Public Health England

Protecting and improving the nation's health

Key considerations when designing and delivering education, training and employment support for clients in drug and alcohol treatment

A summary of discussions from the Public Health England North West Education, Training and Employment forum

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Executive summary

Between January 2014 and July 2015 Public Health England North West hosted a quarterly forum to bring together key stakeholders in the provision of education, training and employment support to recovering alcohol and drug users. In each session discussions have focused on the 'Key considerations when designing and delivering education, training and employment support for clients in drug and alcohol treatment' The discussions fell into five main areas:

- content of support
- expectations and aspirations
- timing/programming
- strategic considerations
- delivery mechanism

The areas were revisited in a number of sessions and after providing all forum attendees with the opportunity to contribute individually via email the key considerations identified were:

- delivery must be asset based and individualised
- mapping of local provision and opportunities is essential. This can only be achieved by sharing of knowledge across agencies on an area by area basis
- support once in employment must be provided
- volunteering/work placements are central but progression from this is important and some clients will be ready to go straight into employment
- employment must be emphasised as a valuable and realistic recovery goal
- employer engagement is critical but has not been addressed consistently

The North West Public Health England Education, Training and Employment forum will continue to meet to share best practice, encourage joint working and raise the profile of education, training and employment as recovery outcomes, ensuring cognisance of the key themes identified in discussions.

Background

In January 2013 the National Treatment Agency (now incorporated into Public Health England) established a forum with the aim of ‘bringing together drug and alcohol treatment providers, commissioners, Department for Work and Pensions, Work Programme providers and other interested agencies across the North West who work with drug and alcohol users to raise the profile of training and employment as important recovery mechanisms and outcomes, improve joint working and share best practice.’ The sessions have been attended by over 150 different individuals with an average attendance of around 35 people. In each session at least an hour is dedicated to discussions in small groups and since January 2014 (seven sessions in total) these discussions have focused on the ‘key considerations when designing and delivering education, training and employment support for clients in drug and alcohol treatment’. The notes from these sessions have been collated by Public Health England and distributed to the full list of group members for comments between each session before being revisited in each session to add more detail. The following is a distillation of the knowledge and experience of the experts in the forum on this topic. It is organised into themes which emerged over time and were identified by the Public Health England chair of the forum. It is hoped this will provide useful suggestions for colleagues in other Public Health England sub regions and those in the North West who have not been able to attend the forum.

Content of Support

1.1 Services need to find out people's goals and assets and tailor training accordingly. This asset based approach works because it focuses on the individual not a generic response. You cannot tailor a programme to fit an infinite number of parameters, but if you asset map already available local education, training and employment provision you do not have to design a programme to meet every need. In line with this, overly-generalised training is of limited value as it needs to be adaptable, localised and relevant.

1.2 Often very basic skills/life coaching is required and government welfare initiatives can fail to recognise this in terms of the cohort of people who are entrenched in their worklessness. Work to focus on social skills development, self-confidence and self-esteem, often needs to come before focusing on qualifications and these skills can be developed in an unaccredited way more easily. Welfare to work providers including Department for Work and Pensions would not necessarily provide these services and while specialist services (eg drug and alcohol treatment providers) may, and in many areas do look to do so, it is not clear that they are directly funded for this either. Regardless, all services have the ability to identify and refer to community resources (eg motivational and well-being courses run by local professional sports clubs, local colleges) and there are dedicated initiatives funded through European Social Fund and Lottery monies that professionals working with recovering addicts need to be aware of. There may also be an opportunity to access Department for Work and Pension's flexible support fund to support attendance at course like this. There is a perception that in recent times funding has been moved from providing the most basic of entry level and level 1 courses that build confidence and self-esteem for people in recovery, to focus on other areas eg apprenticeships. Mentoring may be a cheaper alternative to establishing new courses to meet this basic skills need.

