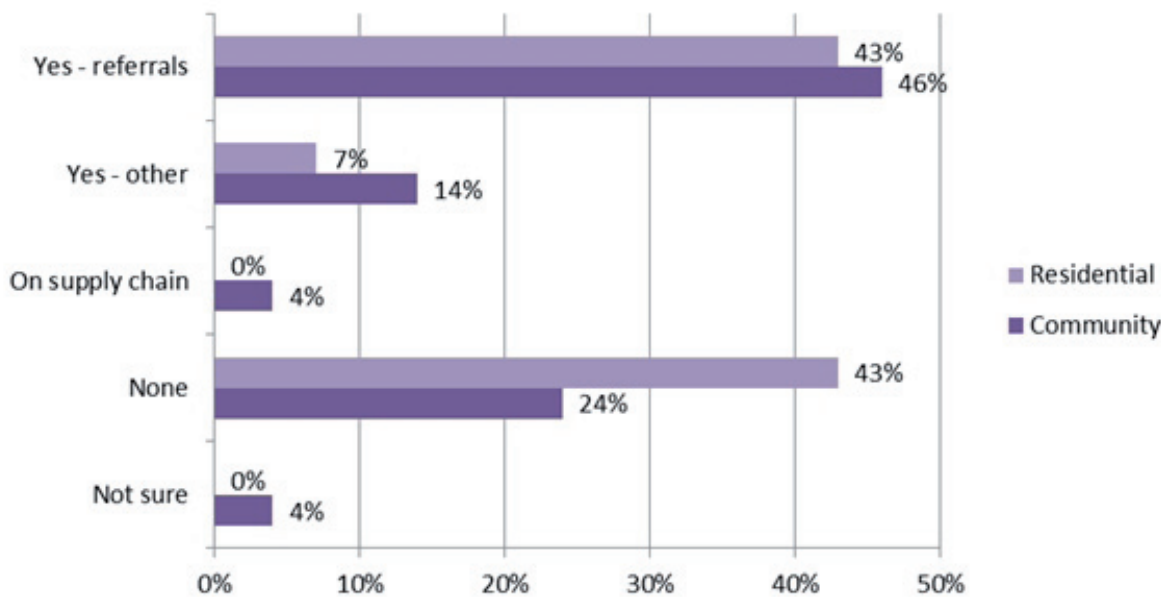
40 <http://www.drugscope.org.uk/Documents/PDF/Other/FSF%20London.pdf>

41 <https://www.gov.uk/government/uploads/...data/.../wp-supply-chains.xlsx>

42 <http://www.ldan.org.uk/PDFs/WorkProgrammePrimesJointDrugAlcoholFlyer.pdf> and <http://www.ldan.org.uk/PDFs/LDANWorkProgrammeDrugAlcoholFlyerWestLondon.pdf>

DrugScope’s *State of the Sector* research, conducted in late 2013 on behalf of the Recovery Partnership, found some evidence of partnership working with the Work Programme, particularly on the part of community services:

**Work Programme partnerships with treatment providers**



N=97

Source: *State of the Sector 2013*, DrugScope on behalf of the Recovery Partnership.

Early results from the Work Programme attracted considerable attention and scrutiny. After an inauspicious start, performance for some customer groups improved to the point where many providers met and then exceeded minimum performance levels for claimants in receipt of JSA. These included the JSA Early Access group, which consists of (among others) people with histories of drug and / or alcohol use, homeless people, some ex-offenders, ex-forces and care leavers. However, performance for other groups, including ESA claimants has remained below expectations<sup>43</sup>.

Within London, early performance data suggested that performance varied between the two London CPAs, with West London performing slightly above the national average, and East London slightly below<sup>44</sup>. Subsequent releases of performance data suggest that this trend has remained consistent<sup>45</sup>.

Due to lack of data, in particular about how reliably people are identified as having specific support needs or barriers, it is difficult to speculate how the Programme is performing for customers with histories of drug and / or alcohol use or dependence. Early reports produced as part of the external qualitative evaluation of the Work Programme have raised concerns about ‘creaming and parking’ – where resources and effort are directed at those nearest the job market to the detriment of those further from it<sup>46</sup>, concerns reflected in the Work and Pensions Select Committee’s 2013 report *Can the Work Programme Work for All User Groups?*<sup>47</sup> which highlighted growing evidence that ‘the Work Programme is failing to reach jobseekers with the most severe barriers to employment’, including those with barriers relating to drug and / or alcohol use.

43 [http://stats.cesi.org.uk/website\\_documents/WP\\_stats\\_briefing\\_Dec\\_2013\\_final.pdf](http://stats.cesi.org.uk/website_documents/WP_stats_briefing_Dec_2013_final.pdf)

44 [http://stats.cesi.org.uk/website\\_documents/initial\\_WP\\_Performance\\_InclusionComment.pdf](http://stats.cesi.org.uk/website_documents/initial_WP_Performance_InclusionComment.pdf)

45 <https://www.gov.uk/government/publications/work-programme-unvalidated-job-outcome-payments-to-september-2013>

46 <https://www.gov.uk/government/publications/work-programme-evaluation-findings-from-the-first-phase-of-qualitative-research-on-programme-delivery-rr821>

47 <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmworpen/162/162.pdf>

### Good practice – delivering personalised specialist ETE support

NEXT - Addaction

Addaction's NEXT Project has run since 2005. It provides tailored training, guidance and voluntary experience to people affected by substance misuse with the aim of helping participants get in to, or back to, paid employment. It is open, subject to funding, to any individual affected by substance use, including those recently completing treatment and / or on low and stable levels of prescribed substitute medication such as methadone.

The NEXT Project is 2 days per week for 3 months and mixes practical advice and skills support alongside intensive support designed to help participants to develop their self-confidence, self-esteem and motivation. Open College Network accredited qualifications are also included, as well as a 6 month voluntary work placement. Recognising that people often achieve better outcomes when benefiting from positive and supportive social networks, NEXT is open to family members or carers affected by substance misuse.

Nine out of ten NEXT graduates go on to employment, further education or volunteering; as participants often choose to undertake further activities to boost their employability, the proportion of NEXT participants entering employment tends to increase over time: over 50% of participants in 2008-09 were in paid employment by 2012. Many of NEXT's participants require at least two years to overcome personal barriers such as low self-confidence and to build sufficient experience and skills before feeling ready to apply for work.

From May 2014, the NEXT Project will no longer be delivered by Addaction. Bob Bharij and Liz Naylor, who have been involved with the project since its inception, will continue to deliver the project under the name of their new charity, Foundation for Change.

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### Customer experience of the Work Programme

In late 2012 DrugScope launched an online survey of people with experience of treatment for drug and / or alcohol use to inform our response to the Work and Pensions Select Committee inquiry<sup>48</sup>. The focus was on ascertaining whether the Work Programme was meeting its ambition of providing 'tailored and personalised support' to those with significant barriers to employment. The findings suggested that while Work Programme providers were able to provide reasonably effective generic advice and support around factors such as skills, work experience and aspirations, there was less success in addressing needs and barriers more directly relating to substance use or dependency.

As disclosed through the DrugScope survey and through semi-structured group interviews, client experiences varied:

**I've had five advisers. Most of them have been ok – we just meet every month or so and they ask me how things are going. They haven't done much to help, but they haven't done much to put pressure on me too.**

**Interview participant**

Some participants provided what appear to be examples of 'parking', although it should be noted that in some circumstances, such as enabling an individual to concentrate on their recovery and engage in volunteering or treatment related activities, being allowed that space and time may be the best short-term response for the individual:

**They were quite reasonable and left me alone to get on with my recovery. My action plan was monthly phone calls – they've phoned once.**

**Survey participant**

**Due to volunteering for a local charity and the chance of employment with them, I was put on fortnightly phone calls. They haven't phoned yet.**

**Survey participant**

**They tend not to do much for me because... once they see me doing what I'm doing they tend to leave me alone. Which is great, it's really great. I hear some really traumatic stories but they kinda leave me alone so that's good.**

**Interview participant**

**So I now peer mentor for [treatment provider] a day a week. So they leave me alone. They sort of know what you're doing, so they actually made it sound like her idea.**

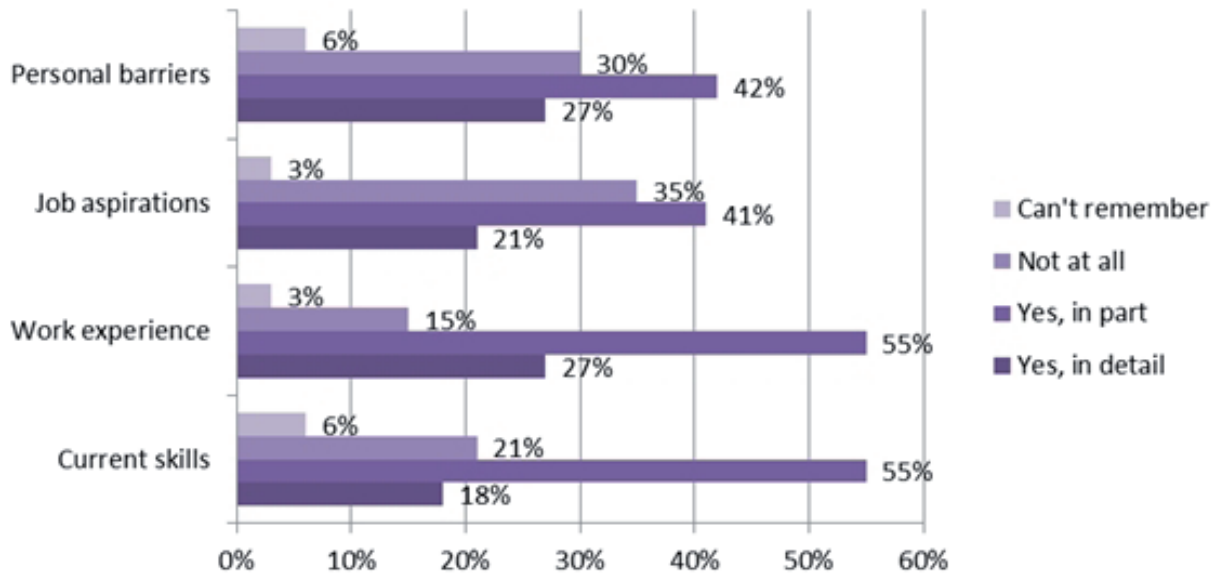
**Interview participant**

**The feedback I get from them is that I'm just doing well, just keep doing it and they help... they do support me with interviews, they sort of explain to me if I do get lucky with employment, they help me with finances, travel and stuff so it's quite a good rapport I've got going on.**

**Interview participant**

The survey conducted in late 2012 asked people to provide information about both generic and specialist support and advice they had received:

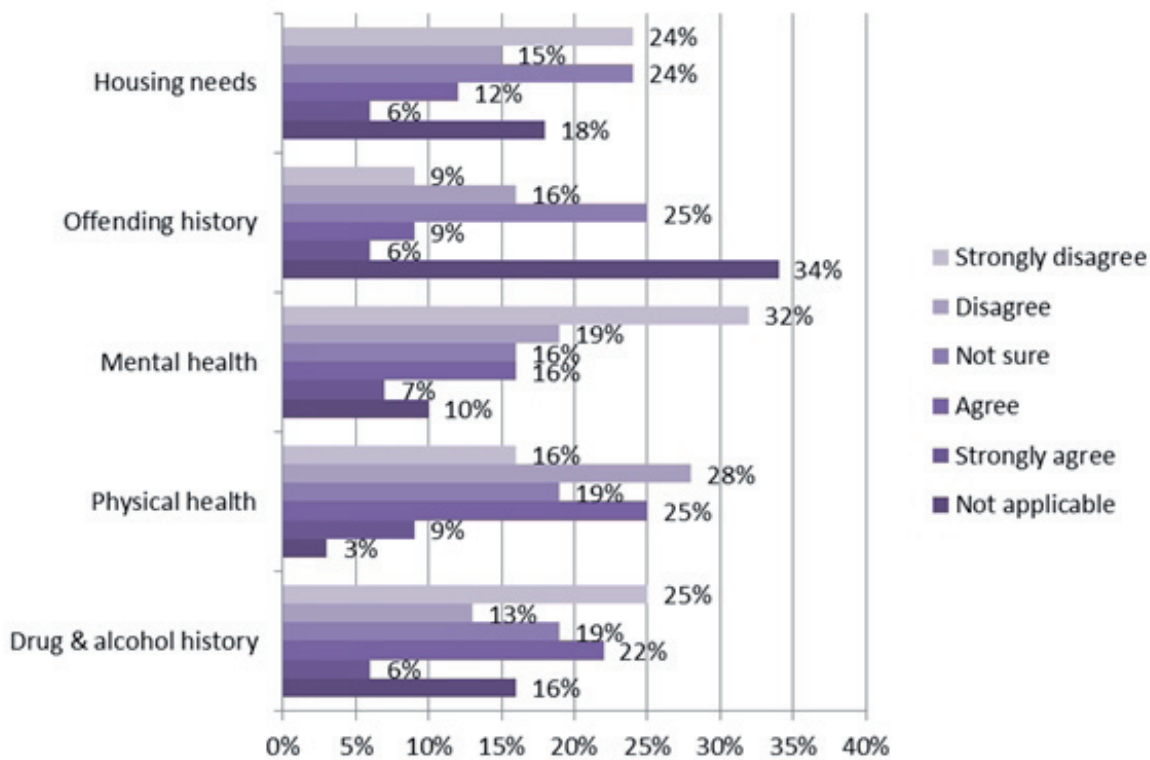
**When I first met my Work Programme provider, they discussed or assessed:**



N=34

Source: Results of the Autumn 2012 DrugScope Work Programme Survey, DrugScope<sup>49</sup>.

**My Work Programme action plan addresses:**



N=33

Source: Results of the Autumn 2012 DrugScope Work Programme Survey, DrugScope.

49 <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/DrugScope%20Autumn%202012%20WP%20survey.pdf>

Comments from interview and survey participants indicated a degree of scepticism about the ability to provide highly specialised support in the context of a mainstream employment project:

**It is poorly put together, ignores my needs and works on a one-size-fits all approach to people. The advisers know nothing about drugs and do not liaise with my treatment provider. I am treated with no respect.**

Survey participant

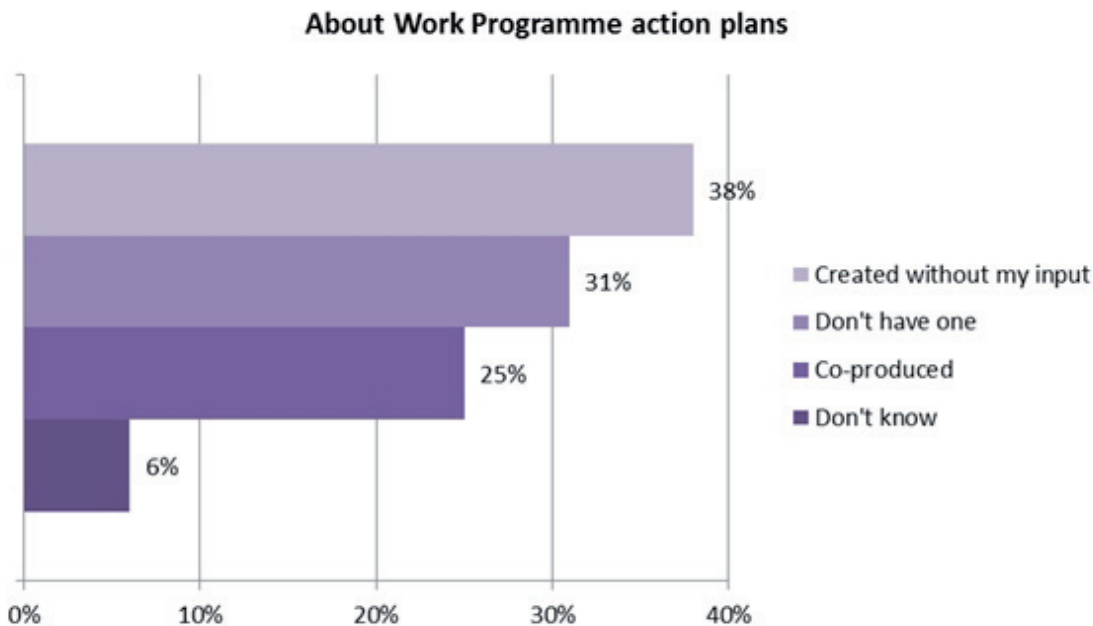
**When I went for the induction I was told of the bad people who the Work Programme had to deal with, the ‘junkies’, the people who turned up on methadone programmes. There seemed to be an air of ‘them and us’. I asked what training the Work Programme staff had to assess clients with dependency problems and was told ‘none’.**