1.3 Time and money management are also important early steps. Initially money management may focus on tenancy and support managing welfare payments, but later when people are in employment this will change. Allied to this, better off calculations should be a part of all basic courses but are not available everywhere. Much of this provision could be through Universal Support Delivered Locally, the framework for local authority based support for Universal Credit, although this was not established in all areas nationally at time of writing.

1.4 Health and well-being including the five ways to well-being must underpin the approach and it is important to remember and emphasise the role of work in promoting health and well-being. While it is probably not realistic for all education,

training and employment providers to focus on health and well-being, some do and linkages to health and well-being services (often local authority commissioned such as community health trainers) can easily be made.

1.5 Training around IT is essential, but covering access to email and courses to learn to use the internet may be more useful initially than IT courses that are focused upon Microsoft packages. A range of core IT skills are seen as important:

- email
- internet
- creating CVs
- job applications
- accessing vocational courses on line
- job search including Universal Job Match
- IT skills for personal use – activities to increase health and well-being
- knowledge of where to access to IT in the community
- IT for Work – Microsoft Office
- use of tablets and smartphones

1.6 Previous criminality and how to manage disclosure when applying for posts has to be addressed. This applies for clients and for professionals in terms of understanding the implications of the Rehabilitation of Offenders Act 1974.

1.7 Volunteering is intrinsic to many people's (but not everyone's) success because it provides training with a lower degree of fear and a chance to 'dip your toe' into a number of different roles. As well as providing content for CVs and references, volunteering offers the chance to develop the critical, very basic skills in a 'real' context. The broader community benefit from volunteering has to also be taken into account, however it should be recognised that most education, training and employment agencies are under pressure to get people into employment, not volunteering. Also there is a danger that all volunteering happens in the treatment sector and this is not sustainable. Better linkage and co-ordination with established volunteer organisations could broaden this. Quality is also important, they must be meaningful placements and often clients will need on-going support. There should be a clear pathway to employment to avoid clients staying in volunteer placements for longer than is necessary and essentially ending up working for free.

1.8 Despite the important role that volunteering can play we should be supporting more people, those that can, to go straight into employment. They may either already have many of the skills they need or can be supported to acquire them in employment.

1.9 Like volunteering, work placements have substantial value, providing motivation, confidence, preparation as well as positive reinforcement and stigma removal for both employers and clients.

1.10 Practice for job applications and interviews are important.

1.11 Employment focused peer mentorship has a key role to play. In services, potential peer mentors will often emerge and identify themselves, however this presents a relatively limited cohort of individuals and may not model longer term employment success. There is a need to identify mentors from outside or who have left the treatment system.

Expectations and aspirations

1.12 ‘Are you working towards a realistic, achievable goal?’ The first job may not be the job of your dreams but may lead to other things (A,B,C = Any job, Better job, Career). Often advisors and recovery workers have to manage expectations in both directions. A particular problem for people in recovery is that they believe no-one will employ them because they have no skills. Alternativley they may not be interested in having discussions about education, training and employment because it has never been considered a realistic or desired part of recovery.

1.13 People need to recognise their own abilities and how they can apply for roles they haven’t thought of. ‘Asset mapping’ is an important first step that should always be utilised. Currently this is used by recovery advisors in some services. The claimant commitment should assist this process if used properly by both the claimant and Department for Work and Pensions work coaches. Universal Credit was seen as an improvement in terms of setting aspiration through identifying assets. Asset mapping is a feature of some Work Programme providers delivery but not all.

1.14 You have to be realistic. There must be some focus on what the local employment opportunities are, otherwise you can end up providing specific support and training to people who cannot get jobs in that chosen field. For example lots of people in recovery choose to go into health and social care because they want to ‘give something back’, often within the drug and alcohol treatment sector. We need to open people’s horizons beyond working in substance misuse as there are a finite number of jobs and it is useful for people to be challenged to consider options outside their comfort zone. It’s also important to take into account some very practical considerations such as the drug testing policies of potential employers.

1.15 Wherever possible, expectations can be managed by shadowing so people get a feel for whether the role is suited to them.