Survey participant

**Look, I’ve never worked a legal day in my life, but I’ve got some serious transferable skills – he’s not interested in that. If he gets me a job cleaning Wembley Stadium, he’d be happy, he’s not interested in all the training I’m doing [to get work in the drug & alcohol sector] – any old job would do. But if I go and get that job at Wembley, I’ll get paid at the end of the week and as much as I’ve got all this time in recovery, it could be blown in 5 minutes. They’re not interested in my recovery.**

Interview participant

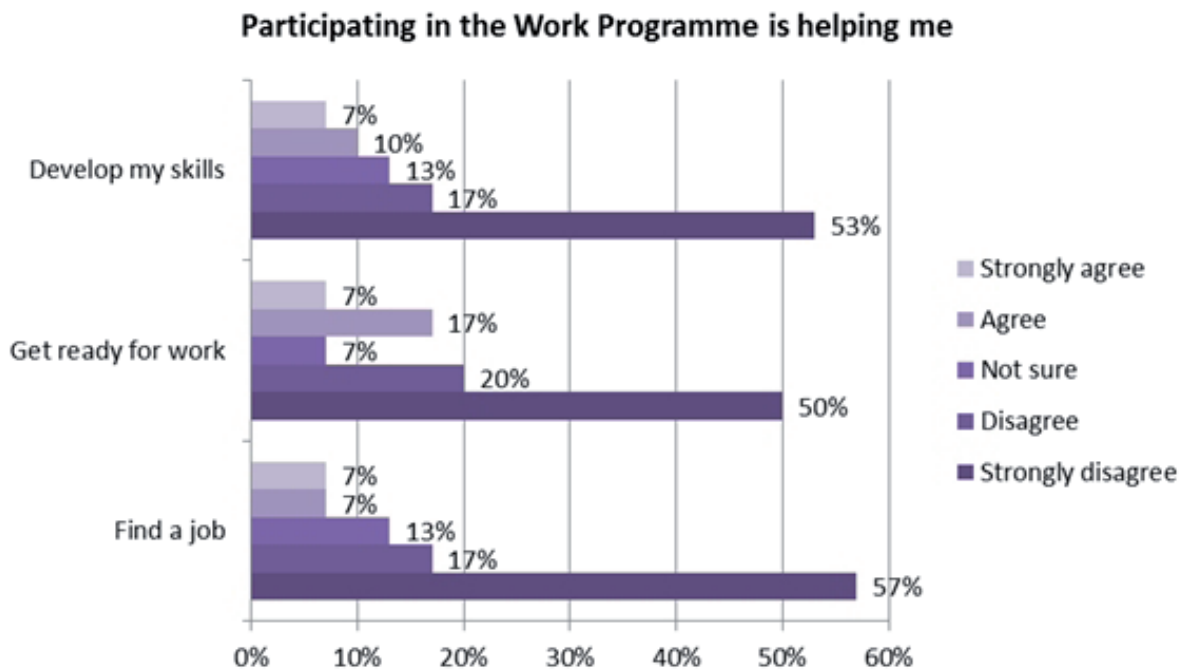
For the action plans themselves, there was some evidence that a collaborative and cooperative production was not always perceived to have been adopted:



N=32

Source: *Results of the Autumn 2012 DrugScope Work Programme Survey*, DrugScope.

Overall, participants expressed doubt about the extent to which the Work Programme is enabling them to move closer to the job market and, ultimately, to paid employment. This was reflected in subsequent research which suggested that people with experience of treatment consistently rate the employment support they receive from treatment providers or from chosen third parties as being of more help than either Work Programme providers or Jobcentre Plus.



N=40

Source: Results of the Autumn 2012 DrugScope Work Programme Survey, DrugScope.

## Innovation

### Work Programme – post implementation changes

In January 2013, Iain Duncan Smith, the Secretary of State for Work and Pensions announced two pilots for people with histories of drug and / or alcohol use, to run within the Work Programme. The pilots launched in April 2013 and test two different approaches. Whilst neither of these pilots is operating in London, the findings will help to inform future national provision and particularly the question of how, or whether, specialist interventions can be provided or incentivised within a mainstream employment programme.

Recovery Works, in the East of England and West Yorkshire, includes an additional £2,500 payable at job outcome point – when a customer has been in work for 6 months, or 3 months in the case of customers referred in the JSA Early Access group. As the anticipated average income per participant in the Work Programme was anticipated to be in the region of £1100 and most payment groups currently attract a job outcome payment of £1200, the additional £2500 presents an opportunity to further test the assumptions underpinning the differential payment model and the suggestion that if payment more closely follows needs and barriers, then performance will improve.

Recovery and Employment, in the West Midlands, places the emphasis on closer partnership working between generic and specialist providers, which is arguably how the Work Programme was envisaged as



working when originally conceived. There is no additional money involved in this pilot, relying instead on making the most of the expertise that can be accessed using the existing payment model.

For more information about the two pilots, please see this DrugScope briefing: <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/WorkProgrammePilots.pdf>

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## Other provision

While the Work Programme is likely to be the DWP initiative most people with histories of drug and / or alcohol use experience, other interventions include Work Choice, the voluntary specialist disabled provision, and a range of interventions aimed at providing people with work experience. For people aged between 18 and 24, the Youth Contract includes a range of components such as wage incentives for employers, as well as further provision of work experience. The DWP European Social Fund Support for Families with Multiple Problems includes an employment component, as does the Department for Communities and Local Government Troubled Families initiative.

In addition to these centrally procured and commissioned initiatives, there are a number of local services, including provision also supported by the European Social Fund, commissioned (or provided) by local authorities, and that delivered by the voluntary sector through local authority commissions, through partnerships with Jobcentre Plus, or through charitable funding. Much of the activity includes a skills component alongside employability; as Skills Funding Agency funding is sometimes seen as being complicated and difficult to access, much of this work is either unfunded or else is delivered in partnership with local colleges or other adult education provision.

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## Good practice – innovative ETE services

Individual Placement and Support – Central and North West London NHS Foundation Trust

Central and North West London NHS Foundation Trust (CNWL) is an accredited Individual Placement and Support<sup>50</sup>(IPS) Centre of Excellence. The IPS approach has its origins in the field of mental health; CNWL may be the first service provider to extend this approach to substance use services. The key features of its ETE support model are:

- The Employment Specialist and clinical team are based in the same office and work together;
- Competitive employment is the primary goal;
- Job search is rapid, beginning within one month, the aim being to support people to develop work skills on the job;
- There is an emphasis on service user choice in relation to readiness to start the return to work process;
- Job search is based on service user preferences;
- Time-unlimited and individualised support for the individual and employer is provided;
- There is an emphasis on building relationships with employers in order to access the ‘hidden labour market’;
- Benefits counselling is provided to support the person through the transition from benefits to paid work.

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

When IPS was implemented within Kensington and Chelsea/Westminster Early Intervention Services, 80% of those referred were inactive; within 9 months this fell to 23%. In 2012, 212 clients accessed the service, with 102 employment outcomes being achieved by 84 clients. 71 education outcomes were achieved and 31 clients accessed voluntary opportunities

Pan-European trials suggest that adopting the IPS approach improves paid job outcomes; this is confirmed by UK trials that suggest that IPS services are around twice as effective at supporting people into paid employment, compared to the specialist programme for people with disabilities, Work Choice<sup>51</sup>.

Although IPS is a comparatively intensive intervention that is specifically aimed at ensuring that the participant's aims are paramount, CNWL have been able to provide it at a cost that compares favourably to that of similar (and often lower-performing) programmes.

For more information about CNWL's employment service, please see this report: [http://www.cnwl.nhs.uk/wp-content/uploads/2013/05/CNWL\\_addictions\\_employment\\_recovery\\_booklet.pdf](http://www.cnwl.nhs.uk/wp-content/uploads/2013/05/CNWL_addictions_employment_recovery_booklet.pdf)

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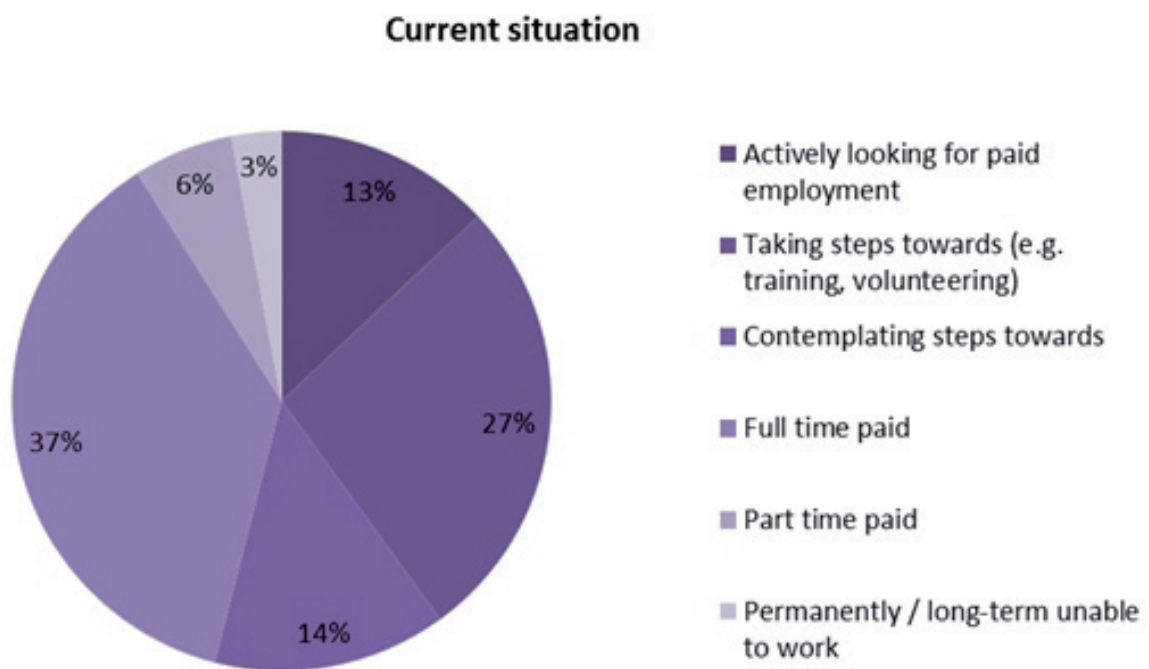
<sup>51</sup> <https://www.gov.uk/work-choice>

### Client aspirations, experiences of employment services and employment

In 2013, DrugScope carried out a “Routes to Employment” survey of 155 people with experience of treatment for drug and / or alcohol use; almost two thirds of the respondents were from London. The survey was designed to capture their experiences of looking for, preparing for and/or being in employment.

DrugScope also conducted a number of semi-structured group interviews, engaging a further 18 people in treatment or recovery. These interviews were brokered with the support of a number of London drug and / or alcohol services. Of the 18 participants, the majority had previously had work of some sort or another.

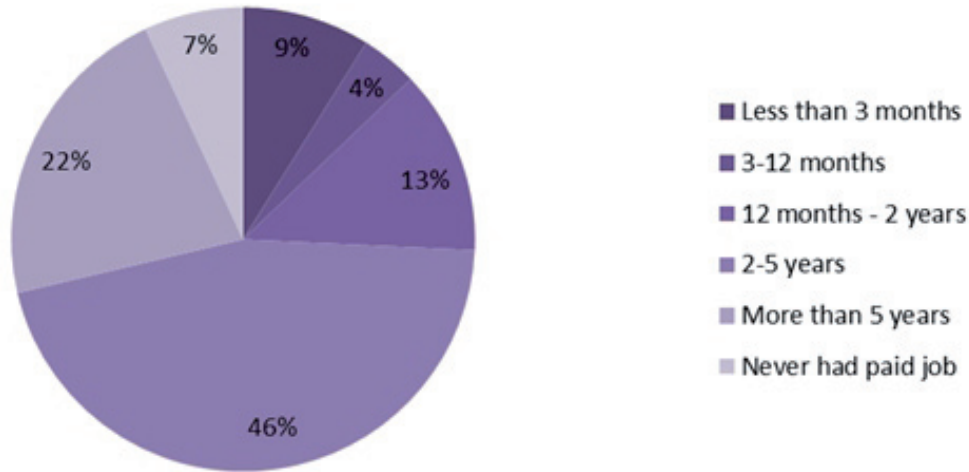
Respondents to the survey were asked to provide information about their current employment status. Whilst 3% stated that they were unable to work on a permanent or long term basis due to sickness or disability, 43% were in full or part time paid work at the time of completing the questionnaire. The remaining 54% were actively looking for work, engaged in an activity designed to move them closer to the job market (such as training or volunteering) or were contemplating undertaking such activity:



N=119

Unemployed respondents were asked to indicate the length of time that they had been without paid work. Whilst over 90% of respondents had previously worked, many had been without a paid job for some time, with almost half indicating that they had last had a paid job between 2 and 5 years before. Overall, 7 out of 10 respondents had either last worked more than 5 years ago, or had never had a paid job:

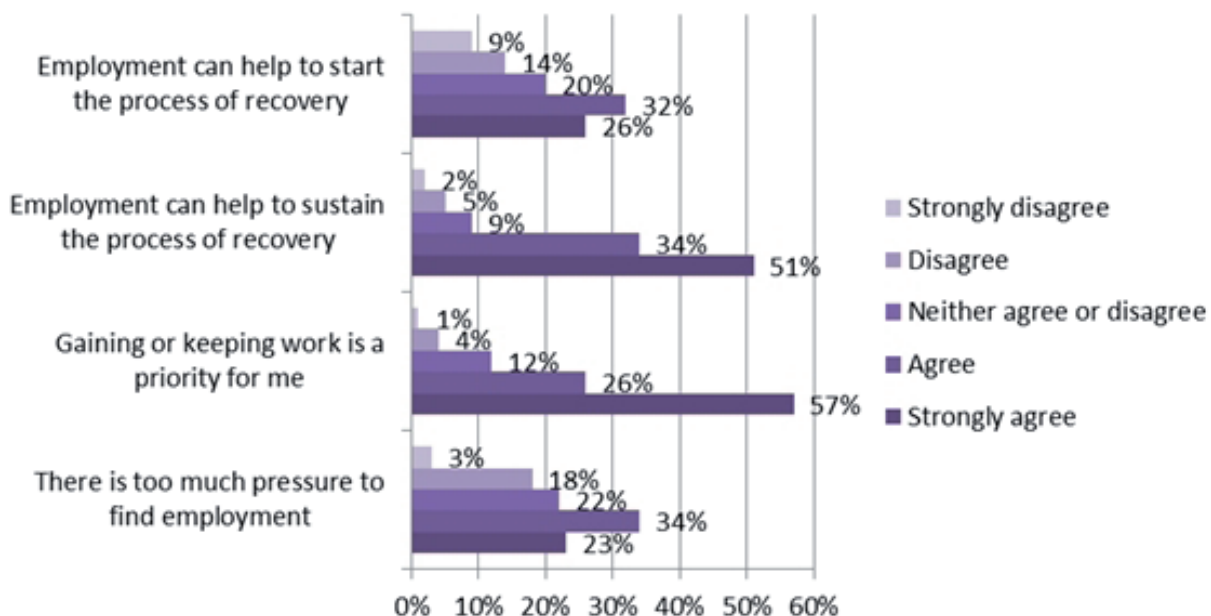
**Length of time without paid work - not employed at time of taking survey**



N=55

The survey results indicated that respondents generally had positive aspirations regarding work and recognised the value of work in supporting and sustaining recovery:

**The role of employment in recovery**



N=98

In the chart above, there was a particularly high level of support for the idea that employment can help to sustain recovery, with only 7% of respondents disagreeing or strongly disagreeing. The lower but still significant levels of support for the idea that employment can help to start the process of recovery may lend credibility to the idea that ETE can be raised and sometimes introduced at an early stage, but the

larger number of people expressing disagreement may indicate that services are correct to proceed with sensitivity and a degree of circumspection. Some respondents offered opinions based on experience that could be considered by both substance use and employment services and also by policy makers. A minority of respondents made the case that for some people, particularly those with long term mental health problems or multiple and complex needs, participating in work can itself bring risks:

**The process of recovery needs to be started to some degree before the pressure of employment can be beneficial. I'm not sure enough focus is put on finding work, not enough time is spent explaining why this is important. People need to understand the benefits in order to fully incorporate it into their recovery.**

**Survey participant**

**People in early recovery should not be pressured into finding work. My experience is that work often triggered feelings of using. However a sustained recovery would involve getting back to normal living and regaining the self-esteem and sense of purpose that a job can help provide.**

**Survey participant**

**No-one is interested or wants to talk about the negative effects of employment - it is assumed that any job will benefit the client. This is not true for all. Mental health issues that arise such as anxiety or depression are no longer considered applicable.**

**Survey participant**

Some respondents focussed on the potential impact of specific working environments:

**Direct Sales environment was perhaps not the best place to be! Ethos of working hard and playing hard proved a dangerous environment for me.**