1.16 People need help to explore what they can do in a safe way that allows for making mistakes. In part this can be managed through on-going support from specialist services once people are in employment, education or voluntary positions.

1.17 There is also some work to do about the aspirations of staff within the treatment sector for their clients. Often employment is not emphasised as an important aspiration and not a central enough feature of care planning. Employment is a realistic and achievable goal for many who have overcome their addiction. Programmes such as Bridging the Gap and Intuitive Recovery employment courses have successfully facilitated a transition into work or work readiness for

many individuals in the North West. Work in this area needs to be better incorporated into training for treatment providers and national guidance (for example from NICE) needs to bring in wider recovery agenda more. In general there is a need to drive up standards of service around education, training and employment.

1.18 It is important that there are conversations between Department for Work and Pensions and treatment providers re: client's aspirations as they may be labouring under false assumptions eg that working means an automatic ending of welfare payments.

1.19 Other routes are open to people such as self-employment. It is important that clients are guided to local opportunities to support this eg in Blackburn council charges have been waived for people who want to try out new ideas and will occupy a shop for a period of time. Department for Work and Pensions/Work Programme can refer into local start up provision, but it was not clear whether treatment providers would know how to access this provision and in some cases provision would be limited to certain benefits streams. While most local authorities have some form of provision it may be a little outdated and put off potential entrepreneurs. The New Enterprise Allowance is available for adults claiming Job Seekers Allowance, Employment and Support Allowance, Universal Credit or Income Support who have a business idea. The allowance includes some initial funding and business mentoring

Timing/Programming

1.20 Introducing the idea of education, training and employment needs to happen as soon as people are out of crisis and be long term and on-going. Letting people know about opportunities as early as possible is a good idea because it provides hope, focus, targets and potential opportunities can be spotted earlier. Relevant recovery champions could play a role in introducing and promoting these ideas.

1.21 The actual move into education, training and employment has to take into account the various stages of recovery. Needs to be the most appropriate time for the client rather than timed to X weeks after engagement. Indicators that might suggest someone isn't ready might include failing to consistently attend appointments, not engaging in any group activities, if clients are still going through withdrawal or if they demonstrate specific behaviours including lack of care for appearance and poor personal hygiene. A key indicator of readiness is someone's ability to suggest a desire and agree actions to attend treatment and work towards education, training and employment - they must take ownership. Planning should also take note of an individual's resilience. There is the potential in some people for their anxiety around going back into education, training and employment to derail positive steps they are taking in terms of reducing their level of prescribing. It is possible to use tools like the Outcomes Star or International Treatment Effectiveness Project mapping to support clients in assessing their readiness for this step. Concerns over resilience should not be used as a barrier to aspirations.

1.22 Services must be responsive. There is often a small window of opportunity, when a service user's motivation is high, to engage them and fan the flame. Waiting weeks for referral, response, appointment and assessment won't be effective. If some things do take time to access the key is what is available in the interim. This is where having a local directory of opportunities and agencies will be key. Having subcontracts or relevant employment experts within teams is one way to cut down on any delays there might be in obtaining education, training and employment specific support.

1.23 Practical support is also important. Sometimes people need to be physically (and psychologically) supported to get to appointments etc. Services (not just treatment services) must accept that there is a relatively long term commitment to support in this area.

1.24 People may have on-going health conditions which influence their ability to attend sessions or types of sessions. While this is the case there is also a need across the health field to consider that education, training and employment can contribute

positively to a health improvement journey. There is a potential role for an occupational health/therapy type service to support this. In some cases teams have links to this sort of service via GPs but this is patchy and there should be efforts to establish more links of this sort.

1.25 Treatment/training organisations need to coordinate with a variety of services, including, but not just, Department for Work and Pensions. The individual may be on the Work Programme, and may be receiving support from other council services, third sector organisations or training providers. Without co-ordination of this there may be significant issues in terms of ability to complete training and risks of overloading leading to relapse. One key is ensuring clients are encouraged to disclose their substance use, education, training and employment involvement or benefit status to the relevant agencies. Written shared protocols for this sharing of information and the joint case management that follows are important. The potential for protecting clients' well-being alongside saving time and money is substantial.