**Survey respondent**

The role that employment can have in filling the vacuum left by exiting treatment, and in some cases by ceasing the daily routine associated with substance use, was mentioned by some participants:

**Feel like I'm in a Catch 22 situation. Having been 'released' from treatment, I am now left to get on with things.**

**Survey respondent**

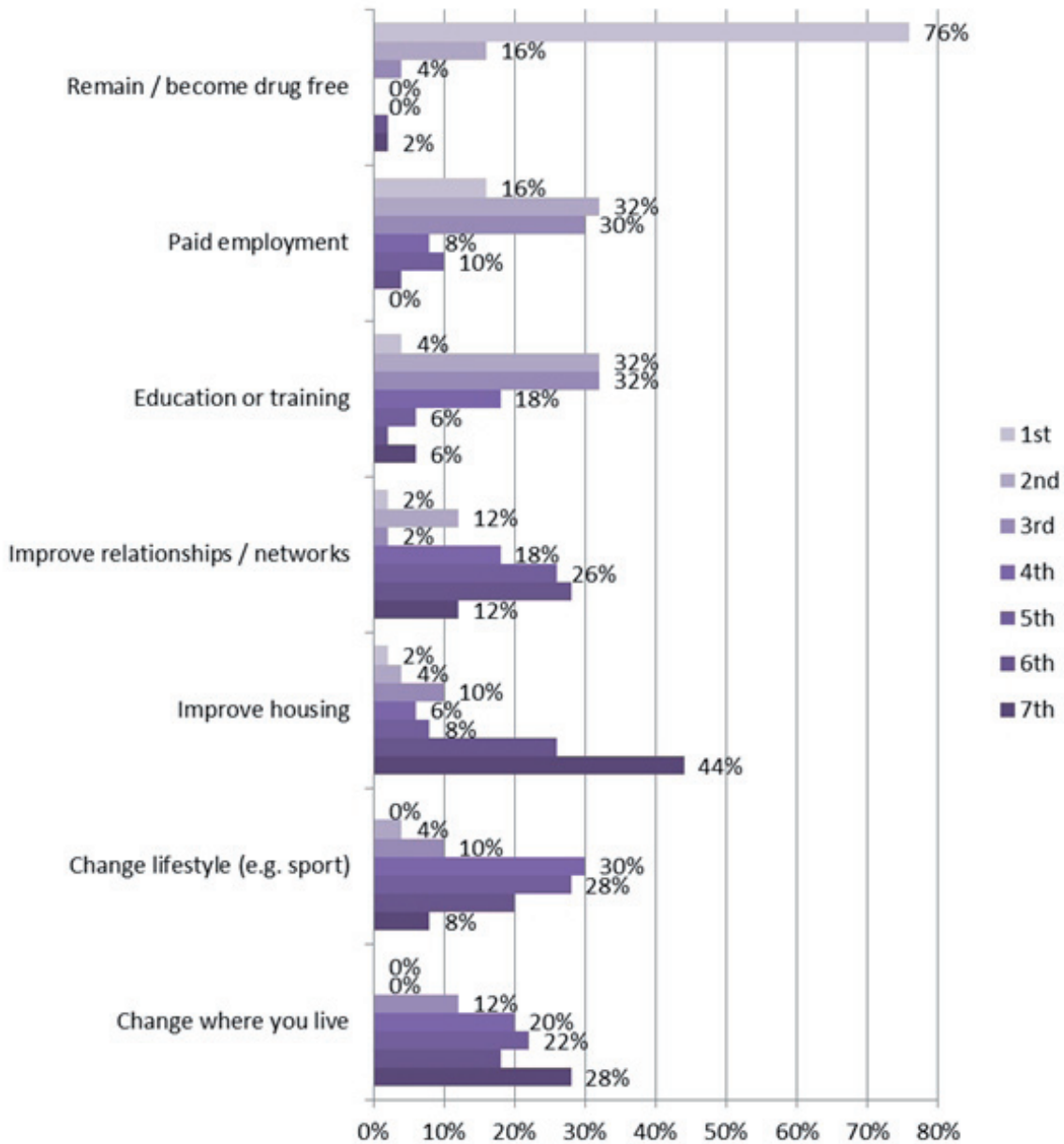
Some respondents were keen to emphasise the social role of employment and volunteering:

**I've got a whole new and different social network and that came about by me volunteering in a charity shop. I started to go to NA meetings and I've got a sponsor and I've got a new form of social network within the NA. They're like family really, changed my life.**

**Interview participant**

Respondents were also asked to think about their personal aspirations, and particularly those related to recovery capital, and how best accrue it:

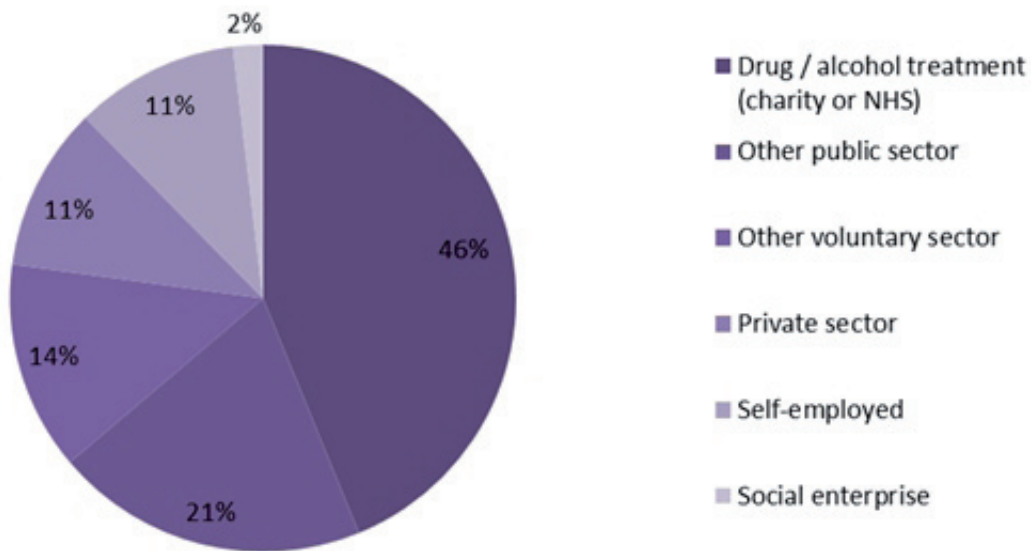
Personal aspirations



N=50

Respondents who were employed at the time of participating in the survey were asked to indicate which sector they were working in at the time. Almost half indicated that they were employed by charity or NHS treatment service. In addition, it comments from respondents indicate that some respondents who indicated that they were employed in the private or other public sector were also working in services related to substance use:

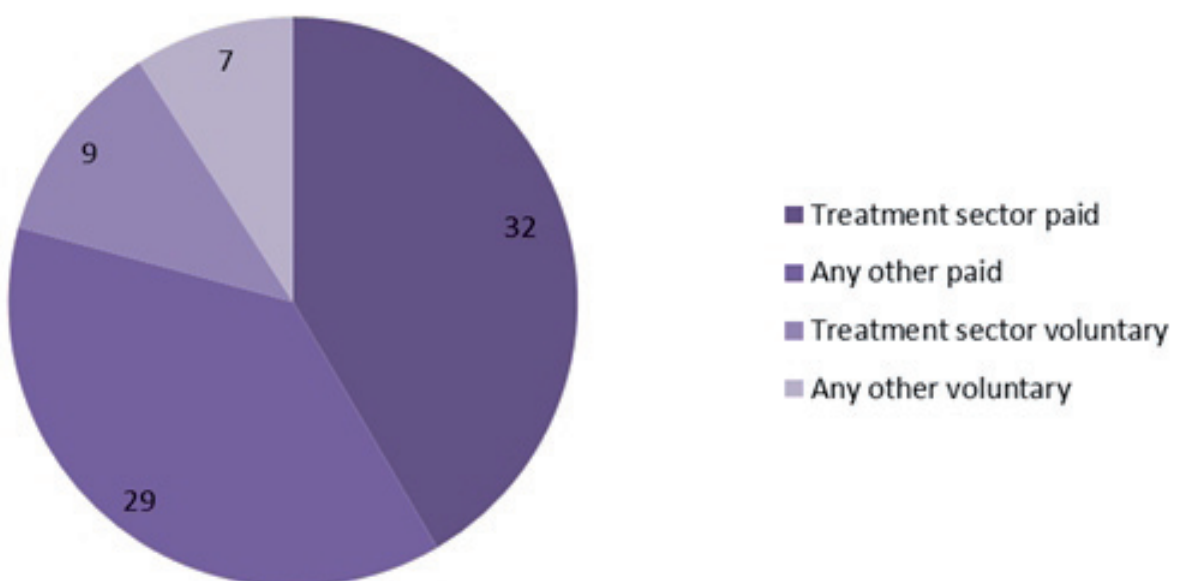
**Employed respondents - by sector**



N=44

Currently unemployed respondents were asked about their aspirations, and about which sector they were keen to work in. Just as many employed participants indicated that they were employed in the drug / alcohol treatment sector, many unemployed were keen to work (or to volunteer) in that sector, although the motivation for this varied. Several respondents expressed interest in establishing social enterprises, sometimes in fields related to but not directly connected with drug and alcohol treatment:

**Job seeking respondents - aspire to work in**



N=56

It is unsurprising that many people were aiming to work or to volunteer within the drug and alcohol treatment sector, or other related sectors. Motivating factors varied but generally fell within three main categories; neutral, passive and active:

For some people, the drug / alcohol treatment system was one of the few non-retail work environments that they felt familiar and comfortable with, and was one that they could visualise themselves working in. This could be seen as a neutral reason for seeking employment in that sector:

**I don't want to work in a shop, and I don't really know what other jobs involve. I know what drug agencies do, and I think I could do it.**

**Interview participant**

**In the back of my mind I do think about... mmm maybe I will be judged, that was the defining moment for me when I realised that I have to do work I'm happy with and that is what I'm doing at the moment. And with organisations who are not partial and not judgemental about someone's previous background, because that was me then, this is me now. So I'm happy with that. I'm happy to disclose my past, because it was my past, you know. I wouldn't say there are any barriers to where I personally want to go now, because I found my niche, where I want to go.**

**Interview participant**

Others had taken a pragmatic approach – they believed that their incomplete work history and, in some cases, criminal record, would count against them in other parts of the job market and believed that the drug / alcohol treatment sector would be more understanding of their particular situation and history. This could be considered a passive reason:

**I'm taking a realistic view. I've an interrupted employment history and an offending record. An employer like [treatment provider] will take a different view of that compared to a 'normal' employer. They'll look behind the gaps and the criminal record.**

**Interview participant**

**I've worked all my life, but not legally. I've been involved with sex work, run houses, done a lot of stuff, but none of it's legal, none of it's the sort of thing I can put on my CV. I've been in trouble with the police too.**

**Interview participant**

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### Key issue

Offending and employment

**Many people with histories of substance use acquire a criminal record. Drug use inherently often involves some sort of illegal activity, while Public Health England estimates that almost £14bn of acquisitive crime is committed every year as a consequence of drug addiction and dependence<sup>52</sup>.**

**A study that cross-referenced anonymised data from the Police National Computer (PNC) with drug**



treatment records of opiate and crack addicts analysed 53,851 adults who started treatment in 2006-07. Of these 34,281 had no PNC record during the two year pre-treatment period, leaving 19,570 who had one or more convictions during the same period.<sup>53</sup>

The drug and alcohol treatment sector has considerable expertise in working with people with criminal convictions, as with others with complex needs, and also in working in partnership with every part of the criminal justice system.

Results from DTORS, showed that 40% of the sample had committed an acquisitive offence (mainly relatively minor) in the month before treatment, itself probably a reduction on prior offending. Within three to five months this had halved to 21%, and then fell by a year to 16%. Similar reductions were seen in serious crimes and even if offending did not stop, on average there was a substantial decrease in its volume and/or the costs associated with it.<sup>54</sup>

However, once acquired, a criminal record can be a significant barrier to employment. Research carried out by the Ministry of Justice found that people with convictions were far more likely to be out of work and to be in receipt of out of work benefits than the wider population.<sup>55</sup> Evidence cited by the Chartered Institute for Personnel and Development suggests that the cost of this may be in the region of £11bn per year.<sup>56</sup>

The Legal Aid and Sentencing and Punishment of Offenders Act 2012 includes changes<sup>57</sup> to the Rehabilitation of Offenders Act. These changes generally shorten the period of time before which a conviction is classed as ‘spent’ – i.e. when it does not have to be legally disclosed to an employer when applying for many types of job. This means, for example, that someone serving a custodial sentence of less than 6 months would have their rehabilitation period reduced from 7 years (from the point of conviction) to 2 years (from the end of the sentence, including time on licence).

For those aged 18 or over, the new rehabilitation periods are:

Penalty	Pre-March 2014 period	Post-March 2014 period
Absolute discharge	6 months	None
Compensation	Once paid in full	Once paid in full
Conditional discharge	1 year or until expiry	When expired
Fine	5 years from date of conviction	1 year from date of conviction
Community order	5 years from date of conviction	12 months from end of order
Probation order	5 years from date of conviction	12 months from end of order
Prison sentence ≤ 6 months	7 years from date of conviction	2 years from end of sentence (including time on licence)
Prison sentence 6 months to 30 months (inc.)	10 years from date of conviction	4 years from end of sentence (including time on licence)
Prison sentence 30 months – 48 months (inc.)	Never spent	7 years from end of sentence (including time on licence)

53 <http://www.nta.nhs.uk/uploads/theimpactoftreatmentonreconviction.pdf>

54 Ibid

55 <https://www.justice.gov.uk/.../ad.../impact-employment-reoffending.pdf>

56 <http://www.unlock.org.uk/userfiles/file/employment/EmployersOffendersReducingCrime.pdf>

57 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/286421/rehabilitation-of-offenders-guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/286421/rehabilitation-of-offenders-guidance.pdf)

However, some potential employers routinely screen candidates on the basis of unspent convictions<sup>58</sup>. In response to this, Business in the Community (BITC), a membership organisation for companies committed to responsible corporate citizenship and community outreach, launched *Ban the Box*<sup>59</sup> in 2013. This campaign encourages employers to end the practice of asking about unspent convictions at the point of completing an application form, allowing candidates to be short listed on the grounds of experience, aptitude and skills rather than being sifted out before having the opportunity to meet their prospective employer. BITC cite a successful initiative in Minnesota USA<sup>60</sup> which had the effect of increasing rates of employment of people with convictions by a factor of 10: from 5.7% to 57.4%. In the UK, a number of employers have already agreed to ban the box, including Alliance Boots, Freshfields Bruckhaus Deringer and Land Securities.

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The third group were those who, having been through treatment themselves, and often having experienced a range of support and interventions, believed that they were well equipped to provide that support themselves, or more generally, wanted to 'give something back'. This could be described as an active reason for seeking employment in this sector:

**I'm TRYING to only apply for jobs in fields where my bad life experience is valuable and where I can make a difference.**

#### Survey participant

**Doing this gives me an opportunity to measure myself against other people, but more importantly, for other people to measure themselves against me. They can see that I've done it and I'm doing it, and that can draw people in – it's contagious. It's not just that though – the training [treatment provider] has given me has allowed me to make the most of that and to work in a structured, rigorous way. This is what I want to do.**

#### Interview participant

A feature of client focused research carried out within the sector is that people in or with experience of treatment look more positively at interventions from people who have also had direct personal experience of substance use, accessing treatment and the process of recovery<sup>61</sup>. Generally, lived experience is rated more highly than 'textbook learning'.

Whilst being able to empathise with clients, relate directly to their experience and to also speak from experience can often make for an effective practitioner, this is not always the case. Perhaps more pressingly, the sector is not large enough to recruit every person who successfully completes treatment into paid work. Encouraging people in treatment to consider other options, providing services that support this and working with employers to enable it will be crucial to ensuring that people can make the transition into paid employment.

58 <http://workinglinks.co.uk/pdf/Prejudged%20Tagged%20for%20life.pdf>

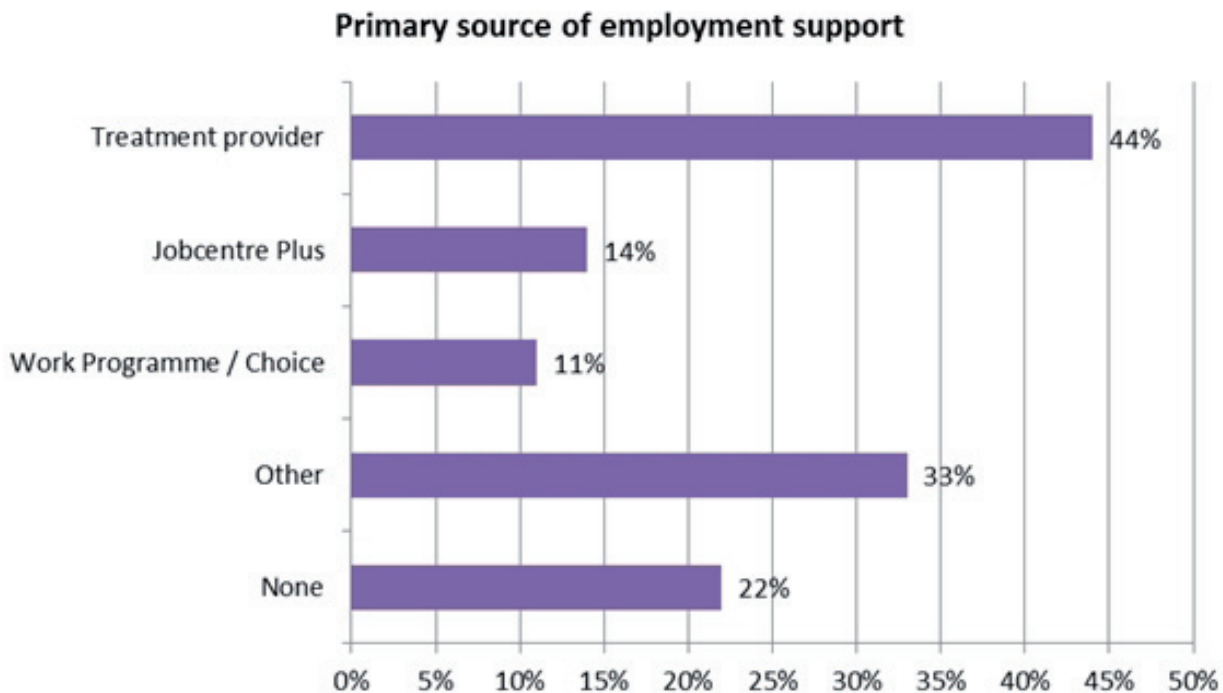
59 <http://www.bitc.org.uk/banthebox>

60 [http://www.nelp.org/index.php/content/content\\_issues/category/criminal\\_records\\_and\\_employment/](http://www.nelp.org/index.php/content/content_issues/category/criminal_records_and_employment/)

61 For example: [http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change\\_policy%20briefing.pdf](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change_policy%20briefing.pdf)

## Participant experiences of employment support

Respondents were asked to indicate their primary source of employment related support. This was primarily treatment providers, JCP or through the Work Programme or Work Choice. Where respondents indicated 'other', the most common responses were peer support, that they were attending university or other formal adult education, or a named individual was mentioned:



N=64

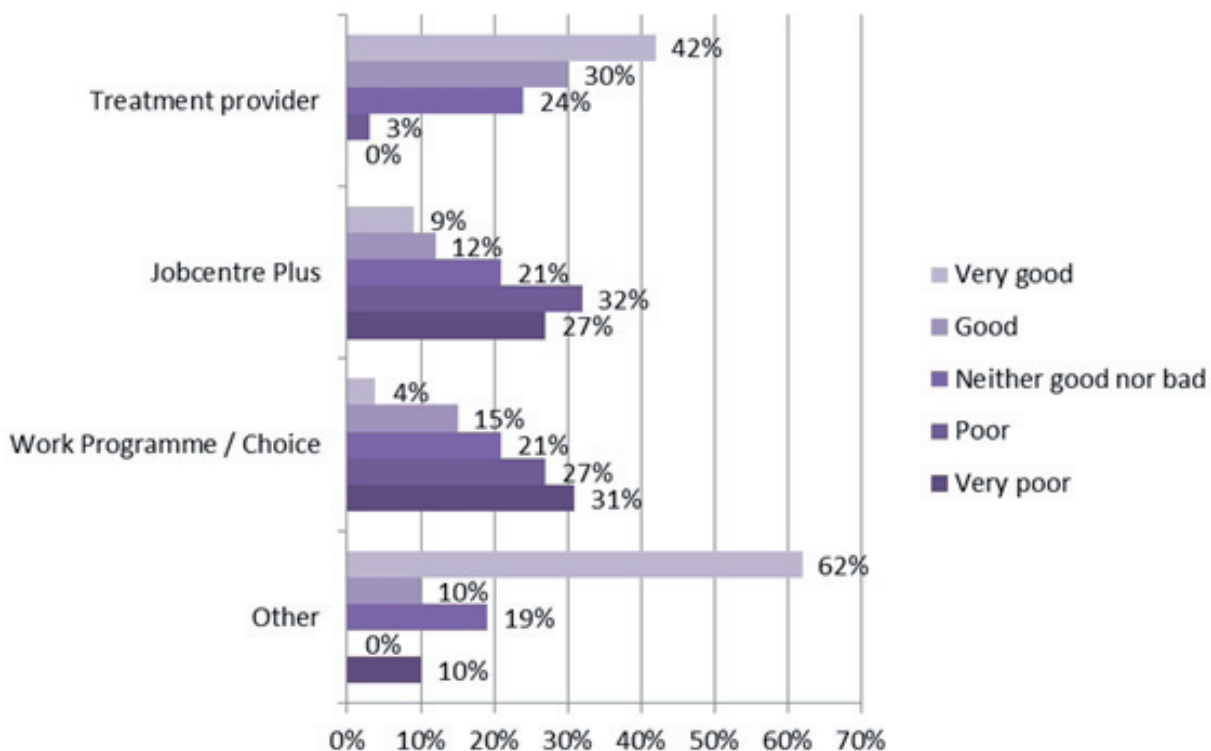
However, in spite of these encouraging indicators, the survey showed that many unemployed respondents did not feel their employment needs and aspirations were being adequately supported by Jobcentre Plus and/or the Work Programme. This contrasts with 42% who rated support from treatment providers as “very good”, with none of the participants rating them as “very poor”:

**I’m getting support from a number of places now – I’m on the Work Programme and before that was at JCP. The most helpful have been [treatment provider] as they understand my situation; they’re flexible if I need it. They’ve also sorted out volunteer experience for me, although I’m worried I might be told to stop if benefits find out.**

### Interview participant

As well as their primary employment support provider, participants were asked to rate the quality of support that they received from all providers. Whilst ETE support from treatment providers was rated highly (72% good or very good) compared to the Work Programme or JCP (19% and 21% respectively good or very good), other organisations or services were also regarded positively by participants. Where respondents indicated who ‘other’ organisations were, they often indicated peer support groups or mutual aid, VCSE employment support providers they have voluntarily engaged with, or in some cases, named individuals.

**How respondents rated employment support**



N=40

Respondents volunteered comments, a number of which illustrate the difficulty in trying to meet the particularly diverse range of barriers and needs encountered within mainstream employment provision:

**I've been with [Work Programme provider] and it was crap. I have been drug free for 13 years and all I heard on the so-called course was drugs, drugs. People talking about drugs, people taking drugs. It was hard being on the course – really hard!**

**Survey participant**

Others acknowledged that their circumstances, characteristics or employment history and ambitions might place them outside the effective scope of mainstream services:

**[Housing support provider] is giving me good employment support as part of my volunteering. In terms of myself and my former career, services like JCP aren't set up for people with a PhD. I'm not resentful about that, I understand.**

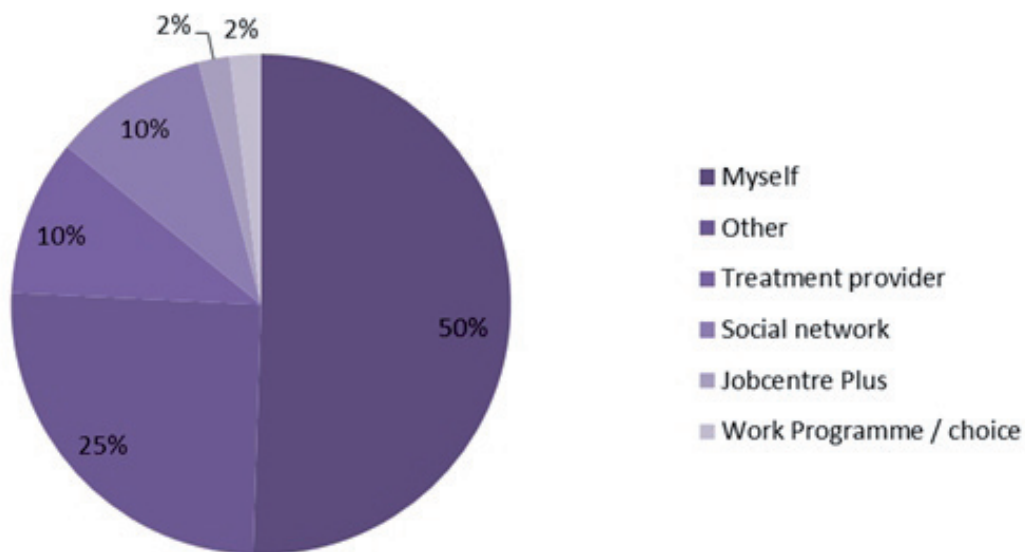
**Survey participant**

**I'm not getting any effective support from anyone, but because of past criminality, a past destructive habit, and also being 59 years old with no opportunity to gain employment, I'm unable to blame them.**

**Survey participant**

Both unemployed and currently employed respondents generally rated the employment support they had received from their treatment provider as being better than Jobcentre Plus or the Work Programme / Work Choice. This may be reflected in the account of employed respondents about where they have found their current jobs, where only one person identified JCP as helping them to find a job, one person the Work Programme or Work Choice, compared to 5 via a treatment provider. The same number indicated that they had found work via social networks – friends or family. The majority of the respondents currently in paid work indicated that they had found their current job on their own, for example by looking online or responding to an advert. Where respondents indicated ‘other’, the routes into employment broadly fell into two categories – either by moving from a voluntary position to a paid one within the same organisation, or through a third party such as Inspirit.

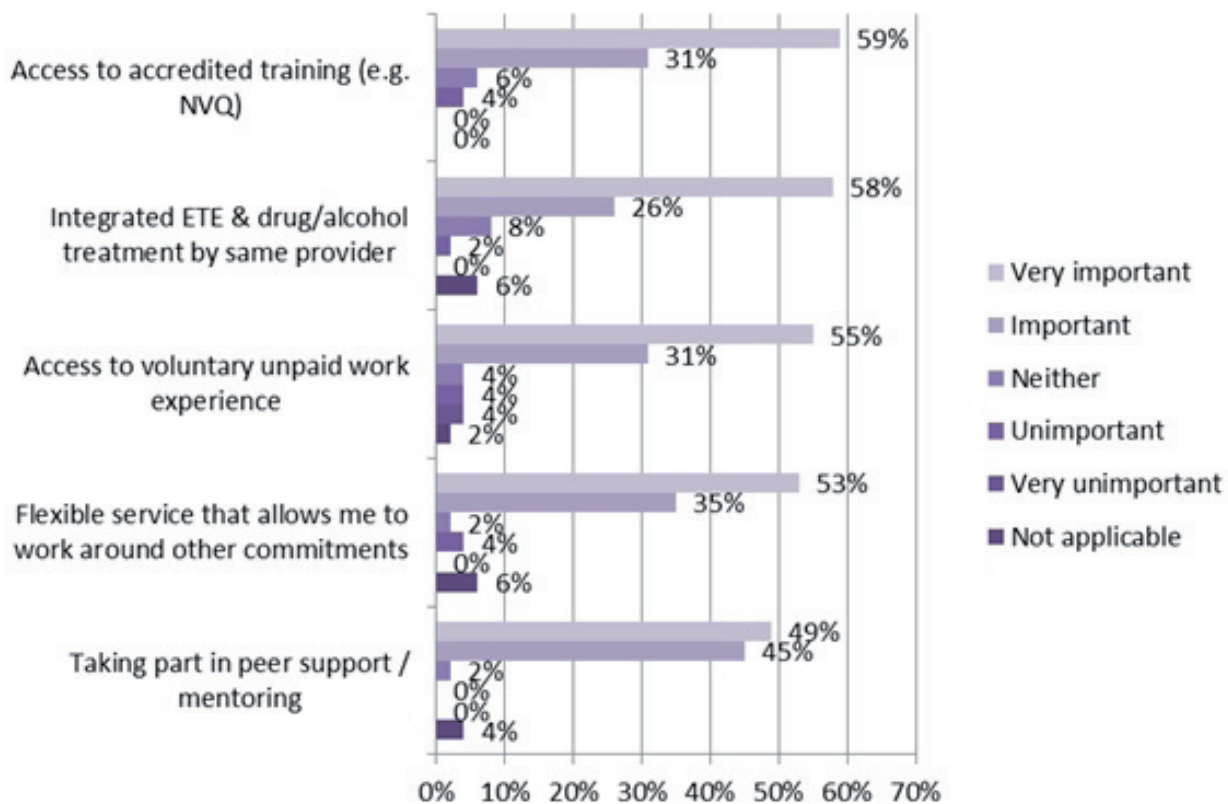
**How employed respondents found their current job**



N=48

Finally, respondents were asked to provide information about the things that they valued in employment support:

Types of provision valued by respondents



N=56

Integrated support is highly regarded, access to accredited training is regarded as the most important; this does not form part of the DWP Work Programme, although effective Work Programme providers have made considerable efforts to develop partnerships with local education providers.

Access to voluntary, unpaid work experience is also rated highly. From the responses given by survey and interview participants, it is important to differentiate voluntary work experience in a sector perceived as being relevant to future career aspirations and mandatory work experience in unrelated sectors or industries. Whilst the latter is a somewhat contentious issue, the case for voluntary work or work experience as one of the stepping stones towards paid employment is clear, particularly for jobseekers with a disrupted work history. There are also likely to be beneficial effects for people needing to use their time constructively, to improve motivation, to strengthen positive social networks and otherwise accumulate recovery capital.

As in other parts of the research, the ability to give or to receive peer support and mentoring was regarded as being important or very important by respondents.

## Key issue

### Volunteering, work experience and the intermediate labour market

Volunteering and work experience was rated as important or very important by 86% of survey respondents. Additionally, responses to other questions suggest that people who have had experience of employment, and particularly recent experience of employment, find it much easier to secure a new job than those without such experience. In this, there is little difference between the challenges faced by job seekers with a history of substance use and those without, although in the case of the former there are likely to be additional barriers as discussed elsewhere in this report.

Similarly, almost 9 out of 10 respondents to the DrugScope employer survey rated gaps in employment history as the most significant barrier to employment (see page 52) for more information, mirrored by the perceptions of participants in the client survey, 6 out of 10 of whom regarded a lack of recent work history as a barrier. For the latter group, the only factors rated as more significant barriers were the overall job market, and lack of confidence and self-esteem.

Volunteering and voluntary work experience offers a way to address all of these. This is recognised and supported by DWP in its Jobcentre Plus offer, although this is not always explained correctly to clients, some of whom have been told that volunteering would make them ineligible for JSA. Well-chosen volunteer positions can enable a person to develop hard and soft skills, re-familiarise themselves with the work place, and grow in confidence and self-esteem through making a positive and valued contribution.

DWP supports work placements through a number of different strands of the 'Get Britain Working' measures, including via Work Experience<sup>62</sup>, Mandatory Work Activity<sup>63</sup> and, shortly, Community Work Placements<sup>64</sup>. It also supports volunteering through Work Together<sup>65</sup>. However, with the exception of the last, these interventions feature mandatory elements, and some concerns have been expressed that the placements on offer are sometimes of little benefit to the participant.

The intermediate labour market<sup>66</sup> (ILM) approach also offers the opportunity to gain skills and experience, but to do so in the context of paid employment, albeit at one remove from the open job market. The current trend towards more supply-side interventions may have reduced the availability of the ILM approach, even though ILM participation has often been highly successful. The Future Jobs Fund, a programme offering subsidised employment for under-25s (primarily) in the voluntary sector and with local authorities was, although relatively expensive, by some measures the most successful large-scale employment programme delivered in the United Kingdom<sup>67</sup>.

62 <https://www.gov.uk/government/policies/helping-people-to-find-and-stay-in-work/supporting-pages/introducing-measures-to-give-jobcentre-plus-flexibility-in-helping-people-back-to-work>

63 <https://www.gov.uk/government/publications/mandatory-work-activity-dwp-provider-guidance>

64 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193333/rrep824.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193333/rrep824.pdf)

65 <http://www.dwp.gov.uk/docs/work-together-lft.pdf>

66 <http://www.jrf.org.uk/system/files/1859353258.pdf>

67 [http://www.cesi.org.uk/sites/default/files/publications/CESI\\_future\\_jobs\\_fund\\_evaluation.pdf](http://www.cesi.org.uk/sites/default/files/publications/CESI_future_jobs_fund_evaluation.pdf)

## Good practice

### Cranstoun and Voluntary Action Islington – Substance Misuse and Volunteering

Voluntary Action Islington<sup>68</sup> is the membership organisation for voluntary and community groups and the accredited Volunteer Centre for Islington. The Volunteer Centre had a strong track record of working with people who were often excluded and needed extra help to take part in volunteering, including groups such as ex-prisoners and people with histories of substance misuse.