1.26 Wherever possible recovery workers and employment specialists should be working on a joint recovery plan whether they are integrated in the same service or not.

Strategic considerations

1.27 Treatment providers and employment specialists require a mutual understanding of each other's work so cross-organisational training is essential, especially when organisations are not co-located or working as part of an integrated team. The trainers need to be experts so they can provide detail. This is not to say those delivering training need to be professionals, appropriately supported service users, peer mentors and recovery champions can be critical in providing awareness to non-treatment specialists.

1.28 Employer engagement was a recurring theme in discussions particularly efforts to increase understanding and open up avenues of employment. It is important to establish a relationship with employers so they understand the positives and can see past the stigma, this is central to successful outcomes. This could be done through positive promotion, placements and also targeting employers around social responsibility. Some services have had success highlighting the personal development benefits of staff mentoring people in recovery on placements. In addition, emphasising and ensuring there is good publicity for the business is important and has worked for some homelessness organisations. Small and medium size businesses are more likely to offer opportunities, so that is the area to target. Word of mouth and face to face engagement with local employers should not be underestimated as a source of opportunities. Whether a service can look to do this sort of 'door knocking' with local employers will depend on resources. On-going support once people are in employment is key, both for the employer and the employee. There are likely to be challenging situations and employers in particular need support through them.

1.29 Partners need to map the provision available locally and should listen to clients when they feedback about the quality of provision. This gives the opportunity to find alternative provision when it doesn't appear to be working or isn't appropriate for a particular client. While this sort of mapping appears to be complex and onerous quite a number of areas are already undertaking and maintaining this work. This would need to be a partnership approach to ensure information was accurate. Some areas have done this through local education, training and employment steering groups, for others the responsibility has been with the commissioner or with the treatment provider to co-ordinate. If it becomes a shared responsibility across all key workers/employment specialists/peer mentors to update mapping/resource directories the amount of on-going work should be minimal. This also ensures it is up to date. Adopting this process means treatment workers or embedded employment specialists will understand 'what is out there' to inform these discussions and appropriately support clients' aspirations. Better

understanding also means that training courses and educational opportunities are fully made use of which is beneficial for providers who may sometimes struggle to fill courses. As well as ad hoc feedback, a mechanism should be considered to collect feedback on education, training and employment provision more formally potentially through service user forums or client satisfaction measures.

1.30 There needs to be a strategic level agreement from partners nationally (Department for Work and Pensions, Public Health England) and locally (Department for Work and Pensions, local authorities, local enterprise partnerships) so services are able to provide support across the whole journey for clients. This will require substantial buy in across organisations to ensure that workers in all services understand what is available locally but it could have a substantial benefit in the continuity of the client's journey.

1.31 Another key point is commissioning for periods of time that enable services to bed in and start to really implement their ideas and best practice without the 'threat' of de-commissioning or enforced changes in practice hanging over them.

1.32 Different commissioning time-lines can make co-ordinating programmes difficult. Often education providers deliver during term times but local conversations can result in more flexible provision. There can often be restrictions on budget usage that make it difficult for clients to be involved in multiple courses or draw on certain resources. Clarity on this can only be facilitated through local multiagency working/forums and also through the resource mapping work identified.

1.33 Outcome based payment schemes may have some place (they can encourage better monitoring of progress and outcomes and a focus on quality) but must be structured differently. There should be a more balanced approach between initiation, progress and outcome payments with a more nuanced understanding of progress measures (eg 'softer' measures such as well-being) and the complex challenges often faced by this client group. Critically the role of smaller providers (particularly voluntary and community services) in the system needs to be recognised and supported.