Cranstoun<sup>69</sup> is a national organisation that helps people to recover from drug and alcohol misuse. In Islington it has a structured drug and alcohol treatment service working with people who are continuing to use drugs and/or alcohol, in addition to but are seeking to stabilise their use and work towards abstinence. The programme is based on group work and one-to-one work and includes the development of life skills and assistance with finding relevant training and employment.

Funded by the Henry Smith Charity<sup>70</sup> for 2 years, VAI and Cranstoun developed a partnership that included a member of VAI's team being based in the Cranstoun service, working alongside recovery workers and establishing a rapport with clients. VAI explored placements both within the drug and alcohol and related sectors, but also beyond, seeking to match opportunity with aspiration and to allow volunteers to make use of past relevant experience and qualifications. The support provided included information about the Disclosure and Barring Service and the rules for claiming benefits while volunteering.

Prior to engagement in the project, some participants spoke of negative perceptions of volunteering and / or poor past experience, including that 'you're just making someone else rich by volunteering', not hearing back to applications to volunteer, and placements that did not offer the opportunity to gain skills or be fully engaged.

A focus group considering the impact of the Cranstoun / VAI project looked at the positive impact and aspects, including: having structure; the therapeutic value; receiving training; improved self-confidence and well-being; having something to put on a CV; demonstrating worth and commitment and the opportunity for volunteering to lead to a job or a new career.

The evaluation concluded:

- Volunteering should be an integral part of drug treatment services;
- Taking part in volunteering has clear benefits for people completing a substance misuse recovery programme;
- It is important to provide information and guidance about volunteering to people completing recovery programmes;
- Volunteer involving organisations should commit to developing and improving practice in work with volunteers from socially excluded groups.

For more information about the Cranstoun / Voluntary Action Islington Substance Use and Volunteering project, please follow this link: [http://www.vai.org.uk/wp-content/uploads/2014/03/Substance-Misuse-and-Volunteering\\_rw.pdf](http://www.vai.org.uk/wp-content/uploads/2014/03/Substance-Misuse-and-Volunteering_rw.pdf)

68 <http://www.vai.org.uk/>

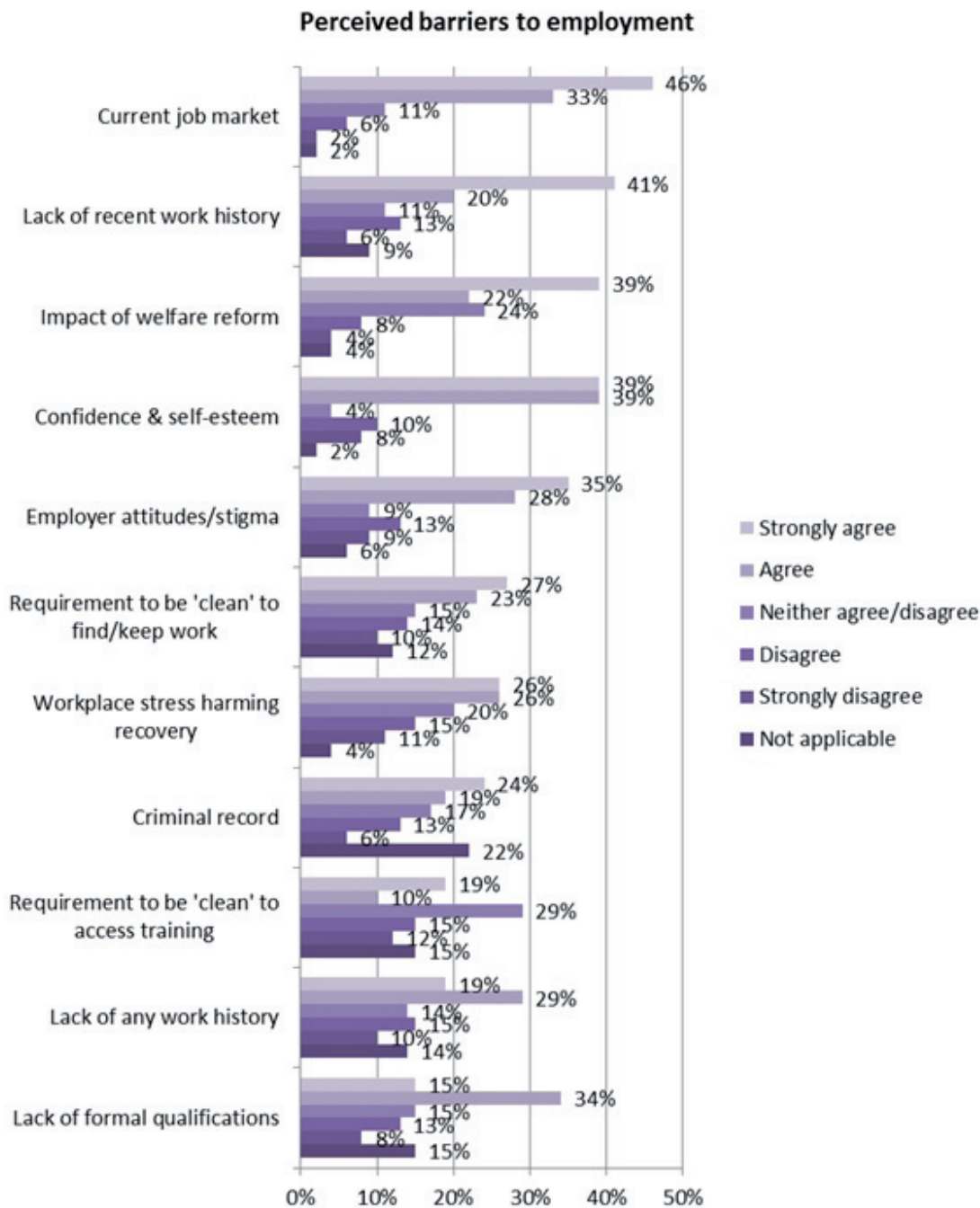
69 <http://www.cranstoun.org/>

70 <http://www.henrysmithcharity.org.uk/>



**Barriers to employment – jobseekers’ perspective**

Whether employed or unemployed, survey participants were asked to give their opinions about barriers to work – either ones they faced at the time of taking part in the survey, or if in employment, those they had perceived as being the most problematic at the time. The difficult job market was the factor most respondents strongly agreed was a barrier to finding work. This was closely followed by lack of recent history of paid work, the impact of welfare reform, and confidence or self-esteem. Stigma and attitude of employers, lack of any history of paid work, and a concern that workplace stress might harm recovery were among other factors frequently highlighted as barriers by respondents:



N=98

Some of these findings were reflected in questions asked of employers – see page 54.

Respondents volunteered additional information concerning their situations. Some chose to reflect generally on barriers, whilst others wrote about the specific challenges they face or had faced, and where relevant, how they had overcome them. The perception of employer stigma and preconceptions was mentioned by numerous respondents:

**Struggle to even contemplate filling in a job application due to employment gaps and an inability to promote my own abilities. Don't know where to go, who to ask.**

**Survey participant**

**It's very difficult to gain a job, especially when you have had a substance misuse history. I've found there is still a strong stigma in and around the public.**

**Survey participant**

**The odds are stacked heavily against people with a history of substance misuse.**

**Survey participant**

**Huge attitude amongst both colleagues and employers that they are untrustworthy. Ex-drug users will have awareness of judgemental attitudes. Labelling and expected to fail may lead to self-fulfilling prophecy? May have other health related issues, but may not. Illicit drug use is still such a barrier to employment that although there is much discussion about supporting people to move on and gain employment, it is only on the basis not in my organisation!**

**Survey participant**

**Until last week I'd have ticked 'strongly agree' for almost all of this but I've applied for ONE job (supported housing night worker) and despite virtually non-existent work history AND minor criminal record I got an interview and made a good enough impression to get offered bank shifts so that I can get paid experience (the actual job obviously went to someone with paid experience). I made a positive of my drug/mental health history in the application and I'd done good ground work with relevant voluntary experience which made my position stronger.**

**Survey participant**

**My biggest barrier was that I'd been dismissed from my last job when my using was discovered. There's no getting around that.**

**Survey participant**

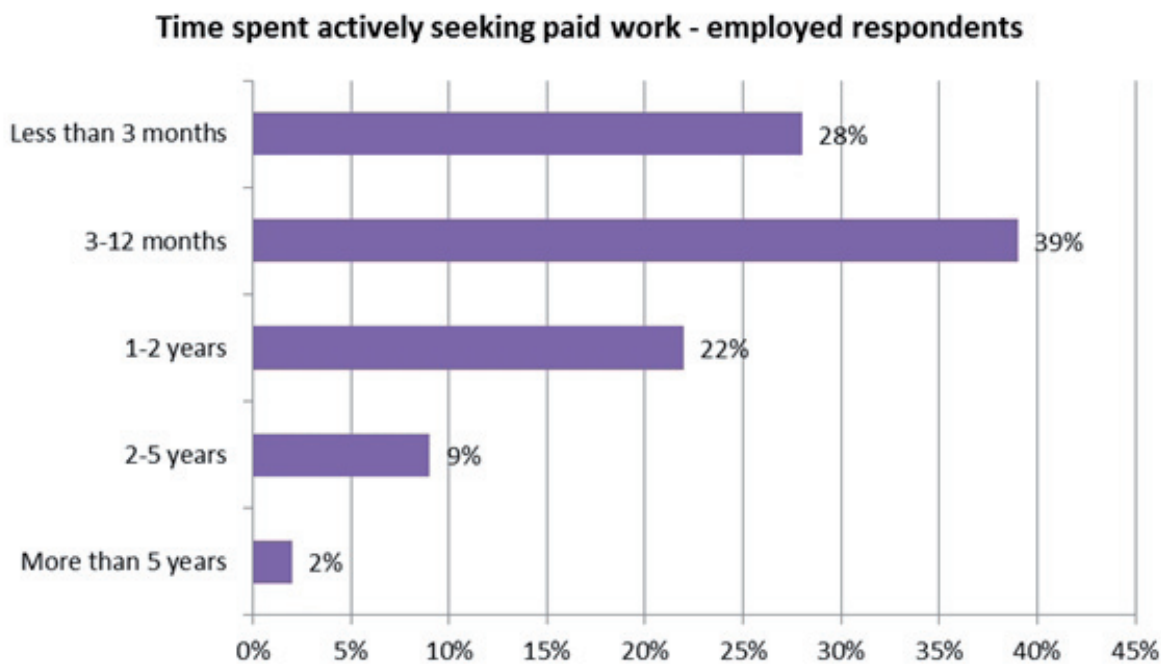
Some respondents highlighted that, perhaps paradoxically, many of the attributes that they had acquired would transfer well to employment:

**People with addiction are very resourceful you know. I was extremely resourceful and if you can change that from substance use into a job - the amount of resource and effort it takes to become a very good addict - which you know the majority are - you can imagine how well that can be transferred in to a job.**

**Interview participant**

## Finding and keeping work

Survey participants were asked to provide information about how long they had spent actively looking for work prior to obtaining their current job. Whilst the rate of job entry is substantially different, the overall experience of jobseekers with histories of drug and alcohol use mirrors that of other JSA claimants, with the majority finding employment relatively quickly, and a long tail of claimants who go on to become long-term unemployed:



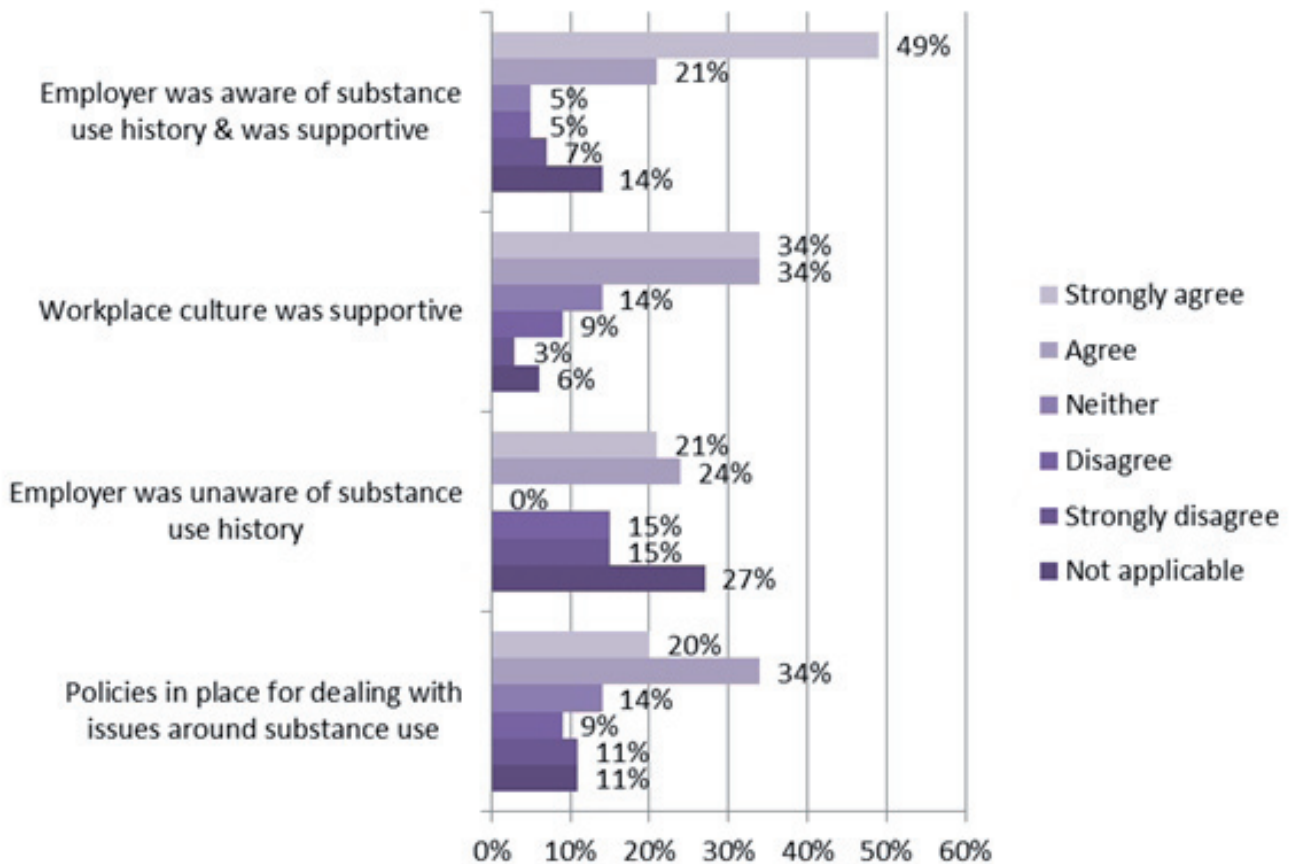
N=46

While this appears encouraging, it should be noted that the sample group is both small and a sample of convenience. It is also likely that by capturing the experience of treatment leavers who have found work, the responses above do not reflect the full spectrum of those furthest from the job market, who have been actively seeking without success at the point of the survey, or of discouraged workers who have effectively disengaged from the job market to a greater or lesser extent. As indicated in the chart on page 13, the experience of unemployed jobseekers is somewhat different, with 29% having been unemployed for over 5 years or never having had a paid job at all.