1.34 Local Enterprise Partnerships and Chambers of Commerce can be useful partners. In addition to having access to European monies, they provide access to a large number of local employers and can support business set up. However, across the group members, engagement with either of these bodies was minimal.

1.35 Local authorities and other large local public sector employers have key role to play. They can unlock opportunities for social enterprises eg identifying properties for renovation by organisations such as Jobs, Friends and Houses (http://jobsfriendshouses.org.uk/), supporting the establishment of community

cafés or hubs that provide training and employment, offering voluntary positions and work placements and through the application of the Public Services (Social Value) Act in procurement. Projects in Birmingham and Oldham are early demonstrators of the potential use of the Act.

Delivery mechanism

1.36 It is critical that recovery courses, education, training and employment provision in treatment and volunteering is discussed with local Department for Work and Pensions partners at the earliest opportunity. Despite common perceptions, for most benefits streams a level of engagement with training and volunteering is acceptable without any changes to payments or sanctions. Early dialogue with Department for Work and Pensions will allow any training or education activity in treatment services to be taken into account on the claimant commitment. There are two recommended routes for communicating details about programmes and volunteering. From a strategic perspective the district manager or the partnership manager for Department for Work and Pensions should be informed. This will enable both Department for Work and Pensions and treatment provider staff to have a clear picture of what activity in the local recovery system is permissible for each benefit group. At a more operational level the key is client disclosure and the development of personal relationships between treatment provider staff, Department for Work and Pensions work coaches and clients. These same relationships should also be established with work programme providers to ensure that clients are not given competing requirements.

1.37 The exact format of delivery of any education, training and employment interventions is impossible to pre-determine. For many clients, starting with low-impact training is important and given that many people have no formal qualifications and unhappy experiences of education, making learning as unlike school as possible is important (so not overly academic or classroom-based). After this re-introduction they will be in a secure position to look at referral to external sessions. However, this is not going to be the case for all individuals. Many individuals working towards recovery will have considerable experience and may have substantial academic qualifications so there may not be the same concerns about formal training or education environments. Also adult education is likely to be very different to the school that they have memories of. This highlights again the need to put together personalised education, training and employment plans that take account of previous skills and learning, learning styles, capacity and security of recovery.

1.38 As a general rule initial support and discussions about education, training and employment are felt to be better delivered on a one-to-one basis, however, well managed groups breed their own dynamic, introduce challenge, are a more efficient use of staff resource and can still respond to individual needs. Well-delivered groups will also generate word of mouth referrals. Wherever possible groups should be kept on the smaller side to be more effective.

1.39 It can be difficult to support people to attend external training eg college. There are a number of ways to address this. The course tutor or learning support teams from the education or training provider could visit potential participants as a group in a community of treatment setting first to do an introduction, ‘chaperones/buddies’ could be used to support people over the threshold or often it might simply be a case of providing detailed information for individuals on the course including transport arrangements and expectations etc.

1.40 There are a variety of practical considerations when clients are attending external training including, but not limited to, travel costs, childcare arrangements and cost, meals while on training (particularly how available healthy options are). One potential source of financial support might be through Department for Work and Pensions. As highlighted elsewhere this relies on the quality of the relationship between the client, treatment provider and Department for Work and Pensions work coach.

Key themes

- delivery must be asset based and individualised
- mapping of local provision and opportunities is essential. This can only be achieved by sharing of knowledge across agencies on an area by area basis
- support once in employment must be provided
- volunteering/work placements are central but progression from this is important and some clients will be ready to go straight into employment
- employment must be emphasised as a valuable and realistic recovery goal
- employer engagement is critical but has not been addressed consistently

Next steps

This summary will be shared with colleagues in other Public Health England sub-regions and partners in Department for Work and Pensions for use as they see fit including dissemination to treatment, welfare to work and education, training and employment providers.

The North West Public Health England Education, Training and Employment forum will continue to meet to share best practice, encourage joint working and raise the profile of education, training and employment as recovery outcomes. Individuals wishing to attend the forum should contact paul.duffy@phe.org.uk