## Disclosure and employer attitudes

The majority of respondents who were employed at the time of the survey reported positive attitudes among employers regarding their history of substance use. Almost half indicated that they had disclosed their history and that their employer was supportive and flexible in, for example, allowing them to attend appointments or pick up prescriptions. However, it should be noted that some of these respondents were employed in the drug and alcohol treatment sector, where employers could be expected to be more sympathetic to previous drug and alcohol use. In fact, given the perceived barriers to mainstream employment that many respondents reported, it is perhaps not surprising that the majority indicated a preference for employment in the drug and alcohol sector:

Employer attitudes - current job



N=44

Many participants who were in employment at the time of taking part made a point of highlighting that whilst their employers were supportive, no adjustments had been requested:

**It is not an issue nowadays and I organise any appointments I have around my work schedule.**

**Survey participant**

**Flexibility neither asked for nor required.**

**Survey participant**

Others made reference to the way that their employer’s policies and overall approach had enabled them to stay in work, or had adjusted their role to accommodate them:

**My problems go back some years. Everyone in the office was at it [using powder cocaine], and everyone knew. Things got too much for me though, and I’m now on a year off, which is why I’m here. My job will be there for me to go back to.**

**Interview participant**

**I do not have to undertake work with clients who I know from 12 step meetings, etc.**

**Survey respondent**

One participant, an employee of a public sector agency, spoke of the lengths his employer had gone to with the aim of enabling him to return to his post in due course. It may be significant that as well as being a relatively senior member of staff, the agency had made a substantial investment in funding the participant through postgraduate education and professional qualifications: there was a very clear business case for enabling him to retain his job and return to work when able:

**I've always been in employment, until April this year. I've worked in different roles, and was paid to go to university to do an MSc. I first went into treatment 10 years ago, at [residential service], but it didn't work for me. Maybe I wasn't ready. By April this year, it got to a point where I was destroyed – spiritually, financially, morally, you name it.**

**I spoke to my doctor, and he put me in touch with Addaction, and from that day I've been here. I need to get rid of the old me and replace him with what I should be. I've been given a year out. If I'm not here, I volunteer at the temple. I want a bit of real life.**

**Interview participant**

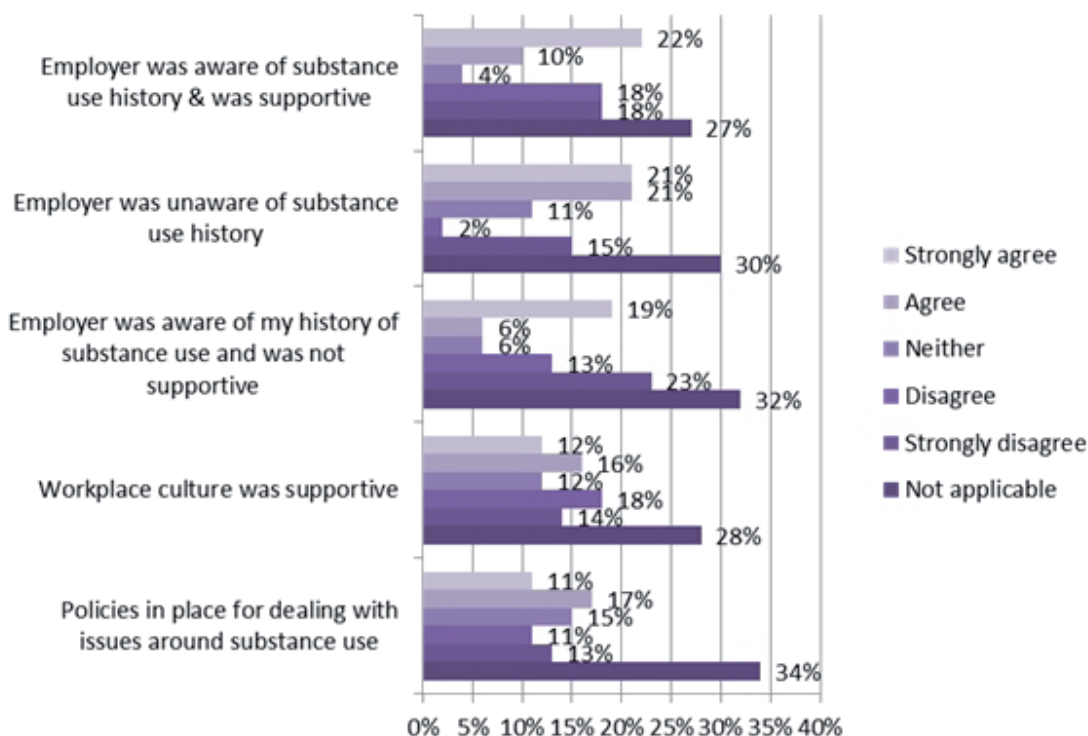
One participant, in response to a question about workplace flexibility, indicated less inclusive practice:

**I had to take all my holiday entitlement and unpaid leave for appointments.**

**Survey participant**

Where respondents were unemployed at the point of completing the questionnaire, they were asked to provide similar information relating to their most recent job:

**Employer attitudes - last job, currently unemployed respondents**



In many cases, respondents had lost their last job for reasons related to their substance use; this may be reflected in the generally lower levels of employer or peer support indicated. Another factor may be that whilst many of the people currently in employment worked for treatment providers or similar organisations, the jobs that people had left were in a more diverse range of sectors.

Several participants gave nuanced accounts of their experience:

**If I'd told the boss he probably would have understood, I can see that now, but at the time I wasn't thinking like that.**

**Interview participant**

**I thought everyone at work was the same, so didn't realise I had a problem until it got to the point I couldn't carry on. My managers had been flexible in the past.**

**Interview participant**

**The policies that [government executive agency] had looked fine – very supportive, very caring, but that wasn't how it worked in practice. Managers changed all the time, they never got to know you, and the only priority was getting the job done, not staff welfare.**

**Interview participant**

**To be honest, everything happened so quickly that I just didn't have the opportunity to talk to anyone or think about policies. One day I was more or less fine (although in hindsight maybe there were some things that should have warned me) the next I was completely gone and ended up being sectioned. I don't know if policies would have helped in that situation.**

**Interview participant**

Other participants made contributions that reflected extremely traumatic and complex situations that employers may well struggle to address or support an employee through:

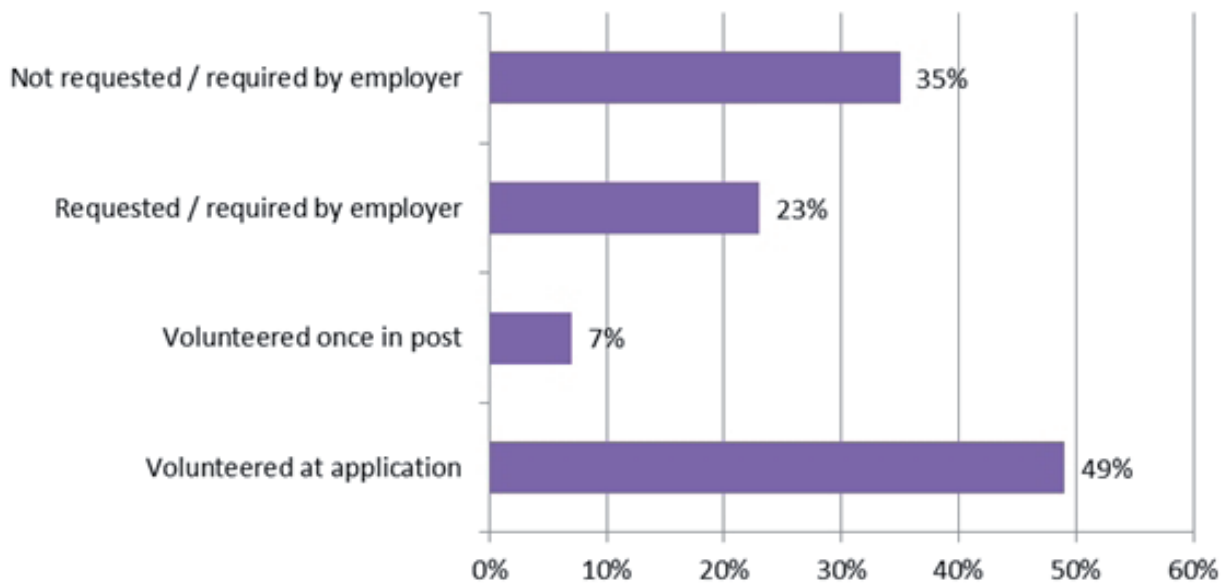
**I had a miscarriage and then I left work. I suppose, not just the fact that I was using drugs but because I didn't feel like I was supported at the time. I was in and out of hospital as well and... they weren't really supportive. They gave me a week off and just expected me to bounce back. I was just using drugs to ease the pain of losing another baby and stuff like that. So I didn't feel like I was supported by the agency, no.**

**Yeah, I didn't know who to talk to, I didn't know who to turn to. By that time I'd left the drug service and I felt ashamed to go back. And all I really wanted to do was get away from the violent relationship that I was in. All I felt like doing was just running away and not facing it, and not actually looking at my problems, I just wanted to run away and that's exactly what I did do. Ultimately I ran away.**

**Interview participant**

Respondents provided more detailed information about disclosure. As indicated previously, many of the respondents were currently employed within the drug and alcohol treatment sector, and may consequently have had different expectations about the reaction to disclosure:

### Disclosing history of substance use to employers (employed) respondents



N=43

Comments from respondents presented a range of experience, expectations and attitudes towards disclosure:

I think everyone should be aware about addiction, it's part of the culture now, Friday night you can go anywhere and see alcohol and drugs hand in hand, and most of these people have some sort of position, or they're creative people. People should be more open, more understanding, less stigma around it. The employer and employee shouldn't feel fearful of coming forward and saying 'look, I've got a problem, what help can you give me?'

**Interview participant**

I felt it imprudent to disclose my history of substance misuse at interview/application stage. I would now however feel less disinclined to discuss my past.

**Survey participant**

My overall boss is not aware of my previous situation. However, due to dealing with clients whom I've seen at 12 step meetings etc, I chose to inform my line manager just in-case anything should arise in the future.

**Survey participant**

It was requested as part of medical questionnaire, but I lied.

**Survey participant**

It's about knowing the signs – if you're a good manager you know your people and what support you can give your employees.

**Interview participant**

## Employer perspective on recruiting and employing people with histories of substance use

DrugScope’s research with employers, carried out via an online survey aimed primarily at London employers but open to any employer, set out to clarify some of the widely acknowledged beliefs of employers, particularly concerning barriers to employment as perceived by employers, and also attitudes towards recruitment. The survey was developed in light of previous research, and particularly in light of UKDPC’s 2008 research *Getting Problem Drug Users (Back) Into Employment*.

UKDPC engaged over 100 employers through a national survey and through targeted telephone research. One of the key findings lay in the responses to the questions:

**“If a job applicant who is otherwise suitable for the position admits to a history of / current drug use, would you offer them employment?”**

The responses indicated a variable but generally high degree of reluctance:

<b>“I would not offer employment to a former / current user of the following drug:”</b>		
	<b>Former user</b>	<b>Current</b>
<b>Heroin</b>	92%	93%
<b>Crack cocaine</b>	87%	96%
<b>Powder cocaine</b>	60%	64%
<b>Recreational / dance drugs</b>	22%	41%
<b>Cannabis</b>	14%	30%

UKDPC – *Getting Problem Drug Users (Back) to Work*

It appears from the responses, and also the comments from employers included in the evidence review, that not only are crack cocaine and heroin perceived as severely and adversely reducing employability, but also that the effects are persistent: little differentiation is made between former and current users. The same can be said to an extent for powder cocaine, but not for drugs such as cannabis and others seen as occupying the ‘softer’ or less harmful end of the spectrum.

UKDPC summarised the barriers, as reported by the participating employers, as:

General risks of employing problematic drug users:

- The risk to the employer’s reputation;
- Managing drug use in work or affecting performance;
- The risk to other employees.

Fitness for the job:

- Reliability, honesty and capability;
- Stereotypical views and lack of information.

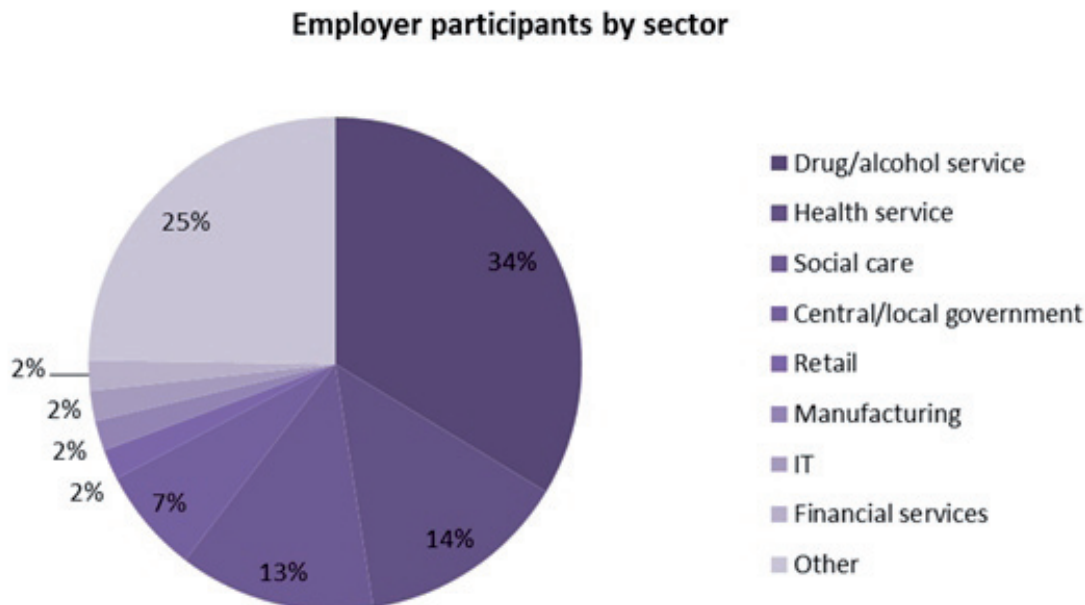
Practical issues:

- Criminal record, health problems, treatment regime and medication.



## DrugScope 2012-13 employer research

This was again a sample of convenience. The majority of respondents were from employers or sectors who might reasonably be expected to be more open to employing and recruiting people with histories of substance use, specifically the drug / alcohol treatment sector itself, homelessness organisations, welfare to work providers, social care providers, or central and local government.



N=69, 44% from Greater London

Many of these sectors describe themselves as having a sense of mission or social purpose, so it is possibly unsurprising that they display – and practice – different approaches. In the case of public services, the role they can play in employing (and, crucially, being seen to employ) people in recovery from drug and / or alcohol use is explicit in the 2010 Drug Strategy:

In particular, the strategy emphasises that by using the recruitment and procurement strategies of the public sector, a broader and deeper body of case studies can be assembled that might help to change employers' attitudes more broadly:

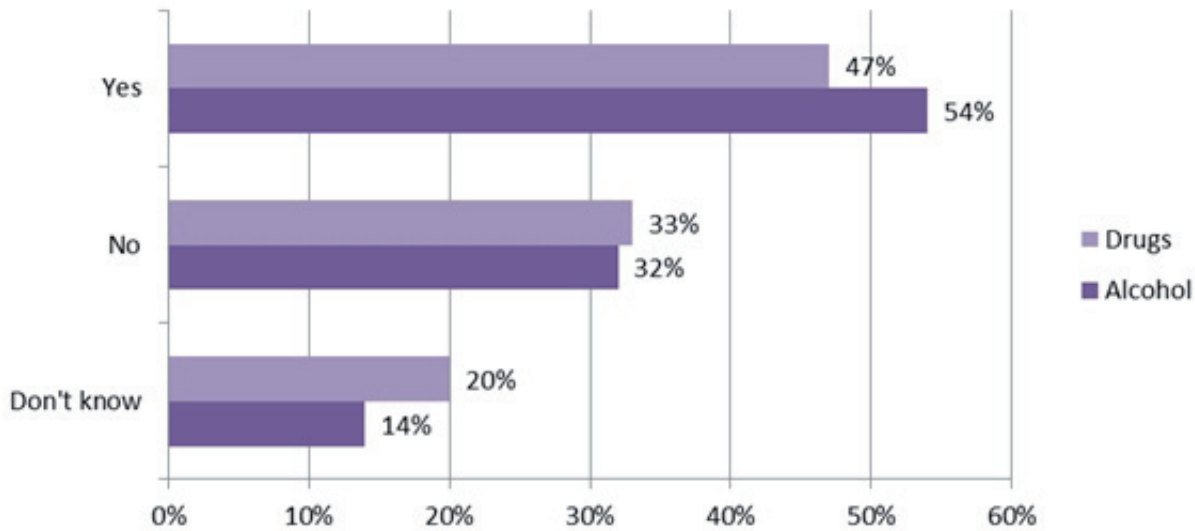
The public sector must play its part through both direct recruitment and procurement contracts. Research by the UK Drug Policy Commission has shown that feedback from some employers is that people in recovery are amongst their best and most reliable employees. Working with partners and employers, we will promote positive case studies and provide guidance on working with this group.

*Drug Strategy 2010. Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life, HM Government, 2010*

One of the factors that differentiates the sample group used by UKDPC, who chose a representative sample of employers, and the one involved in this survey is that fewer than 5% of the participants in UKDPC's research had (or acknowledged) experience of employing a former or current opiate or crack cocaine user. Conversely, this was experience that around half of the respondents to the DrugScope survey had acquired, and in the case of around two thirds of the participants, was part of their future recruitment expectations.

It therefore seems possible that the views of this cohort of employers are more informed by experience and evidence and less by preconceptions, stigma and negative stereotypes. This is not to understate the legitimacy of the concerns that other employers have articulated; if employer attitudes are to change, then as indicated in the 2010 Drug Strategy, positive case studies featuring successful examples of recruitment and employment will be needed.

**Experience of drug/alcohol problems in the workplace**

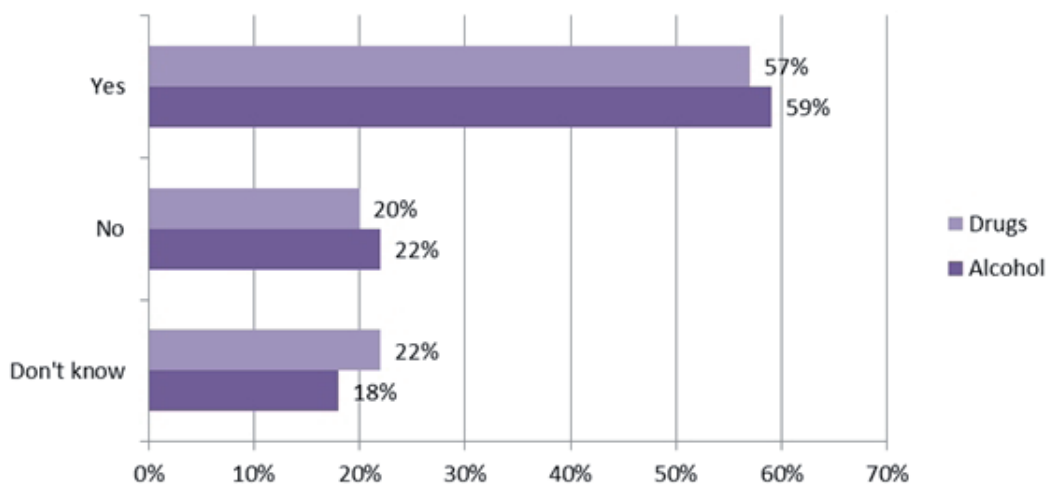


N=61

Slightly more than half of the respondents reported that their organisation had had an employee who had developed alcohol problems during their employment, with just under half saying the same for drugs. 'Developing a problem' was defined as their consumption of drugs or alcohol definitely and repeatedly interfering with their health, social functioning and/or work capability/conduct.

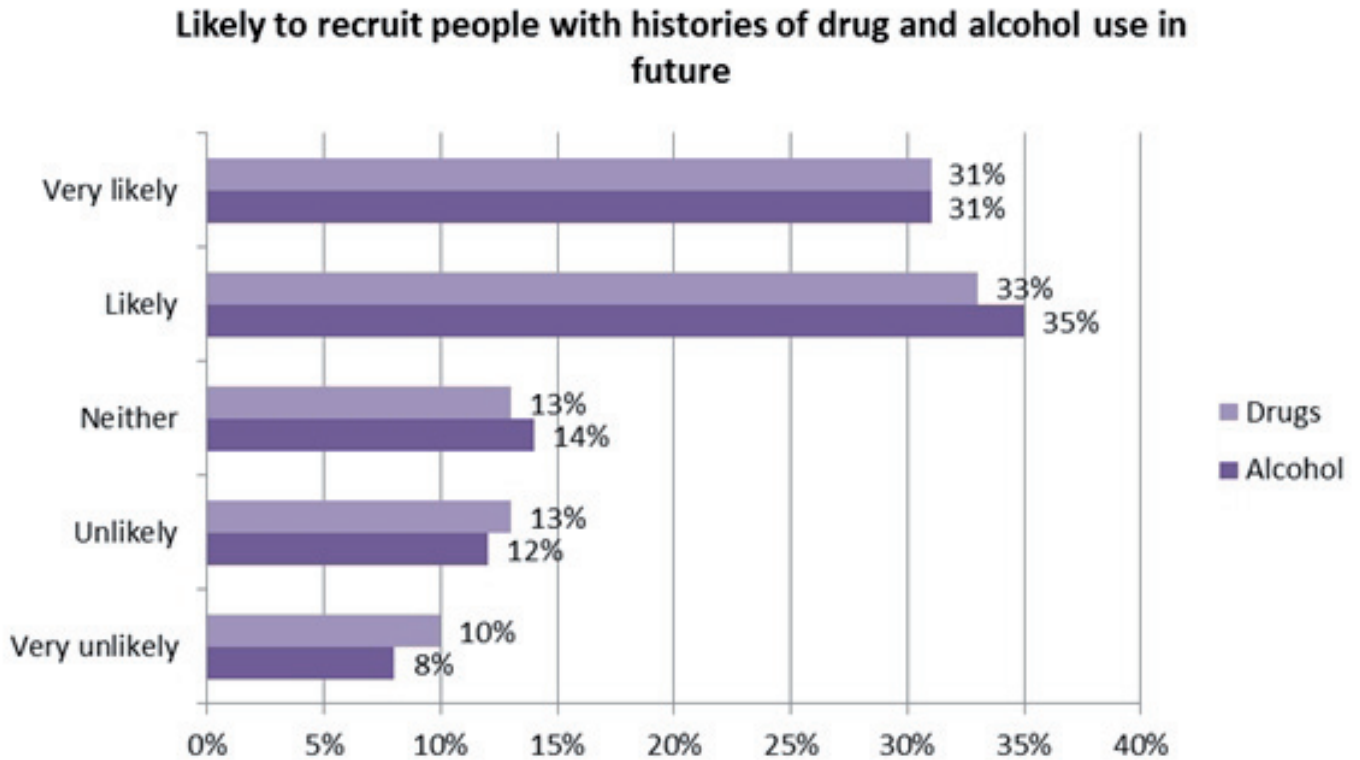
Questioned about their recruitment practice and strategies, the majority of respondents indicated that they had knowingly recruited one or more employees with known histories of drug and / or alcohol problems. In this instance, a 'known history' was defined as being a person with a history of alcohol or drug problems, and who used alcohol / drugs problematically in the past, but no longer does.

**Previously recruited staff with known histories of drug/alcohol problems**



N=59

Asked about their future recruitment intentions, around two thirds stated that they were likely or very likely to continue to recruit people with known histories of drug or alcohol problems, using the previous definition of people with known histories:

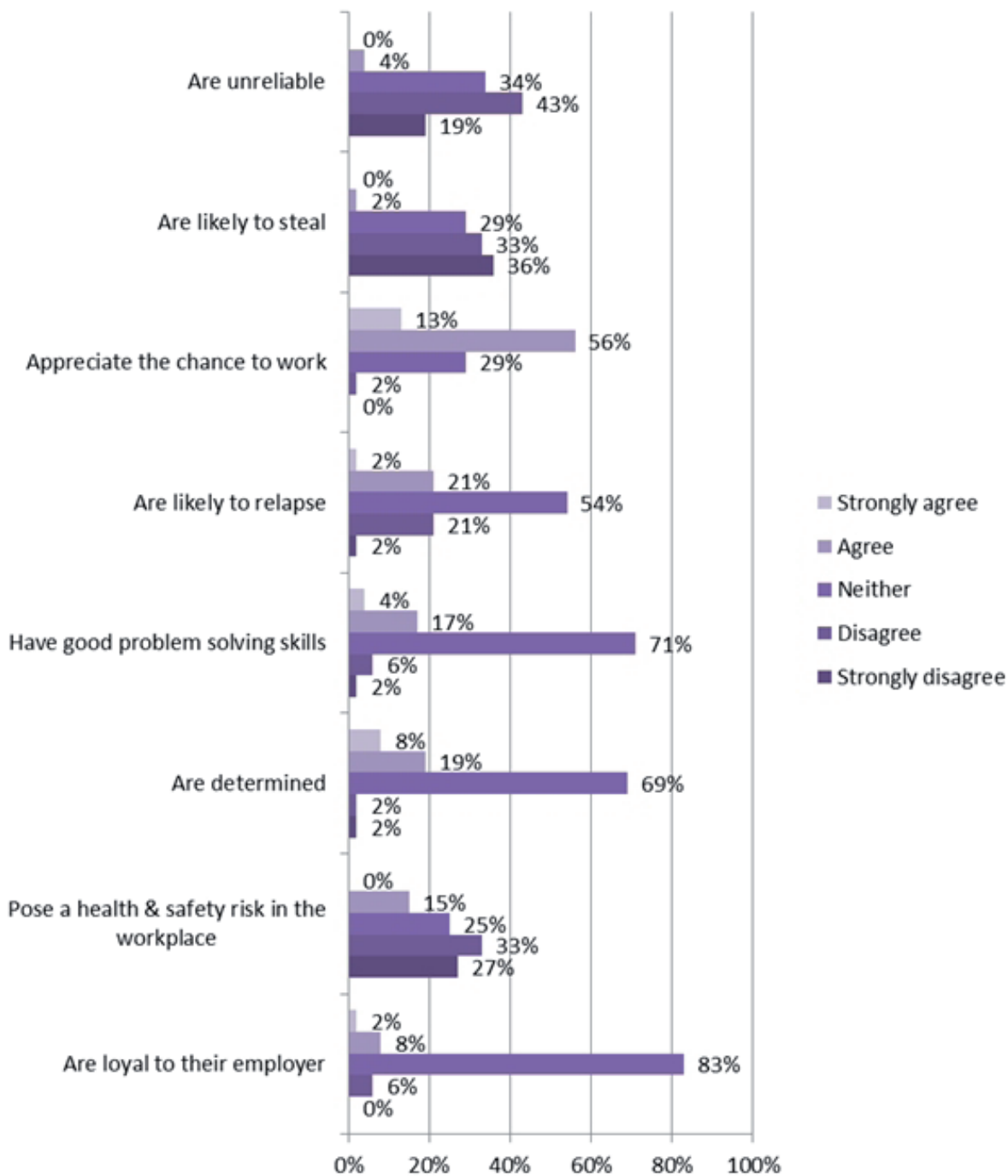


N=57

Taken together, a conclusion from the above charts is that many of the employers who responded have knowingly recruited people with histories of problematic drug and / or alcohol use, have had experience of an employee who has developed a drug or alcohol problem subsequent to becoming employed, and that the majority of them consider it likely or very likely that they will continue (or in some cases start) recruiting people with known histories of drug and / or alcohol use.

The following questions were aimed at gaining a greater understanding of what the impact has been for their organisation:

**In the workplace, people with histories of alcohol problems:**



N=50

The charts above suggest a number of possibilities. One is that many of the concerns often expressed by employers with little or no experience of recruiting and employing people with histories of problematic substance use may not be reflected in the experience of employers who do. Many of the negative perceived characteristics (such as theft, being unreliable) are disagreed with by the majority of participants, while there is no clear support for the idea that people with histories of problematic drug and / or alcohol use are a workplace health and safety risk.

Turning to the positive characteristics often spoken about as incentives for employers to recruit people recovering from drug and / or alcohol use, the situation may be more complex. The concepts of 'better than well' and 'the grateful addict' may be reflected in the support for the suggestion that they appreciate the chance to work, but the responses suggest that at least the employers who participated did not believe that that sense of gratitude extended to their employers corporately or personally.

Furthermore, whilst there was modest support for the idea that people who have been able to overcome significant problems and make a positive and sustained change in their life are determined and have acquired good problem solving skills, there was less confidence with this than with some of the other characteristics.

These responses are not particularly problematic – they are positive characteristics that haven't elicited significant levels of disagreement, but it may challenge some of the positive assumptions (and claims) that the drug and alcohol treatment sector sometimes makes, as well as the more negative beliefs current in some parts of the job market.

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### Key issue

#### Recruiting from disadvantaged groups – the business case

**The responses from employers suggest that positive experiences are the norm; while very few respondents felt that people with histories of drug and / or alcohol use were likely to steal or be unreliable, the majority indicated that positive characteristics like eagerness to work are far more typical. Other characteristics often raised as potential problems, such as relapse and posing a health and safety risk are similarly not reflected in responses from respondents – the majority of which have experience of recruiting people with known histories of drug and / or alcohol use.**

Turning to more positive attributes, the concept of 'better than well' is sometimes used as a catch-all term for a range of characteristics and habits that people acquire through the process of engaging in treatment. These might include honesty, openness, problem solving ability, resolve, focus, ability to work well as part of a team, loyalty, ambition, and a drive to seize a 'second chance'. These are all traits that employers should find desirable. Whilst the findings of the DrugScope employer survey are inconclusive, they do not contradict this.

Business in the Community conducted research with around 70 of their members to learn more about the business benefits of inclusive employment, resulting in the report *Work Inclusion – Business Benefits*<sup>71</sup>, produced in 2011 and updated in 2013. Whilst this relates specifically to involvement in BITC programmes including Business Action on Homelessness (many participants in which will have had histories of drug and / or alcohol use), the findings may be more broadly applicable.

They include:

- **Employees and future workforce: benefits relating to improved professional and personal skills and HR related advantages such as diversity, recruitment, employee retention and absence management. Over 75% of companies cited increased employee motivation / morale as a key benefit of engagement in programmes.**

71 <http://www.bitc.org.uk/our-resources/report/work-inclusion-business-benefits>

- **Brand value and reputation:** positive public recognition from key stakeholders, media coverage, improved relationships with customers and suppliers 82% of companies running employability programmes for disadvantaged groups said that it improves public perception of the company.
- **Direct financial impact:** cost savings primarily relating to recruitment and training, but also access to new sources of income. Norse Commercial Services saves over £22k per annum on reduced recruitment, training and overtime costs.
- **Organisational growth:** new business and markets as a result Work Inclusion programmes. 57% of companies reported benefits relating to organisational growth such as winning tenders and developing new partnerships. Other benefits. A number of businesses recognise the positive impacts that Work Inclusion initiatives have on macro-level sustainable development. Longer-term benefits such as meeting multi-stakeholder interests, license to operate, reducing crime and contributing towards community cohesion were acknowledged by businesses as being important.

The penultimate business benefit identified above is particularly relevant in light of the *Public Services (Social Value) Act 2012*<sup>72</sup>. This legislation requires public bodies to consider social value as part of any procurement, specifically:

*How what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and how, in conducting the process of procurement, it might act with a view to securing that improvement.*

This legislation came into effect on 31st January 2013. While a number of resources have been produced to promote awareness and use<sup>73</sup>, it is currently an emerging rather than a mature area of public procurement practice. Should the Act achieve its intended impact, being able to demonstrate that a firm makes a positive contribution to a particular area by (for example) recruiting locally from disadvantaged groups may yield direct and substantial commercial benefits.

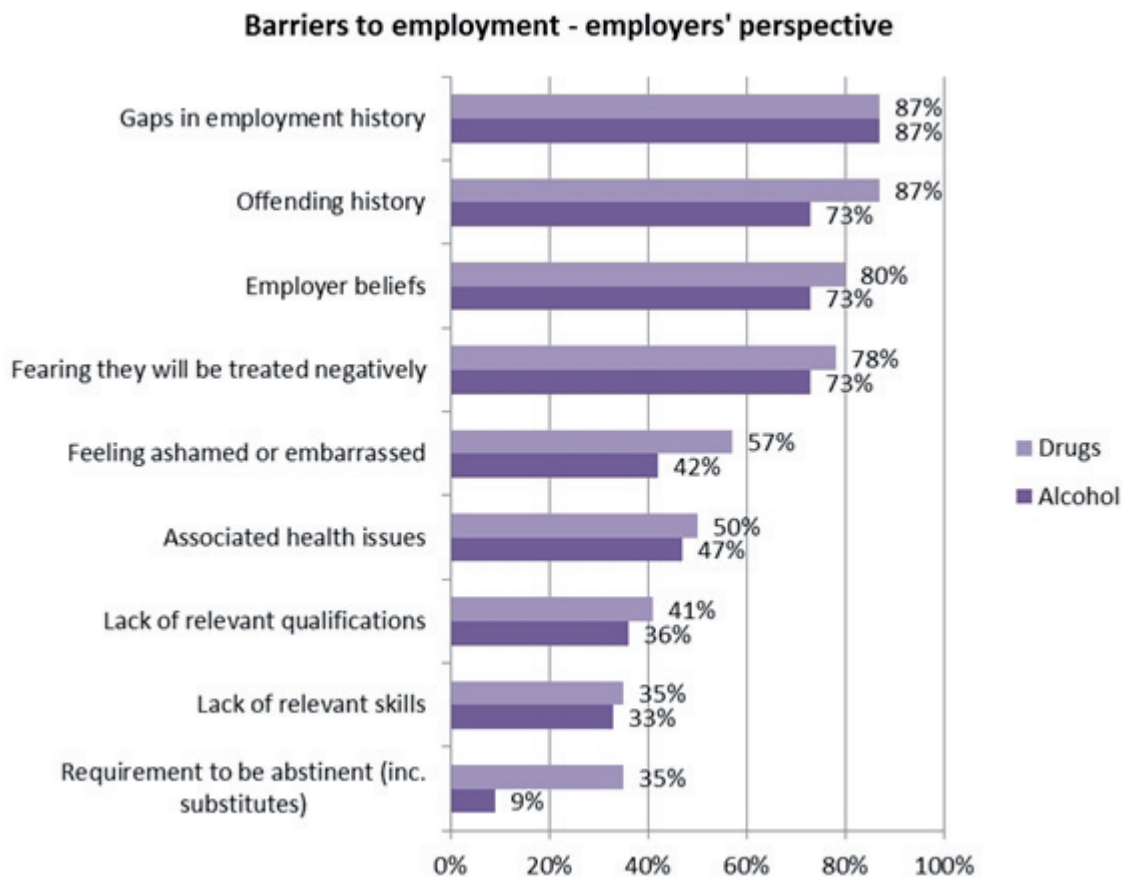
While the Act may present opportunities, it should be noted that the social value delivered does not have to be in the form of employment, and where employment is part of the offer, there will undoubtedly be competing claims and priorities; the case for employment will still need to be made locally.

<sup>72</sup> <http://www.legislation.gov.uk/ukpga/2012/3/contents/enacted>

<sup>73</sup> For example, this Procurement Policy Note from the Cabinet Office: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/79273/Public\\_Services\\_Social\\_Value\\_Act\\_2012\\_PPN.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/79273/Public_Services_Social_Value_Act_2012_PPN.pdf)

## Barriers to employment – the employers' perspective

Respondents were asked what barriers to employment they feel people with a past history of drug problems encounter when looking for work.



N=46

Barriers to employment as perceived by employers are broadly consistent with the barriers as perceived by jobseekers on [page 41](#), with both employers and jobseekers perceiving a fragmented or deficient employment history to be the biggest, or among the biggest obstacles. Although the criteria do not match exactly, a lack of recent employment history broadly correlates with gaps in employment history, employer attitudes broadly corresponds to employee beliefs. Whilst the samples in both cases are of convenience and of limited size, it is worth noting that 63% of jobseekers with a history of drug and alcohol use felt that employer attitudes would be a barrier to employment, 80% of employers felt that employer beliefs about drugs would be a barrier, with 73% indicating the same of alcohol.

### Key issue

#### Employer insight

Two interview participants, both of whom were in recovery at the time of being interviewed, were themselves former employers; one in hospitality, the other in car hire. As the only participants who identified themselves as having had experience of both recruiting as employers and 'problematic' substance use, their insight was particularly welcome.

I had to go through this journey to realise what recovery is all about. Because I had no conception of, no perception of what it was, so I believe I would have been judgemental about it and the type of work I was doing... So yeah... knowing what I know now that's completely different but to answer your question then I most probably would have been judgemental.... of someone's' past.

Interview participant

Yeah it wouldn't have been an option. I'm being honest; it wouldn't have been an option. Back then I was very closed minded... I thought I was open minded but I wasn't I was closed minded, and to me, you know business-wise... no.

Interview participant

**Both participants worked in sectors that may be particularly problematic for people with former substance use histories due to the working environment and / or insurance requirements, but the comments are nevertheless illuminating; thinking back to their periods as employers, neither participant would have given the idea of recruiting someone with a history of substance use much shrift.**

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It is encouraging that relatively few employers indicated, based on their own experience, that qualifications and skills are less significant barriers to employment. However, it may not reflect the reality that at a treatment population level, many people are likely to face significant barriers relating to formal qualifications and skills deficits.

### The role of medically assisted recovery

Finally, the number of responses on the requirement to be abstinent is pertinent. Many of the respondents to the LDAN client survey indicated that they felt that the requirement to be free of both illicit and prescribed drugs to access employment would be a barrier, with 50% stating that they agreed or strongly agreed with that suggestion. This is somewhat higher than the proportion of employers who indicated the same. Also, employer attitudes about the importance of abstinence differ between drugs and alcohol, and it is not clear from the survey that the requirements of the potential roles being considered would explain this distinction completely.

However, as previously noted, this particular group of employers should probably not be regarded as being typical of the wider job market, being a cohort with some experience of recruiting people with histories of substance use. Paradoxically, this may make some less willing to employ people in medically-assisted recovery (due to the specific nature of the roles they may be considering) and others more (as they are starting from a position of greater familiarity with substitute prescribing). There are a number of possible conclusions, including:

- Medically-assisted recovery featuring substitute prescribing may make it impossible to operate machinery or to drive, which would clearly be problematic where the performance such tasks is required;
- A lack of awareness of the spectrum of prescribing might be causing employers to err on the side of caution and perceive barriers even where workplace performance may in fact be unimpaired;



- Employers might see medically-assisted recovery as being incompatible with a particular role – for example, working in an abstinence-based service;
- Employer perspectives may be influenced by public discourse – abstinence is preferred or required, even where there may be no impairment or incompatibility with the role in question. Current negative discourse about medically-assisted recovery may shape these opinions and be making employers reluctant to hire people who would otherwise be capable of meeting the requirements of the role.

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### Good practice – employer and community engagement

#### Training, employment and enterprise – Ashford Place

Ashford Place is based in Cricklewood, north west London, with roots in homelessness and a strong connection to the Kilburn and Cricklewood Irish community. Having been known as Cricklewood Homeless Concern between 1983 and 2013, it adopted the new name to reflect the reality that the organisation's work is now much broader and that it serves the whole community, with a particular focus on disadvantaged groups and those at risk of social and economic exclusion. In addition to outreach and related homelessness services, Ashford Place offers access to health services including alcohol and drug services, counselling, ETE support, social enterprise development and business incubation services.

Ashford Place's Training, Employment and Enterprise services provide a clear but flexible route into training, education and paid employment. In 2012-13, 110 people were supported into paid employment out of just under 400 accessing one or more of the service options, whilst many of the remainder pursued volunteering or further education and / or training. Ashford Place has developed close working relationships with many local employers, from large retailers at Brent Cross, the local shopping centre, to smaller local businesses in the Cricklewood, Kilburn and Swiss Cottage areas. Offering businesses something in return for their support – whether easing their recruitment process, providing development opportunities to their workforce or raising their profile locally, Ashford Place have taken care to ensure that the relationships bring long-term benefits to all parties.

Ashford Place's football team, Cricklewood Wanderers FC<sup>74</sup>, was established in 2011 primarily as a means of engaging younger members of the local community. The teams have gone on to achieve success in local league and cup competitions, and additional capacity has been added including purely recreational teams and a futsal<sup>75</sup> team for 13-15 year olds. As well as providing a means of engagement, 12 players have gone on to professional or semi-professional teams, whilst 38 have gone on to other employment and 9 have received help to establish their own businesses.

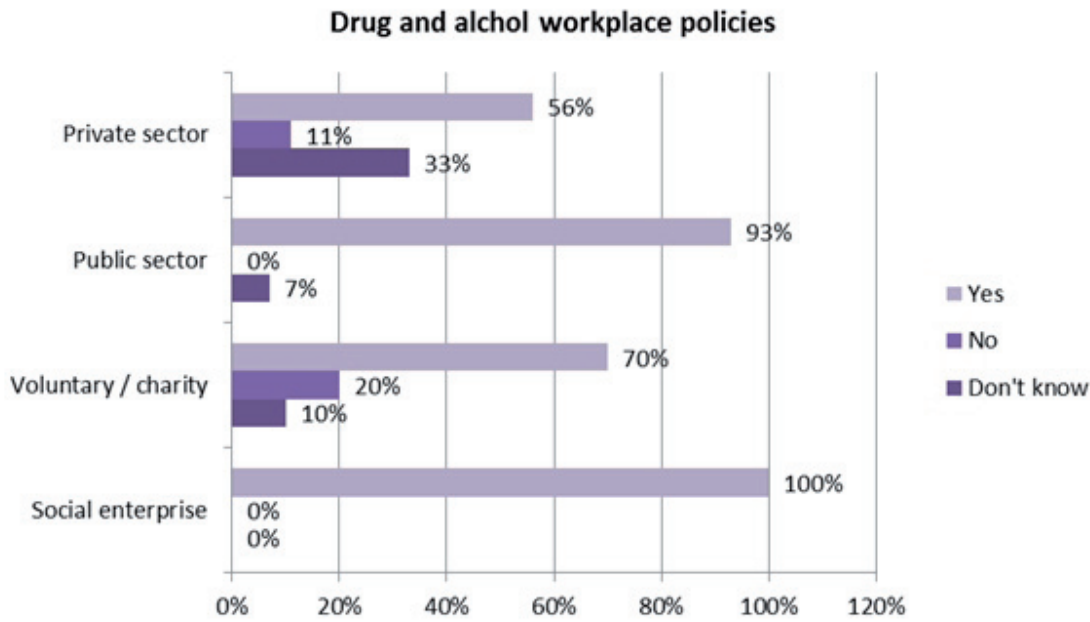
For more information about Ashford Place and its employment programmes, please visit this link: [http://www.ashfordplace.org.uk/home\\_15062.html](http://www.ashfordplace.org.uk/home_15062.html)

74 <http://www.ashfordplace.org.uk/?c=16751>

75 A variant of football played on smaller pitches with smaller teams and with simplified rules. Often played indoors, futsal is particularly suitable for children.

**Workplace drug and alcohol policies**

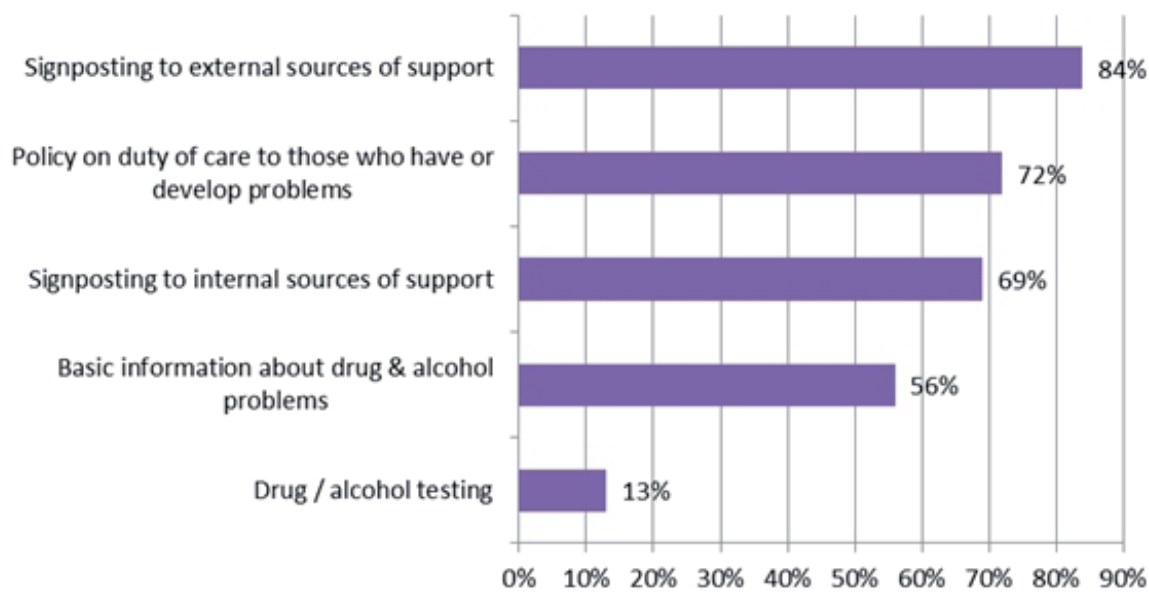
Most survey participants reported that they have workplace policies relating to drug and / or alcohol use. Private sector participants were less likely to be sure that they have such policies, although as with



N=50

Finally, employers were asked about their current workplace drug and alcohol policies and procedures, and what additional support – from any source – they might find helpful.

**Workplace HR policies**



N=45

The comments made by employer survey participants broadly reflect those made in previous work carried out by the UKDPC and the themes of risk awareness and management and support for employers and employees. Observations made in the UKDPC's report *Getting Problem Drug Users (Back) Into Employment* but not in this survey include a need for more general information about drugs, drug use and treatment (including substitute prescribing) and indemnity insurance for employers recruiting people with known histories of substance use or dependence.

The majority of respondents to this question did not include random drug or alcohol testing as part of their conditions of employment; this may be a reflection of the employers that responded to the survey. At least one employer from each of the private, public and social enterprise sectors indicated that they carry out random drug and / or alcohol tests, with only respondents from the voluntary sector unanimously stating that they do not.

Relatively few employers indicated that their policies contain basic information about drug and alcohol problems. It is possible that the external sources of support signposted (which might potentially include national resources such as FRANK or a local treatment provider) would provide such information.

Asked to identify additional support that employers would welcome, participants indicated a range of options, including employee assistance, provided by local services, or by extending the remit of existing employee assistance provision:

### **Cost effective solutions that support people to remain in employment.**

#### **Survey participant**

**Somewhere to send staff to when they're having problems - sending staff to ordinary substance misuse services is often not appropriate as they work so closely with them professionally. An independent resource would be good - even if it's by phone or Skype.**

#### **Survey participant**

One participant adopted a different approach, focussing on employer and recruiter knowledge and understanding, as well as (potentially) a broadening of equality legislation to give protection to people potentially at risk of discrimination due to previous problematic drug and / or alcohol use.

**Knowledge about and equal opportunities for those who have successfully made changes in their lives.**

#### **Survey participant**

<sup>76</sup> [http://www.ukdpc.org.uk/wp-content/uploads/Evidence%20review%20-%20Getting%20problem%20drug%20users%20\(back\)%20into%20employment\\_%20employer,%20provider%20and%20service%20user%20perspectives.pdf](http://www.ukdpc.org.uk/wp-content/uploads/Evidence%20review%20-%20Getting%20problem%20drug%20users%20(back)%20into%20employment_%20employer,%20provider%20and%20service%20user%20perspectives.pdf)

<sup>77</sup> <http://www.talktofrank.com/>

**Key issue**

## The Equality Act 2010

The Equality Act 2010 replaces a range of previous equality legislation, including the Disability Discrimination Act 1995. Alongside rationalising and simplifying a complex area of law defined by several acts of parliament and additional statutory instruments, it also introduced new duties, such as the Public Sector Equality Duty<sup>78</sup>. It requires (with some exceptions) that equal access be provided to public and private services and, crucially, to employment, regardless of the ten ‘protected characteristics’, these being: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and, finally, sexual orientation.

The part of the 2010 Act that deals with drug and alcohol addiction or dependence has been carried over from the 1995 Act, and explicitly excludes:

“addiction to, or dependency on, alcohol, nicotine, or any other substance (other than in consequence of the substance being medically prescribed)”<sup>79</sup>

The specific exclusion of drug and (to a lesser extent) alcohol dependency appears to be due to the links between substance use and criminality, rather than the matter being viewed as one of impairment, health and social exclusion under the Act. This is highlighted by comparison with the other impairments that are specifically excluded from the Act, which include a tendency to set fires, a tendency to steal, a tendency to physical or sexual abuse of other persons, exhibitionism and voyeurism.

A degree of protection is provided where an individual has acquired an impairment as a result of something that is itself excluded:

“For example, liver disease as a result of alcohol dependency would count as an impairment, although alcoholism itself is expressly excluded from the scope of the definition of disability in the Act.”<sup>80</sup>

The case for classing substance dependency as a disability was set out in the UK Drug Policy Commission’s submission to the House of Commons Work and Pensions Select Committee inquiry on equalities<sup>81</sup>. The UKDPC invited the Committee to consider ‘how impairment due to substance addiction should be included within the legislation...including more explicit recognition of this disorder within the definition of disability’. However, this proposal was not considered or discussed in the Committee’s final report.

There may be some arguments against the inclusion of drug and alcohol dependency (or past dependency) as an impairment under the Act (such as, for example, the risk of additional or different types of stigmatisation or resistance from employers or providers of services). There is little doubt that in both access to services and in the job market, people with such histories routinely experience discrimination.

78 <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/introduction-to-the-equality-duty/>

79 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/85010/disability-definition.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85010/disability-definition.pdf)

80 Ibid.

81 [http://www.ukdpc.org.uk/wp-content/uploads/Briefing%20-%20Submission%20to%20the%20Work%20and%20Pensions%20Committee%20inquiry\\_%20the%20Equality%20Bill.pdf](http://www.ukdpc.org.uk/wp-content/uploads/Briefing%20-%20Submission%20to%20the%20Work%20and%20Pensions%20Committee%20inquiry_%20the%20Equality%20Bill.pdf)

The employers who participated in the DrugScope survey generally displayed positive attitudes to recruiting people with histories of drug and / or alcohol use, but as a sample of convenience who opted to participate because of prior interest, it is unlikely that their approach reflects that of the wider job market. Research by UKDPC and others suggests that unfavourable treatment is commonplace, and the explicit exclusion of dependence on alcohol and illicit drugs from the Act could potentially be seen as tacit endorsement of this.

### Credits and contacts

This report has been produced with support from Trust for London, who have funded the London Drug and Alcohol Network's Routes to Employment Project.

DrugScope / LDAN would like to thank all individuals and employers who participated in this research, and particularly the Beresford Project, Blenheim CDP, Build on Belief, Central & North West London NHS Foundation Trust, Each Counselling, Hackney Specialist Addiction Unit and Westminster Drug Project, for their support in facilitating face to face interviews with people in treatment or who had recently left treatment.

We would also like to thank Ben Fargen and Peter Owu for assistance with transcribing the interviews that have been incorporated into the case studies.

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